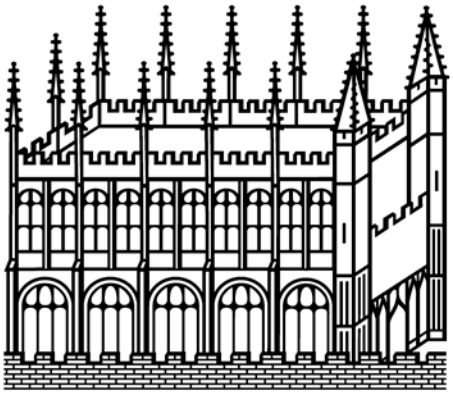

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CONTENTS.

VOL. XXIV., NEW SERIES. VOL. LXXV., OLD SERIES.
JULY TO DECEMBER, 1877.

A

Able-bodied paupers in Irish workhouses, 200
Abscess of the liver, 52
Abstract of clinical lectures on syphilis, for the use of students, by Mr. S. Messenger Bradley, 23, 41, 79, 99, 128
Abstract of introductory address delivered at the Mater Misericordiæ Hospital, by Mr. P. J. Hayes, 420
Abstract of introductory address at Middlesex Hospital, by Mr. A. Hensman, 278
Abstract of introductory address at St. George's Hospital, by Mr. T. Pickering Pick, 277
Abstract of introductory address at the London School of Medicine for Women, by Mrs. Garrett-Anderson., M.D., 297
Abstract of introductory address at University College, by Dr. J Williams, 296
Abstract of report of the Rotunda Hospitals, by Dr. Atthill, 102, 147
Abuse of adulteration law, the, 182, 434
Abuse of medical charity, 323
Achievement of professional success, by Mr. A. Wynne Foot, 422
Aconitia in tic douloreux. 179
Acute alcoholic poisoning, by Mr. F. T. Porter, 510
Address in medicine, by Dr. W. Roberts, 121
Address in surgery at the British Medical Association, 152
Adherent placenta, the removal of from the uterine cavity, by Mr. C. W. Hamilton, 105
Administration of chloroform, during labour, 528
Administration of medicines in large doses, 90
Admixture of strychnia with santonin, 478
Adulterated sweet spirit of nitre, 74
Adulteration everywhere, 525
Adulteration law, the abuse of, 182, 434
"Agoraphobia," 433
Air in the pleural cavity, 393
Albumen in urine, determination of, 222
Albuminuria, 415
Alcohol dressings in wounds of the scalp, 476
Alcohol in health and disease, 305
Alcohol question, Mr. B. Carter on the, 367
Alleged poisoning by tobacco oil, 287
Almondised oil, 287
America, insanity in, 475
American chloral, 332
American women, insanity among, 307
Anæsthesia, the discovery of, 33
Anæsthetics, new, 350
Analysts' testimonials, 347, 393, 416
Ancestors of Marshal MacMahon, the, 157
And still they come! 93
Anderson, Mrs. Garrett, introductory address at the London School of Medicine for Women, 297
Animal vaccination in Italy, 415
Anomalous proportion of married and unmarried amongst the insane in Ireland, 15
Antagonism between morphia and atropine, 111
Anti-contagious diseases and the anti-vivisection fanatics, the, 369
Antidotes to some arsenical preparations, the, 413
Anti-epileptic, a new, 164
Antiseptic, bichromate of potash as an, 223
Antiseptic surgery, 392
Anti-tobacconists in Paris, the, 133
Anti-vaccination, 369
Aphasia, temporary, 524
Aphonic pectoriloquy, 439
Apothecaries' Hall, Ireland, the, 245
Apothecaries' Society of London, 235
Appeal, an, 72, 307
Application of nitric acid to the internal surface of the womb, 93
Appointments, 20, 38, 58, 94, 120, 165, 186, 206, 226, 292, 312, 332, 373, 396, 418, 440, 462, 484, 506, 529
Apprenticeship, 232
Archæological congress, 114
Aristotle, the works of, 51
Army hospital corps warrant, 265
Army medical organisation in France, 92
Army medical service, 142, 186, 226
Amy medical warrant, the, 29
Arnica, poisonous effects of, 412, 437
Arsenic and antimony in vulcanised rubber, 435
Arsenic in wall paper and green tarlatan, 287
Arsenical poisoning by wall papers, 91
Arsenical preparations, the antidotes to some, 413
Artificial atrophy of the eye, 221, 345
Artificial eyes, 503
Artificial saline waters, the use of, 160
Assistancies, ship service, 231
Aspirator in stricture of urethra, 26
Astley Cooper prize, 158
Asylums for inebriates, 159
Asylums for needy patients, 312
Atropine, the antagonism between morphia and, 111
Atheroma, 157
Atthill, Dr., two successful cases of ovariotomy, 21; report of the Rotunda Hospitals, 102, 147
Aural affections, Dr. H. Macnaughton Jones on (Illustrated), 43, 294, 313

B

Baby doctors, 476
Bacteria, charbon and, 385
Bacteria, fermentation and, 395
Bank Holidays, our, 131
Barnardo, "Dr.," and his medical qualification, 413
Barometrical improvements, 38
Basic cerebro-spinal meningitis, "acute softening," 278
Bath and the British Medical Association, 366
Bathing fatalities, the prevention of, 203
Benevolent, a case for the, 78
Bequests to medical charities, 106
Berlin, infant morta ity in, 183
Bernard, Claude, the glycogenic function of the liver, 37
Bichromate of potash as an antiseptic, 223
Billroth, Dr. T., surgical pathology and therapeutics (Review), 161
"Black hives," 371

Births, 38, 165, 186, 226, 271, 312, 418, 440, 462, 484, 506, 529
Black, Dr. Campbell, Bright's disease (Review), 16
Blood-letting, revival of, 10, 49
Blood-letting in pneumonia, 112
Bloomsbury square School of Pharmacy, the, 238
Boddy, Mr. E. Marlett, matico in post-partum hæmorrhage, 170; overloaded state of the transverse colon, 376, 401, 421, 443
Bogus degrees in Germany, 478
Bradley, Mr. S. M., lectures on syphilis, for the use of students 23, 41, 79, 99, 128
Bread poison, singular source of, 388
Bridge, Dr. S. Franklyn, obituary note, 269
British Association, the, 13
British Medical Association, Bath and the, 366
British Medical Association, Dr. Stokes on the future of the, 151
British Medical Association, forty-fifth annual meeting, 106, 136
British Medical Association, the, 131
British Medical Association, medical reform and the, 153, 178
British Medical Association, the address in surgery, 152
British Pharmaceutical Conference, 53
Broadmoor criminal lunatic asylum, the, 432
Bromide of potassium, effects of, 308
Brompton Consumption Hospital, lectures at the, 373
Browne, Mr. Lennox, on tinnitus aurium, 127
Brunton, Dr. T. Lauder, tables of materia medica (Review), 118
Burdett, Mr. H. C., home hospitals, 148

C

Cacoethes scribendi, 503
Cæsarean operation successfully performed, 524
Calomel, caution in regard to, 544
Cameron, Dr. Charles A., the pathology of contagion and the question of spontaneous generation, 375
Camping out therapeutically considered 305
Captured English surgeons, the, 414
Cardinal Manning on drink, 73
Career of the English medical student, the, 232
Career of the Irish medical student, 241
Carmichael prize fund, the, 8
Carpenter, Dr., principles of mental physiology (Review), 172
Carrageen crop, the, 205
Carter, Mr. Brudenell, on the alcohol question, 367
Cases in practice, by Mr. J. Martin—rheumatic fever treated with salicylate of soda, 85
"Castor-oil" pills, 143
Cataract operation, Dr. De Wecker's, 82
Cauterisation in carbuncle, 215
Centenarian, a, 349
Chair of anatomy and physiology in Galway, the, 311, 331
Changes in the ciliary processes during accommodation, the, 220
Changes in the pancreas in diabetes, 544
Charbon and bacteria, 385
Charge against a medical man, 411
Charing-cross Hospital, 235
Chart of the dangerous medicines (Review), 309
Chemists, the profession and the, 548
Child-poisoning by opium, 223
China, lithotomy and surgery in, 523
Chinese, vaccination among the, 478
Chinese medicinal plants, 35
Chloral, American, 332
Chloral, death from the use of, 331
Chloral hydrate, pure, 413
Chloral hydrate, the public and, 524
Chloral in infantile convulsions, 170
Chloral in whooping-cough, 181
Chloriastos, 332
Chloroform, death from, 15, 308
Chloroform, simple method of testing the purity of, 223
Chloroform during labour, administration of, 528
Chloroform hallucination, 457
Cholera, effectual quarantine and the prevention of, 199
Chorea, 62
Chronic meningo-myelitis, 61
Ciliary processes, changes during accommodation, 220
Citizenship in sanitary work, 177
Civil public services, 229
Clavicle, new method of treating fractures of the (Illustrated), 358, 416
Cleopatra's needle, 312, 352; what will he do with it? 346

CLINICAL RECORDS.

MERCER'S HOSPITAL DUBLIN.—Under the care of Mr. O'Grady—amputation of thigh (two cases)—ditto of breast with removal of several axillary glands—extirpation of eye from injury; ditto for extreme displacement, together with removal of large orbital tumour connected with the lachrymal gland—two cases of cleft palate operated on—broken leg which had united with much deformity operated on by division of the bone by the chisel and refracture—Immobility of the tempero-maxillary articulations—strangulated hernia—calculus, with stone adherent to wall of the bladder—lithotomy-Removal of large tumour of face, with excision of left malar and superior maxillary bones and part of right ditto—Necrosis of tibia—cancer lip—complicated strictureof urethra—fracture of both forearms, one being compound—compound fracture both bones for arm—wound, penis, from bite of a dog—successful application of elastic ligature for removal of a sloughing and bleeding prepuce in a bleeder, consolidation of a large iliofemoral aneurism, 64; three examples of joint excision in knee, shoulder, and wrist—blenorrhagic arthritis of knee, 257; fractures of lower extremity, upper extremity, recurrent hæmorrhage and diffuse inflammatory mischief of hand and forearm, 258: cases of double hare-lip, cancer-lip, eye enucleation, and exostosis of left tibia, 259; case of bronchotomy, two cases of lateral castration, two cases of stone in the bladder, fæcal fistula and an important case of sub-clavian aneurism, 260; case of polypoid affection, 423; cancer lip and epithelioma, 424; case of globe enucleation, uterine hæmorrhage, cases of club-foot, fistula-in-ano, circumcision, extraction of needle from thigh, nerve lesion, strangulated inguinal hernia, croup, &c., 447, 448

NEWRY FEVER HOSPITAL.—Under the care of Dr. B. S. Booth—pus in abdominal cavity, 468

NORTH WEST LONDON FREE DISPENSARY FOR SICK CHILDREN—Under the care of Mr. H. Cripps Lawrence—lesions of the osseous and muscular systems in an infant, 468

ROTUNDA HOSPITALS, DUBLIN—Under the care of Dr. Lombe Atthill—case of intra mural fibroid removed by enucleation 298; three cases of puerperal convulsions, 536

ST. MARY'S HOSPITAL—Under the care of Dr. Handfield Jones—case of regurgitation with sphygmographic tracings—remarks on estimation of the amount of valvular incompetency, 150; under the care of Mr. Norton-comminuted fracture of thigh and pelvis—recovery, 170; under the care of Mr. Spencer Smith—lymphosarcoma of the cervical glands—ulceration—hæmorrhage—death, 318; under the care of Mr. Spencer Smith, epithelioma of leg amputation through condyles—pyæmic symptoms—recovery, 493

ST. PETER'S HOSPITAL—Under the care of Mr. Teevan—stone in the bladder—lithotomy—death three weeks after the operation 193; stone in the bladder—lithotrity—cure, 194

ST. THOMAS'S HOSPITAL—Under the care of Mr. F. Mason—two cases of strangulated femoral hernia successfully treated by operation, one in which the sac was opened, the other extra-peritoneal—practical remarks, 104

WEST LONDON HOSPITAL—Under the care of Mr. Teevan—case of traumatic stricture of the urethra, necessitating the frequent daily use of a bougie—internal urethrotomy—cure, 6; under the care of Dr. Thorowgood—unilateral anæsthesia—complete recovery under treatment by the electro-magnetic current, 45

Clinical studies, by Sir J. Rose Cormack, M.D. (Review), 162
Clinical ticket of the old time, a, 135
Club doctors, 417
Coca, experiments on the physiological effects of, 434
Cold baths, treatment of small-pox by, 52
Cold baths in infantile diarrhœa, 14
Colocynth, 524
Colorado beetle, the, 53, 91
Colorado beetle act, the, 182
Coming legislation on Irish public health, 403
Compound fracture of leg, Dr. O'Flanagan, 510
Compulsory vaccination, 503
Conjoint examining board for England, the, 368
Conneau, Dr., 267
Consolidation of provident dispensaries, the, 74
Contagious diseases, experiments in, 110
Contagious diseases acts, the, 221, 289, 310, 325, 479, 504, 545, 547
Co-operative doctoring, 333
Cormack, Sir J. Rose, clinical studies in hospital and private practice (Review), 162
Coroners, 91
Coroners, the overworking of, 219
Ceroners' inquests, 50
Correspondence, 17, 26, 54, 75, 95, 115, 159, 184, 203, 224, 270, 288, 310, 329, 350, 371, 391, 410, 436, 460, 479, 503, 525
Cost of Irish pauperism, the, 135
Costly correction, a, 346
Counter doctoring, 417
Counter prescribing, 201
Countries of the world, the, 400
County medical club, a, 204
Court appointment, 78
Criminal responsibility of the insane, the, 6
Cronyn, Dr. John, obituary note, 19
Croup, treatment of, 113
Curara, 460
Curiosities of medical literature, 312
Curricula and qualifications, 283
Curvatures of the spine treated by the plaster of Paris jacket, by Mr. L. H Ormsby, 378
Cyanide of zinc in facial neuralgia, 503

D

Darwinism in Germany, 540
Davis, Dr., of Newry, death of, 417
Day, Dr. W. H., headaches (Review), 142; renal affections in children, 256, 316
Death, forging certificates of, 221
Death after ether, a, 328
Death following the bite of a dog, 182
Death from chloroform, 15
Death from the use of chloral, 331
Death of a surgeon by drowning. 15
Death of an illustrious chemist, 114
Death of the Treasurer of St. Thomas's Hospital, 205
Death succeeding ether inhalation, 438
Deaths from hydrophobia, 72
Deaths in Irish workhouses, 135
Debate on vaccination, the, 29
Decrease in dispensary medical relief in Ireland, 157
Deformities at will, 3-8
Degeneration of human teeth, the, 175
Delicate substitute for litmus, a, 345
Dental diplomas in Ireland, the proposed, 53
Dental reform, 542
Denton, Mr. J. Baily, sanitary engineering (Review), 290
Depaul, Dr. J. A. H., rapid cure of a unilocular congenital cyst of the ano-coccygeal region (Illustrated), 335
Determination of albumen in urine, 222
Diabetes, diagnosis of, 523
Diagnosis, an error in, 164
Diagnosis and treatment of some forms of dyspepsia, on the, by Dr. R. Farquharson, 39, 59
Diagnosis of pregnancy, 524
Diphtheria and small-pox in Persia, 164
Diphtheria in Lowell in 1878, 223
Discovery of anæsthesia, the, 33
Discussion on tetanus and hydrophobia at the Medico-Chirurgical Society, the, 519
Disease and the emancipated negro 325
Diseases of the heart, by Dr. J. Russell Reynolds (Review), 162
Diseases of the liver, by Dr. C. Murchison (Review), 55
Disinfectants, 475
Disreputable advertising, 477
Distribution of the Hospital Sunday fund, 112
Doctrine of contagium vivum, the, by Dr. W. Roberts, 121
Dolan, Mr. T. M., on the etiology of typhoid fever, 190
Donovan, Dr. Daniel, of Skibbereen, obituary note, 309
Dowse, Dr. T. Stretch, basic cerebro-spinal meningitis, acute softening, 279; chronic meningo-myelitis (rheumatic) cure, 61; syphilis as it affects the brain and nervous system (Illustrated), 167, 253, 353
Drink, Cardinal Manning on, 73
Drowning, death of a surgeon by, 15
Drug adulteration, 368
Drugs in English workhouses, 346
Drunkenness, increase of, 219
Drunkenness, the immediate cure of, 522
Drunkenness in Galicia, repression of, 135
Drying-yards for the working classes, 349
Drysdale, Dr. C. R., the population question in reference to

the late trial of Reg. v. Bradlaugh and Besant: "The Fruits of Philosophy," 18
Drysdale, Dr. John, scientific materialism (Review), 481
Dublin, domestic scavenging in, 414
Dublin, hospital fees in, 109, 113
Dublin, medical schools and hospitals in, 246
Dublin, mortality in, 326, 415, 525
Dublin, ovariotomy in, 16, 32, 438, 477
Dublin, the life cost of filth in, 51
Dublin, the unhealthiness of, 461
Durham, university of, 14, 234
Dyspepsia, by Dr. R. Farquharson, 39, 59

E

Early treatment of lunatics, 501
Ecchinoccus, 502
Edinburgh, typhoid fever in, 222
Education and qualification of the student in the United Kingdom, the, 231
Effect of bell-ringing medically considered, the, 194
Effects of bromide of potassium, 308
Effectual quarantine and the prevention of cholera, 199
Election of the Irish College of Surgeons, the coming, 13, 37
Emulsifier, malt extract as an, 311
End of the Penge case, 380
Endemic disease resembling the plague, 311
Endosmosis of bile into the bronchi, 350
Ends and means in medical studies, by Mr. W. W. Wagstaffe, 273
English medical student, the career of the, 232
English Poor-law medical service, 229
English provincial medical schools, 239
Epidemic of lead colic, an, 200
Epilepsy caused by polypus of the larynx, 328

F

Famine fever, 182
Farquharson, Dr. R., a guide to therapeutics (Review), 17; on dyspepsia, 39, 59
Fasting, some extraordinary cases of, 380
Fermentation and bacteria, 394
Fever carriages of the metropolis, the, 367
Fever hospital and convalescent home, 313
Field, Mr. G. P., nervous deafness, 507
First step in medicine, 231
Fixed oil of stavesacre, 223
Flower barometer, 164
Fonssagrives, Dr. J. B., traité d'hygiene navale (Review), 482
Food and infant mortality, 205
Foot, Mr. A. Wynne, the achievement of professional success, 422
Foreign bodies in the stomach, 478
Forging certificates of death, 221
Formation of corrosive sublimate in the system, the, 55
Forster, Mr., on vivisection, 71
Fracture of the odontoid process, 171
France, army medical organisation in, 92
France, lady doctors in, 14
French anthropological exhibition, 287
"Fruits of Philosophy," the, 55, 74, 96, 116; the surplus population, 116
Funeral and mourning reform, 33
Funeral reform, 181
Future of the student in private practice, or the public services, 226

G

Gairdner, Prof., and medical reform, 203
Gale after his walk, 457
Gale's great walk, 303, 311, 436
Gale's perilous task, 386
Galway, the chair of anatomy and physiology in, 311, 331, 458
Ganglionic tumour of the wrist, by Mr. E. C. Thompson, 380
Gastro-elytrotomy and ablation of the uterus, 326
Geneva Medical Congress, the, 134
Germ theory and its originator, 412
Germ theory of disease, the, 302
Germany, bogus degrees in, 478
Germany, cattle plague in, 369
Germany, medical examination results in, 415
Germinal particles of bacteria, by Prof. Burdon Sanderson, 485
Glandular origin of disease, a, by by Dr. B. W. Richardson, 293
Glasgow, the sanitary improvements at, 195
Gleanings from some lunacy statistics, 155
Glimpse at a county conrt in relation to the medical profession, a, 85
Governmental regulation of prostitution, 94
Graves, Dr., the late, 331
Greece, leech fishing in, 523
Griffith, Dr. G. de Gorrequer, a case of puerperal mania, 214
Griffiths, Dr. Wm. Handsel, of Dublin, obituary note, 437
Guerder, Dr., the otology of the last ten years, 211, 379, 509
Guide to therapeutics, by Dr. R. Farquharson (Review), 17
Gun-shot wound of the head, by Mr. J. Molony, 212
Guy's Hospital, 235

H

Habitual drunkards, legislative control of, 502
Hæmorrhagic apoplexy, prognosis of, 389
Hamilton, Mr. C. W., the removal of adherent placenta from the uterine cavity, 105
Hard case, a, 413
Harveian oration 1877, by Dr. E. H. Sieveking, 187, 207, 251
Hawkins, Dr., death of, 528
Hayes, Mr. P. J., introductory address delivered at the Mater Misericordiæ Hospital, 420
Headaches, therapeutics of, 110
Headache, treatment of, 15
Headaches, by Dr. W. H. Day (Review), 142
Health and sanitary condition of Russian army, the, 134, 267
Heart, palpitation of the, 224
Hemming, Mr. W. Douglas, the treatment of certain forms of tinnitus aurium, 81
Hensman, Mr. A., introductory address delivered at Middlesex Hospital by, 278
Hertford Hospital, Paris, the, 200
Home hospitals, 12
Home hospitals, by Mr. H. C. Burdett, 148
Home hospitals for the middle classes, 107
Homœpathic prescription, a, 98
Homœopathic schism, the, 11, 27, 109, 160, 184, 204, 224
Homœopathy past and present, 45
Horse flesh as food, 415
Horses in Europe and America, 38
Hospital abuse, 306
Hospital at Scutari, the, 199
Hospital fees in Dublin, 109, 113
Hospital mortality, 179
Hospital Saturday collection, the, 267
Hospital Saturday and Sunday in Liverpool, 458
Hospital study, 232
Hospital Sunday fund, distribution of the, 112
Hospitals, a suggestion, 156
Hotel Dieu, the new, 92, 158
Hours of the introductory lectures, 238, 248, 250
How is quackery to be remedied, 27
How small-pox is spread, 181
Human hand, the, 285
Hydrobromic acid in tinnitus aurium, 351
Hydrophobia, 293, 224, 270, 396, 418 (see rabies)
Hydrophobia: a suggestion, 389
Hydrophobia, case of, 336
Hydrophobia, case of, during pregnancy, 93
Hydrophobia, deaths from, 72
Hydrophobia, its traditions and superstitions, 288
Hydrophobia, mental; is there such a disease? 203
Hydrophobia, new thoughts on, 525
Hydrophobia, superstitions regarding, 202
Hydrophobia, the nervous origin of, 224
Hygiene for the masses, 458
Hypodermic employment of colchicin in chronic rheumatism, 439

I

Illegal medical certificates, 111

ILLUSTRATIONS, LIST OF

Depaul, Dr. J. A. H., rapid cure of a unilocular congenital cyst of the ano-coccygeal region—plates showing position of tumour, 335

Dowse, Dr. T. Stretch, on syphilis as it affects the brain and nervous system—Right hemisphere, anterior central convolution, 356

Jones, Dr. H. Macnaughton, some practical remarks on aural affections—Thudichum's nasal speculum, 43; ditto by Weiss, 43; Mr. Hinton's aural trephine, 44; Toynbee's lever ring forceps, 44; Durham's modification of Wilde's ear and nose polypus snare, 44

Pocket-case uroscope, a, 37

Pozzi, Dr. S., on the indications for the use of trephine—fissures on the external surface of the brain, 446; convolutions on the external face of the brain, 446; lateral face of hemisphere, 467; superior face of hemisphere, 467

Tracings of free and moderate aortic regurgitation, 151

Van Buren's bandages for fractured clavicle, 228

Illustrious chemist, death of an, 114
Imbecile lunatic and other afflicted persons bill, 28
Immediate cure of drunkenness, the, 522
Impacted fæces, intussusception, 329
Importation of small-pox to Ireland of deported paupers, 159
Impure water, 74
Inauguration of the new Hotel Dieu, the, 92
Incongruity of the mode generally adopted in stating the results of milk analyses, on the, by Mr. W. Thomson, 213
Increase of drunkenness, 219
India, local medical department in, 58
India, on some of the conditions which influence the epidemic prevalence of certain diseases in, by Dr. J. Murray, 419
India, sanitation in, 15
India, the life cost of wild animals in, 478
Indian famine, the, 261
Indian medical service, 17, 136, 228
Inebriates, asylums for, 159
Infant mortality, 329
Infant mortality, food and, 265
Infant mortality in Berlin, 183
Infant mortality in Macclesfield and other large towns, 454
Infantile diarrhœa, cold baths in, 14
Infectious diseases, the registration of, 501
Inflammation of the os calcis, by Mr. W. M. Whitaker, 465
Injections of morphia in cases of obstruction of the bowels, 350
Inodorous iodoform, 478
Inquisitorial deadlock, an, 201
Insane, anomalous proportion of married and unmarried amongst the, in Ireland, 15
Insane, middle-class asylums for the, 264
Insane, the criminal responsibility of the, 6
Insanity among American women, 307
Insanity in America, 475
Insulated clinical surface thermometer, an, 185
Intemperance, the relation of state medicine to, 48
International congress of hygiene, 1878, 93
International congress of medical science, 47, 75
Intestines, on the peristaltic action of the, 13
Introduction to practical histology, an, by Dr. G. Thin (Review), 77
Introductories, 301
Introductory lectures, hours of the, 238, 248, 250
Iniussusception, case of, under the care of Mr. J. O'Flanagan, 279
Intussusception, impacted fæces, 329
Invalids Home Association (home hospitals), 114
Ireland, decrease of medical relief in, 157
Ireland, medical education in, 241
Ireland, proposed dental diplomas in, 53
Ireland, regulations and bye-laws of licensing bodies in, 243
Ireland, relative cost of medical education in, 248
Ireland, the practice of pharmacy in, 158
Ireland, technical education in, 246
Ireland, the sale of food and drugs act in, 69
Ireland, the social status of the profession in, 49, 95
Ireland, technical education in, 248
Ireland, union amalgamation in, 196
Ireland, vaccination in, 156
Irish College of Physicians, pharmaceutical licenses and the, 395
Irish College of Physicians, the, 368
Irish College of Surgeons, the coming election of the, 13, 37
Irish Local Government Board and the press, the, 34
Irish pauperism, the cost of, 135
Irish pauperism, the parliamentary subsidy of, 158
Irish Pharmaceutical Society, 246
Irish poor-law medical officer's residence, an, 93
Irish poor-law medical substitutes, payment of, during illness, 221
Irish poor-law service, 230
Irish practitioners in England, 271
Irish public health, coming legislation on, 408
Irish public health bill, the, 132
Irish urban authorities, sanitation under, 415
Irish workhouses, able-bodied paupers in, 200
Irish workhouses, deaths in, 135
Irish workhouses, the work done by, 135
Iron, when not to give, 236
Italy, animal vaccination in, 415

J

Jacobi, Dr, the question of rest for women during menstruation (Review), 482
Jones, Dr. H. Macnaughton, Dr. De Wecker's cataract operation translated by, 82; practical remarks on aural affections (Illustrated), 43, 294, 313
Journal of psychological medicine, edited by Dr. Lyttleton Forbes Winslow (Review), 17, 459
Juror's health certificate, 225

K

Keighley and the vaccination question, 267
Kidd, Mr. A., removal of large tumour, 5
King and Queen's College of Physicians in Ireland, 78, 245, 351
King's College, 236

L

Lady chemists, 350
Lady doctors in France, 14
Lane, Mr. J. R., pathology of syphilis, 2, 145, 333, 441
Law of counter-prescribing, the, 71
Law for druggists and law for doctors, a contrast, 287

LEADING ARTICLES.

Address in surgery, the British Medical Association, 152
Army medical warrant, the, 29
British Medical Association, the, 131
Broadmoor criminal lunatic asylum the 432
Charbon and bacteria, 385
Citizenship in sanitary work, 177
Co-operative doctoring, 363
Death succeeding ether inhalation, 438
Degeneration of human teeth, the, 175
Discussion on tetanus and hydrophobia at the Medico-Chirurgical Society, the, 519
Fever hospital and convalescent home, 343
Gale's great walk, 303
Germ theory of disease, the, 302
Home hospitals for the middle classes, 107
Homœopathic schism, the, 11, 109
Hospital, fees in Dublin, 109
Indian famine, the, 261
Infant mortality in Macclesfield and other large towns, 454
Introductories, the, 301
Irish public health, coming legislation on, 408
Irish public health bill, the, 132
London Temperance Hospital, the fourth annual report of the, 68
Medical Benevolent College and voting reform, the, 88
Medical reform, 215, 262, 283, 321
Medical reform and the British Medical Association, 153
Metropolitan Hospital Sunday Fund, the, 407
Middle-class asylums for the insane 264
Midwifery forceps, the frequent or early use of, 500
Milk sickness, 216
Non-alcoholic treatment of disease, the, 86
Opponents of vaccination and sanitation, the, 431
Our bank holidays, 131
Parkes' museum of hygiene, the 334
Physician, the priest, and the people, the, 218
Pleuro-monic meat as human food, 281
Post-mortem examinations in workhouses, 323
Post-mortem examination of Mrs. Harriet Staunton, the, 282
Practice of smoking, the, 498
Prescribing of non-official preparations, the, 154
Prognosis in valvular disease of the heart, the, 473
Prognosis of disease, the, 384
Queen's University in Ireland, the, 344
Relation of state medicine to intemperance, 48
Revival of blood-letting, 10, 49
Sale of food and drugs act in Ireland, the, 69
Sanitary improvements at Glasgow, the, 195
Seaman's hospital at Greenwich, the, 474
Social status of the profession in Ireland, the, 49
Sunstroke, a new treatment of, 31
Syphilitic poison, shall the spread of it be prevented? 520
Throat hospital in Golden Square, the, 408
Title of M.D., the, 30, 67
Union amalgamation in Ireland, 196
Vaccination, the debate on, 29

Lecture advertisements amongst our ancestors, 114
Lectures at the Brompton Consumption Hospital, 373
Lectures on Bright's disease, by Dr. Campbell Black (Review), 16
Lectures on surgical pathology and therapeutics, by Dr. T. Billroth (Review), 161
Leech-fishing in Greece, 523
Legislative control of habitual drunkards, 502
Leonard Dr. C. H., the Vest-pocket Gray; or, anatomist's vademecum (Review), 370
Legal intelligence, 8
Life cost of filth in Dublin, the, 51
Limits of patent medicines, the, 36
List of hospitals and asylums for idiots and imbeciles in Great Britain, Australia, Canada, America, Germany, France, Belgium, Austria, Sweden, Denmark and Russia, 163
Literature, the pursuit of, by medical men, 324
Lithotomy and surgery in China, 523
Litmus a delicate substitute for, 345
Liver, abscess of the, 52
Liver, Claude Bernard on the glycogenic function of the, 37
Liverpool, hospital Saturday and Sunday in, 458
Lives and writings of O'Ferrall and Bellingham, the, by Dr. E. D. Mapother, 397
Local and preventive treatment of puerperal fever, 327
Local medical department in India, the, 58
London, University of, 93, 143, 185, 233, 439, 484, 505, 528
London Hospital, the, 78, 236
London School of Dental Surgery, 288
London School of Medicine for Women, introductory address by Mrs. Garrett Anderson, 267
London Temperance Hospital, the fourth annual report of the, 68
London water supply, the, 182
Longevity, remarkable case of, 312
Lowne, Mr. B. T., a manual of ophthalmic surgery (Review), 525
Lumbago, treatment of, 349
Lunacy statistics, gleanings from some, 155
Lunatics, early treatment of, 501
Luther, Dr. F. M., Meniers's vertigo —treatment by sulphate of quinine, 4
Lumbar abscess, a new treatment of, 529

M

MacDonnell Dr. R., what has experimental physiology done for the advancement of the practice of surgery? 486
MacDowell, Mr., on the contagious diseases acts, 310
MacMahon, Marshall, the ancestors of, 157
Macclesfield, infant mortality in, and other large towns, 454
Magnetism, power of, 268
Mallow Spa water, 222
Malt extract as an emulsifier, 311
Malthusian league, the, 73
Manual of ophthalmic surgery, by Mr. B. T. Lowne (Review), 525
Mapother, Dr. E. D., the lives and writings of O'Ferrall and Bellingham, 397
Marlborough House, 411
Martin Dr. J. W., notes upon chloral in infantile convulsions, 170
Martin Mr. J., cases in practice, 85
Mater Misericordiæ Hospital, introductory address at, by Mr. P. J. Hayes, 420
Maternal impressions, by Mr. J. G. K. Synnott, 61
Matico in post-partum hæmorrhage, by Mr. E. Marlett Boddy, 170, 224
Mechanical ingenuity, 291
Medical Benevolent College, the, 37
Medical Benevolent College and voting reform, the, 88
Medical certificates, 271, 416
Medical charities, bequests to, 503
Medical charity, abuse of, 323
Medical Defence Association, 8, 199
Medical degrees for women, 92
Medical education in Ireland, 241
Medical education in Scotland, 249
Medical examination results in Germany, 415
Medical man, charge against a, 411
Medical men and manners of the nineteenth century (Review), 117
Medical reform, 215, 262, 283, 321
Medical reform, Prof. Gairdner and, 203
Medical reform and the British Medical Association, 153, 178
Medical schools, new entries at the, 372
Medical schools, the winter session in the, 286
Medical schools and hospitals in Dublin, 246
Medical students and infirmary practice, 475
Medical testimony and the validity of wills, 411
Medical women, 201
Medicines, the administration of in large doses, 90
Medico-legal conferences, utilisation of the Morgue for, 94
Medico-legal researches on spermatozoa, 412
Medico-parliamentary intelligence, 17, 28, 58
Meniere's vertigo—treatment by sulphate of quinine, by Dr. F. M. Luther, 4
Mental hydrophobia. Is there such a disease? 203
Methylated tinctures, 349
Metropolitan Hospital Sunday Fund, the, 90, 389, 407, 542
Metropolitan improvements, 91
Microscopic preparations, photographs of, 222
Middle-class asylums for the insane, 264
Middlesex Hospital, 236
Middlesex Hospital, introductory address at, by Mr. A. Hensman, 278
Midwifery forceps, a new tractor or, 151
Midwifery forceps, 55, 116
Midwifery forceps, the frequent or early use of, 500
Migraine, treatment of, 161, 415
Military and naval services, the, 226
Milk analyses, on the incongruity of the mode generally adopted in stating the results of, by Mr. W. Thomson, 213
Milk sickness, 216
Milk supply in London, 543
Modest proposal, a, 481
Mollan, Dr. John, obituary note, 269
Molony, Mr. J., a case of gun-shot wound of head, 212
Montucci, Dr. H., death of, 202
Morphia, injections of, in cases of obstruction of the bowels, 350
Morphia and atropine, on the antagonism between, 111
Morphinism, 320
Mortality in Dublin, 326, 415, 525
Mortality of foreign cities, the, 506
Mortality statistics of the past week, 225
Motor-centre of language, the, 308
Murchison Dr. C., diseases of the liver (Review), 55
Murray Dr. John, on some of the conditions which influence the epidemic prevalence of certain diseases in India, 419
Muscular equivalent of the human animal, 114
Mushroom poisoning, 268

N

Naval medical service, 229
Navvies, our, 347
Nervous deafness, by W. G. P. Field, 507
Nervous origin of hydrophobia, the, 224
New anæsthetics, 350
New anti-epileptic, a, 164
New entries at the medical schools, 372
New Hotel Dieu, the, 158
New Hotel Dieu, the inauguration of the, 92
New inventions, 151, 185
New members of the profession, 114
New method for the quantitative determination of sugar in blood, a, by Dr. F. W. Pavy, 1
New method of treating fractures of the clavicle (Illustrated), 358, 416
New Parisian pharmacy schools, the, 92
New remedies, 371
New thoughts on hydrophobia, 525
New tractor on midwifery forceps, a, 151
New treatment of sunstroke, a, 31
New West Herts Infirmary, the, 434
Newest theory of short-sight, the, 501
Newspaper medical rivalry, 160
Nephritic colic, succussion of the body in, 524
Non-alcoholic treatment of disease, the, 28, 54, 76, 86
Norton Mr. A. Trehern, the examiner in anatomy (Review), 370
Note on tinnitis aurium, by Mr. Lennox Browne, 127
Notes from a dentist's case-book, by Mr. F. Weiss (Review), 174
Notes of a case in which death occurred four and a-half hours after delivery; with some remarks on it, by Dr. J. Ashburton Thompson, 465
Notes on the hospitals and medical schools in London; chiefly in reference to the prizes, scholarships, and appointments open to students, 235
Novelties, 37, 459

O

Obligations of the Red-cross surgeons, 458, 502
Obscene literature, 434
Observations on renal affections in children, by Dr. W. H. Day, 256, 316
Observations on the pathology of syphilis, by Mr. J. R. Lane, 2, 145, 333
Obstetrics, a practical hint on, 371
Odontoid process, fracture of the, 171
O'Flanagan, Dr. J., case of intussusception, 279; compound fracture of leg, 410
O'Neill, Mr. P. L., the aspirator in stricture of the urethra, 26
On Her Majesty's staff, 72
Operative surgery, the war and, 268
Opium, child-poisoning by, 223
Opponents of vaccination and sanitation, the, 431
Origin of the term syphilis, 158
Ormsby, Mr. Lambert H., curvatures of the spine treated by the plaster of Paris jacket, 378
Otis, Mr. G. A., report on the transport of sick and wounded by pack animals (Review), 118
Otology of the last ten years, by Dr. Guerder, 211, 379, 509
Our bank holidays, 132
Our navvies, 347
Ovariotomy in Dublin, 16, 32, 438, 477
Ovariotomy, two successful cases of, by Dr. Lombe Atthill, 21
Over-population and immorality, 75
Overworking of coroners, the, 219
Oxford and Cambridge universities, 233
Oxygen, explosion while preparing, 476

P

Palliative measures against writers' cramp, 94
Palpitation of the heart, 222
Parent of obstruction, the, 183
Paris, the anti-tobacconists in, 133
Parkes' museum of hygiene, the, 364
Parliamentary subsidy of Irish pauperism, the, 158
Patent bags and cases, 184
Patent medicines, 350
Patent medicines, the limits of, 36
Pathology of contagion and the question of generation, by Dr. C. A. Cameron, 375
Pathology, symptoms, and treatment of an overloaded state of the transverse colon, by Mr. E. Marlett Boddy, 376, 401, 421, 443
Pauper (?) attendance and fees, 23
Pavy, Dr. W. F., a new method for the quantitative determination of sugar in blood, 1; the physiology of sugar in relation to the blood, 22
Payment of Irish Poor-law medical substitutes during illness, 221
Penge case, the end of the, 386
Penge mystery, the, 306, 348, 391
Peristaltic action of the intestines, 13
Persia, small-pox and diphtheria in, 164
Personation at the examination of the Pharmaceutical Society, 15
Pertussis, treatment of, by pulverised ether, 435
Pharmaceutic morality, 158
Pharmaceutic trade deceptions, 266
Pharmaceutical licenses and the Irish College of Physicians, 395
Pharmacopœia, an error in the, 53, 98
Pharmacy in Ireland, 158
Photographs of microscopic preparations, 222
Physician, the priest, and the people, the, 215
Physicians' prescriptions, 268
Physiology of sugar in relation to the blood, the, by Dr. W. F. Pavy, 22
Physiology of sugar in the blood, 266
Piano in uterine affections, the, 348
Pick, Mr. T. Pickering, introductory address delivered at St. George's Hospital, by, 277
Placenta prævia, the treatment of, 36
Pleural cavity, air in the, 393
Pleuro-monic meat as human food, 281
Pleuro-pneumonic beef as human food, 362
Pluralism in hospital appointments, 460
Pneumonia, blood-letting in, 112
Pocket case uroscope, a, (Illustrated), 37
Podophyllin, 268
Poisoning by tobacco oil, alleged 287
Poisonous effects of arnica, 412, 437
Poisonous tin, 369
Poor-law medical service, 229
Poor-law union inquiry commission, 331
Population question in reference to the late trial of Reg. v. Bradlaugh and Besant, the, by Dr. C. R. Drysdale, 18
Porter, Mr. F. T., acute alcoholic poisoning—recovery, 5.0
Post-mortem examinations in workhouses, 323, 350, 436
Post-mortem examination of Mrs. Harriet Staunton, the, 283, 391
Power of magnetism, 268
Pozzi, Dr. Samuel, indications for the use of the trephine (Illustrated), 444, 466, 530
Practical dictionary of mechanics (Review), 291, 309, 460
Practical hint in obstetrics, a, 371
Practice of pharmacy in Ireland, 158
Practice of smoking, the, 493
Pregnancy, case of hydrophobia during, 93
Pregnancy, diagnosis of, 524
Preliminary examination, 232
Prescribing druggists, 25
Prescribing of non-officinal preparations, the, 154
Prescriptions, renewal of, 477
Prevalence of pus growths in hospitals, 332
Prevalence of rabies, 411
Prevention of bathing fatalities, 233
Prevention of small-pox, 73
Primitive free pleurisy, thoracentesis, cure, 357
Principles of mental physiology, by Dr. Carpenter (Review), 172
Printed pills, 307
Private lunatic asylums and private patients, 17, 26, 54, 76
Private teaching, or "grinding," 241
Private tuition, 239
Prizes and scholarships, 233
Probable ovarian tumour taking on inflammatory action, 171
Professional shoddyism, 95
Professorship of anatomy in the Galway College, the, 458
Prognosis in valvular disease of the heart, the, 473
Prognosis of disease, the, 384
Prognosis of hæmorrhagic apoplexy, 389
Progressive pernicious anæmia, 197
Properties of the human gastric juice, 201
Prophylactic treatment of placenta prævia, the, 36
Proposed dental diplomas in Ireland, 53
Prosecutions and counter-prescribers in England, the, 327
Prostitution, governmental regulation of, 94
Provident dispensary movement, the, 94
Psoriasis treated by chrysophanic acid, by Dr. J. C. Ogilvie Will, 103
Public amusements, 325
Public and chloral hydrate, the, 524
Public health (Ireland) bill, 57, 77, 132
Public health (Metropolis) bill, 29
Puerperal mania and convulsions, by Dr. G. de Gorrequer Griffith, 214
Puerperal fever, local and preventive treatment of, 327
Puff oblique, 475
Pupilship, 232
Pure chloral hydrate, 413
Pursuit of literature by medical men, the, 324
Pus growths, prevalence of, in hospitals, 332

Q

Quackery, how is it to be remedied? 27
Quarter's mortality from small-pox in England, a, 134
Queen's Colleges, the, 248
Queen's University and clinical teaching, the, 505
Queen's University and the lady doctors, the, 300
Queen's University degrees, the, 480
Queen's University in Ireland, the, 20, 344, 551, 373, 388, 395, 418, 480, 501, 544, 545, 547; faculty of medicine, 244
Queen's University in Ireland, the Faculty of Medicine, 244
Question of rest for women during menstruation, the, by Dr. Jacobi (Review), 482

R

Rabies, the "Medical Press" special report on the nature of, and those diseases in which hydrophobia is a prominent symptom. Chapter 1. Introductory, 340; Chapter 2, General statistics, 360, 382, 403; Chapter 3, General conclusions from preceding statistics, 425; Chapter 4, Morbid anatomy and pathology, 451, 469; Chapter 5, Rabies its etiology and symptoms, 495, 515; Chapter 9, Incubation, frequency of transmission, and other kindrid subjects, 538
Rabies, the prevalence of, 411
Rabies and hydrophobia, Sir Thomas Watson on, 500
Rain tree, the, 308
Rapid cure of a unilocular congenital cyst of the ano-coccygeal region, by Dr. J. A. H. Depaul (Illustrated), 335
Registrar-general's quarterly return, the, 456
Registration, 231
Registration of infectious diseases, the, 501
Registration of practitioners, 232
Registration of sickness, the, 284
Registration omissions, 345
Regulations and bye-laws of licensing bodies in Ireland, 243
Relation of state medicine to intemperance, 48
Relative cost of medical education in Ireland, 248
Remarkable deformity of the teeth, a, 94
Remarks on the pathology, symptoms, and treatment of an overloaded state of the transverse colon, by Mr. E. Marlett Boddy, 376, 401, 421, 443
Removal of adherent placenta from the uterine cavity, the, by Mr. C. W. Hamilton, 105
Removal of large tumour by Mr. A. Kidd, 5
Remuneration in club practice, 387
Renal affections in children, observations on, by Dr. W. H. Day, 256, 316
Renewal of prescriptions, 477
Report on the transport of sick and wounded by pack animals, a, by Mr. G. A. Otis (Review), 118
Repression of drunkenness in Galicia, 135
Residence of the medical student, 273
Results of legislation by agitation, the, 93, 144
Results of the contagious diseases acts, 479, 504
Revival of blood-letting, 10, 49
Reynolds, Dr. J. Russell, a system of medicine. Vol. 4, diseases of the heart (Review), 162
Richardson, Dr. B. W., in Dublin, 222
Richardson, Dr. B. W., a glandular origin of disease, 293
Roberts, Dr. W., address in medicine, 121
Richardson's hypnopoietic, 459
Rotunda hospitals, abstract of report of the, for the year ending 5th November, 1876, by Dr. Lombe Atthill, 102, 147
Royal College of Physicians and Surgeons, Edinburgh, passes at the, 143, 439
Royal College of Physicians in Ireland, 351
Royal College of Physicians of London, 234, 369; passes at the, 97, 372, 528
Royal College of Surgeons, Edinburgh, passes at the, 143, 3519
Royal College of Surgeons in Ireland, 244; passes at the, 11
Royal College of Surgeons of England, 234; passes at the, 77, 97, 143, 205, 439, 462 528, 448
Royal visit to the College of Surgeons, 37
Russian army, the health and sanitary condition of the 134, 267,

S

St. Bartholomew's Hospital, 235
St. Andrew's Graduates' Association, 20
St. George's Hospital, 236, abstract of introductory address delivered at, by Mr. T. Pickering Pick, 277
St. Mary's Hospital and medical shool, 2 6
St. Thomas's Hospital, 58, 237, 337
St. Thomas's Hospital, death of the treasurer of, 205
Sale of food and drugs act in Ireland, the, 69
Sale of food and drugs amendment bill, the, 113, 134
Salicylic acid and the salicylates, Germain See on, 198
Sanderson, Prof. Burdon, the germinal particles of bacteria, 485
Sanitary engineering, by Mr. J. Baily Denton (Review), 290
Sanitary Institute of Great Britain, the, 53, 184, 396, 528
Sanitas, 523
Sanitation in India, 15
Sanitation under Irish urban authorities, 415
Sayre, Dr., and the spinal extensor 414, 436, 481
Sayre Dr., spinal disease and spinal curvature (Review), 5.6
Scalp, alcohol dressings in wounds of the, 476
Scarlet fever at Southall, 368
School of homœopathy, 238
School of medicine for women, 237
Scientific grants 161
Scientific materialism, by Dr. J. Drysdale (Review), 481
Scotch double qualification, the, 250
Scotland, medical education in, 249
Scutari, the hospital at, 199
Scythian disease, the, 388
Seaman's hospital at Greenwich, the, 474
See, Germain, on salicylic acid and the salicylates, 198
Shall the spread of syphilitic poison be prevented? 520
Ship surgeons, 93
Short-sight, the newest theory of 501
Sickness, the registration of, 284

Sieveking, Dr. E. H., the Harveian oration, 1877, 187, 207, 251
Singular source of bread poison, 388
Slate-paper, 221
Sleeplessness, treatment of, 89
Small-pox at Harwich, 548
Small-pox, how it is spread, 181
Small-pox, importation of, to Ireland by deported paupers, 159
Small-pox, prevention of, 73
Small-pox, treatment of, by cold baths, 52
Small-pox and diphtheria in Persia, 164
Small-pox in England, a quarter's mortality from, 134
Small-pox in the metropolis, 58
Smith and Co's visiting list for 1878 (Review), 459
Smith, Mr. H., the surgery of the rectum (Review) 482
Smoking, the practice of, 498
Social Science Congress, 74
Social status of the profession in Ireland, the, 49, 95
Some of the conditions which influence the epidemic prevalence of certain diseases in India, on, by Dr. John Murray, 419
South London School of Pharmacy, 58, 238, 548
Southall, scarlet fever at, 368
Specialism, 533
Spermatorrhœa and the electro-medical alarm, 183
Spermatozoa, medico-legal researches on, 412
Spinal disease and spinal curvature, by Dr. L. A. Sayre (Review), 526
Spontaneous discharge of a uterine polypus, 503
Statistical digest of mortality arising from enteric fever, &c., int he borough of Halifax from 1865 to 1875, by Mr. J. R. Smith (Review), 482
Staunton, Mrs. Harriet, the post-mortem examination of 282, 391
Stokes, Dr., on the future of the British Medical Association, 161
Stomach, foreign bodies in the, 478
Stone butter, 164
Stone in women, 483
Street nuisances, 52
Sturge's, Dr. D., on a case of chorea, 62
Suaviter in modo, fortiter in re, 304
Successor to Giraldes in the Academy of Medicine, Paris, the, 15
Succussion of the body in nephritic colic, 524
Sugar in blood, a new method for the quantitative determination of, by Dr. W. F. Pavy, 122
Sugar in the blood, physiology of, 266
Suggestions for restoring suspended animation, 220
Suicide, on, 164
Suicide of a Blue-coat boy, the, 36
Sunstroke, a new treatment of, 31
Superstitions regarding hydrophobia, 202
Surgeoncies in the mercantile marine, 231
Surgery of the rectum, the, by Mr. Henry Smith (Review), 482
Surgery past and present, by Mr. T. Spencer Wells, 126
Surgical Aid Society and its method of dispensing rel ef, 522
Synnott Mr. J. G. K., maternal impressions, 61
Syphilis, abstract of clinical lectures on, for the use of students, by Mr. S. Messenger Bradley, 23, 41, 79, 99, 128
Syphilis, observations on some points in the pathology of, by Mr. J. R. Lane, 2, 145, 333, 441
Syphilis, origin of the term, 58
Syphilis as it affects the brain and nervous system, on, by Dr. T. Stretch Dowse (Illustrated), 167, 253, 353
Syphilitic poison, shall the spread of it be prevented? 520
Syrupus chloralis (Liebreich), 371

T

Tables of materia medica, by Dr. T. Lauder Brunton (Review), 118
Technical education in Ireland, 248
Teeth, a remarkable deformity of the, 94
Telegraphic sphygmography, 478
Temperance and medical relief, Sir Charles Trevelyan, Bart., on, 97
Temperance Hospital, the, 115
Temperature of the eye, 307
Temporary aphasia, 524
Test paper for wines, 476
Therapeutics of headache. 110
Therapeutics of tetanus, 198
Thin, Dr. G., an introduction to practical histology (Review), 77
Thompson, Dr. J. Ashburton, notes of a case in which death occurred four and a-half hours after delivery, with some remarks upon it, 465
Thompson, Mr. E. C., simple cure of a large ganglionic tumour of the wrist, 3 0
Thomson, Mr. W., on the incongruity of the mode generally adopted in stating the results of milk analyses, 213
Throat hospital in Golden Square, the, 372, 408
Tic doloreux, aconitia in, 179
Ticehurst, Dr. F., obituary note, 76
Tin, poisonous, 369
Tinnitus aurium, hydrobromic acid in, 351
Tinnitus aurium, note on, by Mr. Lennox Browne, 127
Tinnitus aurium, the treatment of certain forms of, by Mr. W. Douglas Hemming, 81
Title of M.D., the, 30, 67
Tobacco oil, alleged poisoning by, 287
Trained nurses for the sick poor, 182
Traité des maladies de la prostate, by Dr. H. Picard (Review), 57
Traité d'hygiene navale, by Dr. J. B. Fonssagrives (Review), 482

TRANSACTIONS OF SOCIETIES

Assosiation for the Advancement of Science in France.—The antiseptic system of Lister, 280; indications for thoracentesis, 280; miner's nystagmus, 280; uterine vegetations, 280; paralytic luxations of the femur, 280; ataxy in its relation with traumatism 280; cardiac and respiratory accidents following intravenous injection of chloral, 280; aneurism of femoral treated by electrolysis, 280; special forms of hysteria, 280; temperature, 280; uniformity in medical observation, 280; cerebral thermometry, 280

Clinical Society of London.—Cases illustrating the behaviour of the carbolised catgut ligature upon human arteries, 339; recent cases of paracentis thoracis, 339; case of hysteria with contraction of the lower limbs anæsthesia and ischæmia in a boy, 381; case of injury to the lower part of the spinal cord followed by wasting and contraction of the muscles of the lower extremities, 382; cerebro-spinal unilateral sclerosis, 382; case of urethral calculi, 448; urethral calculus, 449; case of unilateral (gunshot) injury to the spinal cord, 449; case of left hemiplegia and hemianæsthesia with general diminution of motor power and of sensation associated with loss of speech peculiar voice and articulation, and ataxy of the upper extremities due probably to embolism of the basilar artery, recovery; 450; peculiar phonation as well as articulation associated with paralysis, 450

International Medical Congress, held at Geneva from the 9th to 15th September.—Cerebral localisation, 299; on the influence of traumatism in pregnancy, 299; articular resections, 300; the functions of the spleen, 300; sub-periosteal abscess, 300; artificial ischemia, 300; the etiology of typhoid fever, 300; on the treatment of ozæna, 300; simple chronic ulcer of the stomach, 319; the galvano-cautery, 319

Medical Society of Dublin.—Inaugural address, 513; three hundred and thirty cases of phthisis, 514

Medical Society of Paris.—Hydated cyst of the liver cured by capillary puncture, 215

Obstetrical Society of Dublin.—Ovarian cyst, 66; inversion of the uterus, 66; inaugural address, 450

Royal Medical and Chirurgical Society.—The peculiar varieties of hydrocele of the cord, 338; on œdema (myxœdema) in cretinoid condition of adult women, 339; aneurism of the aorta, innominate, subclavian and carotid arteries treated by double distal ligature, 425; cases of branchial fistulæ in the external ears, 472; pathology of tetanus and hydrophobia, 512

Surgical Society of Ireland.—Vesical calculus, 494; excised head of humerus, 494; vesical calculus and diseased kidney, ditto in the bladder, 494; two feet removed by Symes method, 494; hand removed by operation, 495

Transactions of the Pathological Society of London, vol. xxvii, (Review), 330, 390
Transfer of chronic lunatics from asylums to workhouses, 14
Traumatic tetanus, death, 437
Treatment of certain forms of tinnitus aurium, the, by Mr. W. Douglas Hemming, 81
Treatment of croup, 113
Treatment of headache, 15
Treatment of lumbago, 349
Treatment of migraine, 164, 435
Treatment of pertussis by pulverised ether, 435
Treatment of sleeplessness, 89
Treatment of small-pox by cold baths, 52
Treatment of sunstroke, 31
Treatment of vicarious hæmorrhages, 349
Trephine, on the indications for the use of the, by Dr. Samuel Pozzi (Illustrated), 444, 466, 530
Trevelyan, Sir Charles, Bart, on "temperance and medical relief," 97
Triple birth, 415
Tubercular quadrigemina, the, 202
Tumour, removal of a large, by Mr. A. Kidd, 5
Twentieth century, the, (Review), 309, 527
Typhoid fever, on the etiology of, 190
Typhoid fever in Edinburgh, 222

U

Unhealthiness of Dublin, the, 461
Union amalgamation in Ireland, 196
Universities, 238
University College, address delivered at, by Dr. J. Williams, 296
University College and Hospital, 237
University extension, 414
University of Durham, 14, 234
University of London, 98, 143, 185 233, 439, 484, 505, 528
Unprofessional behaviour, 156
Uranostaphylorrhaphia, 112
Urine, determination of albumen in, 222
Use of artificial saline waters, the, 160
Uterine affections, the piano in, 348
Uterine polypus, spontaneous discharge of a, 503
Uterus, gastro-elytrotomy and ablation of the, 326
Utilisation of the Morgue for medico-legal conferences, 94

V

Vaccination and the Hackney guardians, 543
Vaccination, compulsory, 503
Vaccination, the debate on, 29
Vaccination among the Chinese, 478
Vaccination and sanitation, the opponents of, 431
Vaccination in Ireland, 153
Vaccination question, Keighley and the, 267
Vaginal speculum, 292, 310
Vaginismus, 308
Valvular disease of the heart, 473
Vaselin, 163
Vesicating property of the ranuncules, 268
Vest-pocket Gray, or anatomist's vade-mecum, the, by Dr. C. H. Leonard (Review), 370
Vicarious hæmorrhage, 349
Vin de Baudon, the, 120, 373
Vivisection, Mr. Forster on, 71
Vulcanised rubber, arsenic and antimony in, 435

W

Wagstaffe, Mr. W. W., on ends and means in medical studies, 273
Wall papers, arsenical poisoning by, 91
War and operative surgery, the, 263
Water, impure, 74
Water supply of London, the, 183
Watson, Sir Thomas, on rabies and hydrophobia, 500
Weiss, Mr. Felix, notes from a dentist's case-book (Review), 174
Wells, Mr. T. Spencer, surgery past and present, 126
Westminster Hospital, 237
West Herts infirmary, the new, 434
When not to give iron, 286
Who was first? 38
Whooping-cough, chloral in, 181
Will, Dr. J. C. Ogilvie, on a case of psoriasis, treatea by chrysophanic acid, 103
Williams, Dr. John, abstract of introductory address delivered at University College by, 296
Williams, Dr. of Colchester, obituary note, 117
Wine adulteration, 369
Wine, test paper for, 476
Winslow, Dr. L. Forbes, the journal of psychological medicine (Review), 17, 459
Winter session in the medical schools, the, 286
Womb, application of nitric acid to the internal surface of the, 93
Women, medical degrees for, 92
Wood pavement, 514
Work done by Irish workhouses, the, 135
Workhouses, post-mortem examinations in, 323, 350, 436
Working classes, drying yards for the, 349
Works of Aristotle, the, 51
Wourali poison, the, 392
Wrist, simple cure of a large ganglionic tumour of the, by Mr. E. C. Thompson, 380
Writers' cramp, palliative measures against, 94

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CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

A New Method for the Quantitative Determination of Sugar in Blood. By F. W. Pavy, M.D., F.R.C.P., F.R.S., Physician and Lecturer on Physiology, Guy's Hospital, &c. 1
Observations on some Points in the Pathology of Syphilis. By James R. Lane, F.R.C.S., Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital 2
Meniere's Vertigo—Treatment by Sulphate of Quinine. Translated from "Le Progrès Médical" by Francis M. Luther, M.D., Cappoquin 4
Removal of Large Tumour. By A. Kidd, M.R.I.A., Lic. K. & Q. Coll. P. I., &c., Ballymena 5

CLINICAL RECORDS.

West London Hospital.—A Case of Traumatic Stricture of the Urethra, necessitating the Frequent Daily Use of a Bougie — Internal Urethrotomy — Cure. Under the Care of Mr. Teevan..... 6
The Criminal Responsibility of the Insane 6

LEGAL INTELLIGENCE.

The Carmichael Dublin Prize Fund 8
Medical Defence Association..... 8

LEADING ARTICLES.

Revival of Blood-Letting 10
The Homœopathic Schism 11

NOTES ON CURRENT TOPICS.

Home Hospitals..... 12
Ether as an Anæsthetic 12
The Coming Election of the Irish College of Surgeons 13
The British Association 13
On the Peristaltic Action of the Intestines 13
Lady Doctors in France 14
Durham University 14
Cold Baths in Infantile Diarrhœa 14
Transfer of Chronic Lunatics from Asylums to Workhouses 14
Sanitation in India 15
Anomalous Proportion of Married and Unmarried amongst the Insane in Ireland.. 15
Treatment of Headache 15
Death from Chloroform 15
Personation at the Examination of the Pharmaceutical Society 15
The Successor to Giraldes in the Academy of Medicine, Paris..... 15
Death of a Surgeon by Drowning 15
Ovariotomy in Dublin 16

LITERATURE.

Lectures on Bright's Disease 16
A Guide to Therapeutics 17
The Journal of Psychological Medicine... 17

MEDICO-PARLIAMENTARY.

Indian Medical Service 17

CORRESPONDENCE.

Private Asylums and Private Patients 17
The Population Question—"The Fruits of Philosophy" 18

OBITUARY.

Dr. John Cronyn 19
Medical News..... 20
Notices to Correspondents, &c. 20
Vacancies..... 20
Appointments 20
Deaths 20

Original Communications.

A NEW METHOD FOR THE QUANTITATIVE DETERMINATION OF SUGAR IN BLOOD.

By F. W. Pavy, M.D., F.R.C.P., F.R.S.,
Physician and Lecturer on Physiology, Guy's Hospital, &c.

The following is a full abstract of the paper read before the Royal Society on June 14th, in which the author described minutely his new method for the quantitative determination of glucose, and its application to physiological relations of sugar in the animal system. The accurate results which Dr. Pavy has succeeded in obtaining by means of his new gravimetric process of analysis, and the importance of the subject itself, is such as will tend to advance materially our knowledge, and hence will substantiate and extend the position with regard to the treatment and pathology of diabetes.

The paper consisted chiefly of a description of the method which the author adopted for accurately ascertaining the amount of sugar in the blood of animals, and formed the prelude to one which was read on Thursday, the 21st ult., in which Dr. Pavy gave the results obtained by the application of his method as follows :—

1. The natural state of the blood.
2. The comparative state of arterial and venous blood.
3. The spontaneous change ensuing in blood after its removal from the system.

Before describing his own gravimetric system Dr. Pavy proceeded to criticise Bernard's new volumetric process, which has been described fully in recent issues of the *Comptes Rendus*. This method the author proved to be not only devoid of precision as a quantitative analytical process, but was in itself calculated to give rise to fallacious results, inasmuch as keeping the suboxide of copper dissolved by means of organic matter was fundamentally wrong. The entire system was based on errors, and the results were necessarily incorrect; two of these errors the author dealt with somewhat in detail. The first was in the assumption that the volume of trial liquid corresponds in c.c. with four-fifths of their weights in grammes of the mixture of sulphate of soda and blood. In practice it was found that the actual relation between the volume of liquid obtained and the weight of the mixture employed must vary in each individual case, according to the solid matter existing in the particular specimen of blood and the loss of liquid by evaporation during the separation of the coagulum by heat. The other error in Bernard's method arose from the influence which organic matter exerted in preventing the deposition of suboxide. The large addition of potash which is employed in this process—viz., from 20 to 25 cubic centimetres of a concentrated solution to one c.c. of the copper test, acts upon some one or other of the organic principles left in the liquid obtained from the blood, and prevents the deposition of suboxide of copper.

The author then proceeded to describe his own new gravimetric process, in which he adopts the use of a galvanic battery for effecting the deposition of copper which has been reduced by the sugar in a form to be susceptible of weighing. The details of this method are, shortly, as follows :—

A certain volume of blood—about 20 c.c. forms a convenient quantity—is taken for analysis, and first mixed with 40 grammes of sulphate of soda, the whole must be subjected to weighing in detail, so that the precise weight of the blood taken may be known. To this mixture, contained in a beaker of about 200 c.c. capacity, about 30 c.c. of hot concentrated solution of sulphate of soda are added, and the whole contents heated until a coagulum is formed.

Filtration is then performed, and the coagulum thoroughly washed, so that all traces of sugar may be removed. The liquid thus obtained, from having been run and squeezed through muslin, is slightly turbid, and must be boiled again and filtered through paper to render it perfectly clear. It is now ready for the application of the copper test. Being brought to a state of ebullition about 10 c.c. of the potassio tartrate of copper solution, or sufficient to secure that the test liquid is left in excess, are added, and brisk boiling continued for a minute, but not longer. In this way a reduction of the oxide to the

suboxide of copper is effected by the action of the sugar present in the solution.

The liquid is then filtered through a plug of asbestos, or, what is better, glass wool. The suboxide having been collected and washed from excess of the copper test liquid is next dissolved by a few drops of nitric acid, a small quantity of peroxide of hydrogen having been previously added in order to effect oxidation and consequent ready solution.

The copper present in the liquid is now deposited by the agency of galvanism. The positive pole of the battery is formed by a platinum spiral coil around which, and forming the negative pole, is a cylinder of platinum foil; upon this the copper is slowly deposited in a pure metallic form. This operation is continued until the appropriate test shows that the whole of the copper has been thrown down. The period ordinarily required to effect this does not exceed twenty-four hours.

The platinum cylinder is next removed, and instantly plunged first into distilled water and then into alcohol. After drying in a water over it is ready for weighing; the difference in the weight of the cylinder before and after the operation gives the amount of copper deposited.

The battery used is a modification of Fuller's Mercury Bichromate Battery, and has been selected on account of the constancy of its action.

From the amount of copper deposited, that of the sugar existing in the blood analysed may be accurately calculated. Five atoms of the cupric oxide of the test solution are reduced by one atom of glucose, it follows that 317 parts of copper represent the equivalent of one part of glucose, or the relation stands as one of copper to 0·5678 of glucose. Therefore, to ascertain the amount of sugar the weight of the copper has to be multiplied by 0·5678. This application of the copper test solution yields a gravimetric instead of a volumetric process of analysis, and one which has no uncertainty belonging to it. There is nothing for the mind to decide, and no opportunity for error of judgment, as may be the case to a slight extent where a gradual fading of colour—as in the volumetric process—has to be watched until the attainment of the proper point of the decolouration has been effected.

The accuracy and reliability of the foregoing process are strongly supported by the uniformity in the results obtained from a large number of experiments. Compared with the results yielded by this gravimetric process, those obtained by Bernard present the greatest discordancy. The figures he gives are invariably too high, and there is no intelligible relation in the differences noticeable, suggesting that there is something radically wrong in taking decolouration without precipitation of suboxide as a means of estimating the amount of sugar. Dr. Pavy supports this assertion by the conclusions derived from a large number of experiments.

OBSERVATIONS ON SOME POINTS IN THE PATHOLOGY OF SYPHILIS.

By James R. Lane, F.R.C.S.,

Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital.

ON REINFECTION WITH SYPHILIS.

An important point in the pathology of syphilis, about which there is some difference of opinion, is the question whether the disease can repeat itself in the same individual, that is to say, can a man have an indurated sore and secondary syphilis more than once in his life? Ricord was the first to deny this recurrence, and he did so in very positive terms. At a later period, however, he admitted its possibility, and he likened it to the occasional recurrence of small-pox or scarlatina, but said that in all his long experience he had never seen an instance of it. Now, there can be no doubt that a patient does not contract a second indurated sore so long as he is under the influence of the syphilitic diathesis, unless, perhaps, after he has passed into the tertiary stage. If he is exposed to fresh contagion the result is either negative altogether, or a soft suppurating sore is produced, just as has been so fully proved to be the case when an indurated sore is artificially inoculated on a syphilitic patient.

It is a very important practical question whether this immunity is permanent, and will last the patient his life, for upon its decision depends the question whether syphilis is curable by treatment, or may wear itself out by lapse of time; or whether it is a life-long disease, as many good authorities believe. One distinguished speaker in the debate at the Pathological Society in 1876 on Mr. Jonathan Hutchinson's paper, expressed his opinion that "syphilis continues to be a constitutional disease throughout the whole life of the man who has it. Syphilis once, syphilis ever; syphilis general, syphilis universal, in the man all the time he lives."

I cannot acquiesce in this doctrine. It probably owes its origin to the impression naturally made on the minds of many practitioners by cases of obstinately persistent syphilis, unhappily only too common, in which, spite of all treatment, the disease seems to follow an independent course from one year's end to another; or in which, in the case of married persons, a long series of abortions or of diseased children is the result. But does not everyone whose experience is long enough know of patients who had syphilis in their youth, who recovered in due course from all its symptoms, who had no relapse, and who afterwards married and had perfectly healthy children? I myself, looking back over thirty years, can call to mind numbers, not of patients only, but of friends and acquaintances, of whom this has been the history. I therefore strongly deprecate the hopeless view of the case which is conveyed by the expression "Syphilis once, syphilis ever."

The best proof that the syphilitic diathesis can wear itself out is the fact, if it can be demonstrated, that the disease may be contracted a second time by the same person. I have seen what I believe to be unmistakable examples of this, and I fancy most of those who have been long in practice must have seen the same. There are not many instances of a second contagion of true syphilis specially recorded, probably because till recently nobody doubted the fact, and many who now meet with such cases do not appreciate their significance or think it worth while to publish them. Probably, also, they are not very common; for, after a patient has thoroughly got over his first attack, he either marries, or he is very careful about exposing himself to risks of contagion; he is an older and a wiser, if not necessarily a better man.

The Report of the Medical Committee appointed by the Admiralty in 1865, to consider the whole question of venereal diseases with a view to their prevention, states as follows:—

"Of thirty-three witnesses who were asked for their experience whether one attack of true syphilis gives immunity to the individual from a repetition of the disease, twenty-three not only declared it to be their opinion that such was not the case, but several amongst them stated that they had positively seen repeated attacks in the same person, which certainly were not relapses; whilst ten considered that an individual could be the subject of true syphilis only once."

The most recent authority on this point is my late lamented colleague, Mr. Gascoyen. A paper by him was published in the "Medical-Chirurgical Transactions" for 1875, in which he records eleven cases of re-infection which had come under his own observation. In addition to his own cases he gives in a tabular form sixty others collected from various publications, British and foreign. In thirty-five, constitutional symptoms followed the second contagion; in twenty, indurated chancre alone was the result; in five, an indurated chancre occurred while the patient was still suffering from tertiary disease. The fact last mentioned is of interest as corroborating Mr. Hutchinson's statement that syphilis is only a blood disease in the secondary period; and also of Ricord's doc-

trine that in the tertiary period the virulent principle has undergone a complete transformation.

To my mind there is ample proof that a second infection of syphilis may take place; and the corollary from this is that the disease may be cured or become extinguished, a result which I fully believe does take place in a very large proportion of cases.

CONTAGION OF SECONDARY SYPHILIS.

Another point of great importance is the contagious quality of the secretions of secondary syphilitic lesions, in the elucidation of which point great advances have been made of late years. In former times, and, indeed, soon after the great outbreak of syphilis at the end of the fifteenth century, the disease was supposed to be communicable not only by contact with its secretions in all its stages, but even by the breath of those infected, and very stringent measures were taken for the isolation of the sufferers to prevent its spread. Hunter denied the possibility of this mode of contagion, being lead to do so through his having failed to inoculate secondary syphilitic secretions on the patients themselves. In his chapter on "Diseases resembling the Lues Venerea," he describes cases which obviously illustrate the transference of secondary disease frem nurse to child, and from child to nurse, but he believed them not to be syphilitic, partly from their history, but mainly because they got well without mercury. At that time, and for long afterwards, mercury was held by many to be the crucial test of syphilis. If it did not cure the disease, the case was not syphilitic; if the disease got well without mercury, it could not have been syphilis. Benjamin Bell did not agree with Hunter's view as to the non-contagious nature of secondary disease, and Mr. G. Babington, surgeon to the London Lock Hospital, who commentated on Hunter's treatise on "Venereal Disease" in Palmer's edition of his works, also disputed its accuracy. The non-contagious theory was, however, strenuously upheld by Ricord, because he failed to inoculate from secondary lesions on the patients themselves, and it became an article of belief in the profession till about twenty or twenty-five years ago.

But some time before that the fact of the contagious nature of secondary syphilis had been clearly demonstrated by Dr. Wallace, of Dublin. In some admirable lectures published in the *Lancet* in 1835, he records five cases in which he inoculated healthy persons successfully from secondary lesions. All five developed indurated sores after a period of incubation, and all had secondary disease. The scientific value of these experiments was very great, although the mode in which it was obtained was no doubt unjustifiable. Dr. Wallace clearly deserves the credit of first re-establishing the fact of the contagion of secondary syphilis, but he must also bear the discredit of having been the first to communicate syphilis wilfully, and for experimental purposes to healthy persons, they being left in ignorance of the nature of the proceeding. I am not aware that this attracted any hostile notice at the time; but what, I wonder, would happen now if any one of us were rash enough to do the like? It is not long since that a jury awarded heavy damages against an unhappy surgeon who, having contracted a venereal sore on his finger in the practice of his profession, and being unaware of its real nature, had the misfortune to communicate the infection to one of his patients during childbirth. I presume that anyone who now inoculated a healthy person with syphilis as an experiment, without first fully explaining the probable result, would run the risk of a prosecution for wounding with intent to inflict grievous bodily harm, and imprisonment or even penal servitude might be his portion.

I believe the practice has not been repeated in this country since Dr. Wallace's time. Ricord always very properly denounced it, but other Continental practitioners have been less scrupulous, and, at the cost of a number of unhappy victims, a series of valuable facts has been obtained, which confirm those given by Dr. Wallace, and place the question beyond all doubt. It would occupy too much space to refer to these in detail; it is sufficient to say that the result, when successful, has uniformly been an induration at the inoculated point after a period of incubation, and secondary affections in due course.

The clinical evidence of the communicability of secondary syphilis is abundant. Mucous patches on the vulva or on the os uteri are probably among the most frequent causes of infection, and similarly in the opposite direction as regards the sexes, but less frequently, the same kind of patches on the glans penis, prepuce, or scrotum. Instances of the infection of healthy children by diseased wet-nurses, and of healthy nurses by suckling diseased children, are familiar to all. In these the contagion, unless under very exceptional circumstances, must have been derived from a secondary source—mucous patches on the mouth of the child or on the nipple of the nurse. Too familiar again are the cases—I have seen numbers of them—of members of our own profession who have contracted disease in ministering to syphilitic patients, especially in midwifery practice. In these latter the poison must have been nearly always from secondary lesions, for the primary affection has usually passed away before the period of parturition.

There are many other less obvious ways which show with what facility and in what circuitous modes this noxious contagion may be disseminated. A drinking vessel, a spoon, or a tobacco-pipe passed from one person to another have all been known to act as vehicles. Men engaged in blowing globes of glass, and who are in the habit of passing the blow-pipe from one to another, have thus been infected, and this so frequently that at some of the glass-works in France it has been found necessary that each man should have a special mouthpiece of his own to receive the blow-pipe. In the Jewish rite of circumsion, in which it is the custom for the operator to take some astringent fluid into his mouth and to suck the wound to arrest bleeding, the contagion has been known to be transmitted to the child. Eustachian catheters, which have been used on patients with secondary patches in the throat, and which have not been properly cleansed, have been known to convey the disease. I have seen one well-marked example of this. I believe also the use of public waterclosets at railway stations or hotels may be a not very unfrequent cause. I know this latter possibility is alleged so often by patients as an excuse that it has come to be received almost with derision, but I see nothing improbable in, we will say, a female with mucous patches on the vulva, or a male with a similar condition of the penis or scrotum, depositing some poisonous secretion, by which the next comer may be contaminated. At all events the knowledge we now possess of the many unexpected and unlikely ways in which syphilis may be conveyed, ought to make us extremely cautious in looking upon the existence of the disease as in itself evidence of immoral conduct. This is a point which, I think, cannot be too strongly insisted upon, and a proper appreciation of it will enable us often to dissipate unfounded suspicions, and to save reputations which, under the old belief, would have been perhaps irreparably damaged. It is better to allow ourselves to be deceived a hundred times by false excuses, than to countenance one unjust imputation.

CONTAGION BY SYPHILITIC BLOOD.

The contagious quality of the blood of syphilitic persons must also now be considered an established fact. In 1850 Dr. Waller, of Prague, inoculated a healthy boy, aged sixteen, with the blood of a woman with secondary syphilis. Five weeks afterwards indurated tubercles appeared at the inoculated points, and a secondary eruption followed. Lancereaux has collected twenty-three cases in which the inoculation of healthy persons with syphilitic blood has been practised. In six the result was the same as that just related—*viz.*, the formation of indurated tubercles locally after an interval of incubation, and subsequent secondary disease. In the remain-

ing seventeen cases the result was negative. The failures, however, cannot invalidate the positive results obtained in the other six cases, which seem to demonstrate beyond doubt that the contagion is present in, and is communicable by, the blood of a person with secondary syphilis. "The life of all his blood is touched corruptibly," although, perhaps, the poison may not exist there in so concentrated a form as in the secondary secretions, as the proportion of failures to inoculate successfully seems to indicate.

Hunter has recorded several cases of disease following the transplantation of teeth, a practice which was common in his time. The transplanted teeth at first became firmly fixed, but at the end of about a month the gums ulcerated, the teeth dropped out, and secondary symptoms followed. Hunter did not look upon these cases as really syphilitic; he describes them while speaking of "diseases resembling lues venerea." Mr. Lee regards them as examples of contagion by diseased blood, but the diseased tissue of the transplanted tooth is, perhaps, even more likely to have been the cause than the blood.

MENIERE'S VERTIGO—TREATMENT BY SULPHATE OF QUININE.

Translated from *Le Progrès Médical*, by Francis M. Luther, M.D., Cappoquin.

Gentlemen (says M. Charcot) I thought it would be interesting to inaugurate this year's conferences by showing you at the Salpétrière—that is to say, in an establishment devoted for the most part to chronic cases supposed to be incurable—two examples of cures, or at least of improvements equivalent to a cure. The term incurable, of course, when applied to a disease, should not be taken in an absolute sense, for while it applies to totally irremediable cases, it also applies to others for which remedies may be found, though they have not yet been discovered.

The cases about to be presented to you form two very distinct groups; in one the cure or the amendment has been produced spontaneously, without the intervention of science; in the other it has been wished for, sought after, anticipated. I will particularise one case belonging to the latter group.

The patient is one whom I showed you, for the first time, two years ago, and again last year. I will not enter into long details concerning the clinical history of the case; you can read the particulars of it in the *Progrès Médical*, which reported it. It has been, reproduced, moreover in most of the French and foreign medical journals. I will confine myself to glancing at the most salient traits of her history, mainly in order to enable you to appreciate exactly what was the state of things before therapeutic intervention.

It is, in my opinion, a very fine example of Meniére's disease, or rather Méniére's vertigo, for the syndroma, or group of symptoms to which these denominations refer, does not answer exclusively to one morbid state alone; it may be seen associated with very different affections of the ear.

The patient's situation at this period, that is to say, in May last, was absolutely the same as in 1874—that is to say that G. was for several years literally confined to bed by a permanent state of vertigo, and rendered by it nearly incapable of executing almost any movements. The slightest movements communicated to the bed also very considerably aggravated the vertiginous sensation, and many among you have doubtless not forgotten the profound anxiety painted on the patient's countenance, and the piercing cries she uttered when we had to have her carried last year and the year before upon a litter into the hall of conference.

Besides this vertiginous state, which is in some sort habitual, and is accompanied by noise in the ears, G. was subject, from time to time, to great vertiginous crises. I dwelled much, at the time, upon the description of these crises, because I believe they constitute the symptomatic fundamental fact in Méniére's disease, whilst the habitual vertiginous state may be in some sort considered as a complication, an epiphenomenon, noticeable only in exceptional cases.

The paroxysms I allude to are always announced and immediately preceded by the sensation of a shrill, piercing sound, which supervenes suddenly, unexpectedly, and which, in G.'s case in particular, as, moreover, in many other patients of the same class, resembles, even so far as to be mistaken for it, a railway whistle. I have been led to consider this shrill whistling as one of the constant necessary elements, and consequently a characteristic of *vertigo ab aure laisâ*. Quite recently Dr. Lussana, in a series of interesting articles, which have been published in the *Gazetta Medica Italiana Lombardia* (1875, vol. xxxv., seventh series, t. ii., No. 43, October) has confirmed this point, which is interesting both to clinical and pathological physiology.

As to the vertigo itself, in G.'s case it conforms to the classic type—a sensation succeeding to the whistle of a brusque movement of translation, in consequence of which the patient believes herself flung as by some external force either backwards or forwards. Impulsions in a lateral direction are much more rare; there is an absence of loss of consciousness; nausea and sometimes vomiting supervene towards the end of the attack.

I may remind you by the way, that this sort of motor-hallucination is not always (pardon the expression) platonic. I have enumerated for you several cases in which the patient, actually carried away by the vertigo, has fallen heavily on the face. One patient fractured the bones of the nose; another, of whom I shall speak to you presently, broke several teeth.

I shall finish by remarking that in G.'s case the malady is of very ancient date, the first symptoms counting back more than ten years; that there exists on the left side a lesion of the drum of the ear, with thickening of the membrane of the tympanum and frequent discharge of pus mingled with blood.

Now, while you have actually present before your mind the former tableau of symptoms, I am going to enter into some details, to show you under what circumstances the amendment has been produced which enables G. to-day to hold herself upright, as you see her, and to walk without assistance; to spend the whole day sitting quietly upon a sofa; and lastly, to undergo, without displaying too much emotion, all the shocks and all the disturbance inflicted on her by our curiosity.

In my lecture upon Ménière's vertigo, delivered in 1874, I promulgated some therapeutic considerations. I stated, amongst other things, that *vertigo from aural disease*, even when most inveterate, got well sometimes spontaneously when the patient became completely and irreparably deaf, and ceased to hear the whistling. I asked myself also, if it would not be possible to bring about this desirable result by surgical intervention. I recommended also the dotted cautery over the mastoid process. The method I have adopted in the case before you is both much more simple and much less heroic.

The idea occurred to me that, by the aid of sulphate of quinine, which everyone knows produces noise and buzzing in the ears more or less pronounced, one might succeed, perhaps—by prolonging sufficiently the employment of very large doses—in producing durable modifications in the function of the auditory nerve. The result, you will see, has justified my conclusions.

Giraud —— has taken the sulphate of quinine in the dose of ten to fifteen grains daily, steadily, except for a few interruptions of some days, necessitated by gastralgic attacks, during the whole of the month of May and of the month of June and the first twenty days of July.

Towards the beginning of June—that is to say, about five weeks after the treatment had commenced—it was remarked that for several days past the patient might be stirred in her bed, and even moved from one bed to

another, without uttering cries of distress, as she used to do regularly on such occasions.

Being interrogated, she informed us that the shrill whistle had about the same period at first diminished in intensity, then completely ceased, and in the same degree the great vertiginous crises. The permanent buzzing sound had been replaced by one of quite a different character, and which appeared referable to the action of the sulphate of quinine. Encouraged by these first results, I urged G—— to rise, and to try to hold herself upright and to walk. She at first refused energetically, dreading a return of the vertigo, and considering moreover the attempt to be impracticable, not to say more. I insisted: finally she consented, and one fine day, supported by two aids, she succeeded in achieving, not without great effort, two or three steps, rendered very difficult, apparently, by an excessive sensibility of the sole of the feet rather than the vertiginous state. I required the experiment to be repeated every day. The improvement was rapid, for about the 20th of July, at which date the exhibition of the sulphate of quinine was stopped, G—— had already been able several times, with a sufficiently assured gait and without any other assistance than that of a cane, to make the rounds of this vast hospital. The malady since this period has not made any aggressive return, and you can judge for yourselves that the attitude of the body and the gait are not very different in her from what they would be in a person in good health. I will add that she is neither more nor less deaf than before. It is not then, you see, by inducing complete paralysis of the auditory nerve that the sulphate of quinine acted in this case.

The fact to which I have just called your attention is not unique of its kind. I could quote several others in which the happy influence of the sulphate of quinine has been proved. I will confine myself to mentioning one of them in particular, interesting because the result obtained was witnessed by several *confrères*.

I was called in June, 1875, to consult upon the case of a lady, aged thirty, who for eighteen months past had become subject, I was told, to epileptiform paroxysms, or at least hysteric epilepsy. Bromide of potassium had completely failed.

From the consultation it appeared perfectly clear that neither syphilis, nor hysteria, nor any traumatic cause whatever figured in the patient's antecedents. The lady, who was very intelligent moreover, was kind enough, at my request, to enter into the most minute details concerning the character of the attack. I learned from her that during it she was doubtless very much troubled and agitated, but had never lost consciousness. However, its access was sudden, unforeseen. The sensation of a fall forward came on all at once, and in fact the patient had been actually precipitated forward several times. Once, indeed, the fall broke two of her teeth. The symptoms then were a vertigo of translation of sudden onset, a fall forward without loss of consciousness, consequently then some of the most pathognomonic characteristics of Ménière's vertigo. In order to complete the resemblance, I will add that in Madame X.'s case the attack often terminated by nausea or even vomiting.

This first information once obtained, I made a brief survey of her auditory capacity by the aid of a watch, and I perceived that her hearing was very manifestly weaker on the left side. I then put a final question. The answer should be, in my mind, decisive. I asked if she did not sometimes fancy she heard a shrill sound more or less analogous to a whistle, Her husband, who was present at the consultation, here took up the conversation, and replied energetically that in fact Madame X. was often astonished at hearing the whistle of the railway locomotive adjoining at unaccustomed hours, and when in reality nothing of the kind had occurred. The connection between the brusque onset of the whistling sound and the invasion of the vertiginous attacks was after that easily established.

I believed I might pronounce in this case that it was neither epilepsy nor hysterical epilepsy, but truly Ménière's vertigo. I gave some hope that by the aid of treatment the attacks might be diminished, perhaps suppressed altogether. Sulphate of quinine was prescribed in ten-grain doses for two months. Soon after the treatment was begun the whistlings and vertigo ceased, and have not since returned.

REMOVAL OF LARGE TUMOUR.

By A. Kidd, M.R.I.A., L.K.Q.C.P.I., &c.,
Ballymena.

Miss G., æt. about 35, consulted me three months ago about a tumour that she was anxious to have removed. The girl resides in the neighbourhood of Ballymena, and her family is that of the respectable farming class. I understand her general health has always been very good till, a few months previous to my seeing her, she had an attack of fever, in which she was attended by another medical gentleman. She is rather stout and muscular, with a temperament of the phlegmatic character.

The history that she gave me of her case is that, about twelve years ago, she was lifting or giving some assistance to her mother, when she hurt or in some way injured her left side. Soon after, she noticed a small lump forming at the site of the place complained of. From the time of supposed hurt, and during the whole twelve years, the tumour had been gradually getting larger; but since her recovery from the fever already referred to, she says it had increased in size rapidly.

On examination, I found a tumour on the left side of the abdomen, occupying the space between the two last or floating ribs (these a portion of the base covered) to the crest of the ilium. Its form and size might be well represented by that of an ordinary tea-cosey, probably being a little broader at its base than that article. I considered the growth to be lipoma, and after its removal the diagnosis was found correct.

Having got the assistance of Dr. Murney, of Belfast, and Drs. Young and Gilmer, of Ballymena, I proceeded to the operation for its removal on Thursday, the 24th of May last. The patient having been put under chloroform, two elliptical incisions were made, one on either side of the tumour, joining at each end. The skin between was left adherent. These incisions were each seventeen inches in length. Flaps were formed, and not much difficulty was experienced in dissecting out the tumour, no deep attachments having been found present. During the operation it was ascertained that the tumour consisted of two distinct lobes of about equal size and shape, closely applied to each other, without any space between them. Not much blood was lost, though the operation was (from the nature of it) unavoidably a little tedious. The weight of the tumour after its removal was ascertained to be 7¾ lbs.

About a dozen sutures were inserted, and the wound dressed with carbolic acid. Owing to the chloroform, the patient did not suffer any pain during the operation, which she bore well and was not timid about. Union by the first intention took place in nearly the whole of the wound, and the patient made an excellent recovery.

The chief points of interest in this case are—the great size of the growth, the large wound that was required for its removal, and its healing so quickly and favourably without a single bad symptom.

It appears from the Irish Lunacy Reports, with reference to previous professions among the insane, that the military is in a larger proportion in private asylums than any other, being twenty-four of the line against any one navy officer, twenty-one clergymen, sixteen lawyers, and ten physicians.

Clinical Records.

WEST LONDON HOSPITAL.

A Case of Traumatic Stricture of the Urethra, necessitating the frequent daily use of a Bougie.—Internal Urethrotomy.—Cure.

Under the care of Mr. TEEVAN.

STEPHEN K., a sailor, æt. 41, was admitted into the hospital on April 16th, 1877.

History.—Two years ago, whilst on board a yacht, the man fell a distance of ten feet astride the combings of a hatchway. A good deal of blood escaped from the penis immediately after the accident, and a surgeon tried to pass a catheter, but could not. Leeches were applied to the perinæum, and he was able shortly afterwards to urinate. Five weeks later he went to the hospital at Exeter, where, he said, he was treated by gradual dilatation, and when he left No. 11 could be passed. The relief was, however, but temporary, and he was obliged several times every day to introduce a No. 7 bougie into the stricture before he could make water.

State on admission.—The patient, although apparently healthy, looks careworn and dejected. He is obliged, three or four times every day, to introduce a bougie into the stricture in order to make water, and it takes the patient some time to be able to pass the instrument. The stricture, which is tough, irregular, and very sensitive, commences three inches and three-quarters from the meatus externus. Mr. Cumming, the house-surgeon, examined the urine, and found it to be alkaline, loaded with mucus, and its specific gravity 1020.

Treatment.—For a period of three weeks he was kept quiet in bed, and subjected to continuous and gradual dilatation. The result was that the strictured urethra could not be enlarged beyond No. 17 (Charrière), and even that calibre could not be maintained for many days. He did not bear the treatment well, and had nausea, pain over hypogastric region, general constitutional disturbance, and, on one occasion, a rigor. Under these circumstances, Mr. Teevan determined to perform internal urethrotomy. Accordingly, on May 8th, at 3 p.m., Mr. Teevan divided the stricture from before backwards, and having passed a No. 25 bougie to show that the urethra was restored to its normal calibre, he immediately withdrew it. The patient would not take ether, and did not complain of pain. About one tablespoonful of blood was passed.

May 9th.—Mr. Cumming found the patient had had a bad night, his tongue was out, and he complained of headache. The urine was passed in a large stream, attended by much smarting. Pulse 108; temp. 100°.

10th.—Had a good night. Temp. 99·3. Has but little pain when micturating.

11th.—No. 18 passed.

14th.—No. 20 introduced.

16th.—Patient is up and about to-day. No. 23 "bougie olivaire à ventro" passed.

21st.—No. 25 ditto.

23rd.—Patient introduced No. 25 for himself.

On June 14th patient left the hospital, quite well in all respects. The urine was acid and free from mucus. He took with him a No. 23 catheter, with directions to pass it at stated intervals. Since the operation he had not once required to introduce an instrument to enable him to urinate.

Remarks by Mr. Teevan.—The patient had the misfortune to suffer from a stricture of the worst description, for, being traumatic, it was necessarily a troublesome one to treat, and nothing less than its complete division afforded the patient any chance of being rid of the annoyance of the daily-recurring attacks of retention. The fact that the introduction of a bougie sufficed to relieve the stoppage, showed that the bladder was not at fault. The operation was perfectly successful, and after its performance the patient had not once to resort to the bougie for relief. The after-treatment of the case was of the simplest description, everything being left to Nature, care only being taken to ensure the insertion of a good "cicatricial splice" by the introduction of a large bougie every third day. As the patient had come all the way from Devonshire, he was kept under observation for some time, to see whether the results achieved were permanent or not.

THE CRIMINAL RESPONSIBILITY OF THE INSANE.

IN mental alienation, there is great uncertainty connected with the question of responsibility, and about fifteen years ago it was made the subject of a long and solemn discussion by the Medico-Psychological Association—the theme being "Partial responsibility. How to define it? In what circle to limit it? Ought it even to be admitted?"

Opinions were and remain divided; the society did not succeed in placing it on the basis of a common jurisprudence. Some believed in limits in which the society might legitimately take notice of the acts of the alienated, whilst others, although partisans in theory of absolute irresponsibility, would concede in exceptional cases, for certain individuals, an abatement of sentence. A larger number were in favour of much further extending the field of free will; and in virtue of the solidarity of the faculties, adhered to the non-criminality theory, being guided in practice, less by debateable doctrines, than by particular circumstances.

One or two speakers rejected arbitrarily extenuating circumstances altogether, giving neither hysterical nor epileptic patients the benefit of a doubt, whilst drunkenness added to the gravity of the offence.

Struck by these conflicting opinions, and the uncertainty which exists in forming sometimes even an approximately correct view in criminal cases, Professor Delasiauve set himself the task of defining the terms of the problem which, as far back as 1853 and 1859, had been presented, in two papers, read and discussed before the Medico-Psychological Society. (*a*)

FREE WILL—inscrutable mystery to our limited perception—is affirmed and denied.

It is essential to establish principles capable by their clearness of leading to a rule acceptable by all.

Perhaps my efforts in this respect have not been altogether fruitless. It is clear enough that crimination yields before madness. But with the exception of flagrant troubles, are there not distinctions to make? In partial delirium there is the healthy side and the morbid side. Ought we, applying here the assumed law of solidarity, pass over innocently offences foreign to the affection? or inversely, the offences having emanated from the influence of delirium, ought we to graduate the penalty in proportion to the degree of intelligence?

Logic appears to me equally to condemn both systems. To attach responsibility of some kind to an unfortunate, whose reprehensible act has directly sprung from mental perversion, is repugnant to our reason; in the opposite case I believe we exceed the limits in proclaiming an absolute irresponsibility.

I am of opinion that the patient escapes responsibility when the madness is manifest, or when, being limited, it is the cause of the reprehensible act.

When incrimination rests, on the contrary, on facts, the mainspring of which is foreign to insanity, it then belongs to experts and judges to inquire in their prudence—taking count of antecedent or actual circumstances—the degree of influence which diseased sentiment may exercise on the action of free will. We specialists are accused of confounding the passions with madness. The objection falls to the ground before the formal separation of the two domains, not that in leaving to the magistracy the appreciation of natural instigations we free ourselves. Only his *rôle* commences when ours end. Enlightened by us on the degree of the psycho-cerebral state, on it devolves the task of deciding in the sphere of normal manifestations, the knowledge of which is not the monopoly of any person, and which it possesses like all the world.

The examination of facts, from which resulted my works on pseudo-monomania, has fully justified the well-founded

(*a*) *Le Progrès Médical*, June, 1877,

nature of my distinctions. Cases of this kind are the ones which generally present a litigious character. Erratic, intermittent, as the nervous fluctuations which produce them, the fascinations with which the sufferers are beset are so little incompatible with the normal exercise of their faculties, that most of them live in the world, fulfil their obligations, without their torment being even suspected by their neighbours. With the consciousness of their sinister reveries they are humiliated, they are terrified by them, and resist them as far as possible, unfortunately, not always victoriously.

We can imagine that an assassination, a fire accomplished in such a condition, would excuse responsibility, whilst we could not say as much of other offences or crimes suggested by habit or natural propensity.

Is it not a common occurrence to see figuring amongst those accused of offences and crimes, individuals suffering from convulsive nervous affections, especially epilepsy?

We know the perversity and the violence of a great number. If judgment overtakes them, generally the medical experts are in their favour.

In vain we have wished to distinguish epileptics, as insane and simple. The attacks produce in all troubles which persist after the crisis, and which lowering the *morale*, may conduce to wicked actions. How, then, either to recognise or clear up their participation? The uncertainty and chances of error are sometimes great—the distance between the attacks is not always a guarantee. The *morale* also rebels, when the appearance of reason exists. I have noticed (*Journ. of Ment. Med.* v. i, page 265) an offender, who for weeks preserved a concentrated irritability, in every way contrasting with the placidity of his normal state. For the theft of a note for 1,000 frs., accomplished in an eccentric condition, this unfortunate was condemned to eight years' seclusion. In spite of my certificate, the jury returned a verdict of culpability, only with extenuating circumstances. The penalty was reduced to eight months' imprisonment; too much or too little.

These remarks are opportunely illustrated by a case, which has recently occurred in the department of the Seine, the details of which will be read with interest in this country.

Martial Leveque, aged 41 years, mason, dwelt at Champeaux, near Montmorency. Accused of assassination, committed on July 3, 1876, he was brought up for the first time on the 21st November, 1876, before the Court of Assize, but important witnesses being absent, the case was remanded, and was only taken on January 3rd last. What took place?

Charcou, the sapper of the fort about forty metres on the route from Domont to Montmorency, found Leveque laid in a trench on military ground, and asked him to retire. "If you were alone," says Leveque, "I would rip you open." Charcou, nevertheless, seized him, and dragged him away. He resisted and took up a stone to strike the soldier.

Some passers-by interfered; amongst others, a carman, Cebel, against whom the accused turned his anger. Being too weak, Cebel would have succumbed, without the aid of a comrade, Maucourant. As he retired, Leveque followed him, and plunged a knife into his breast; death was instantaneous; as an excuse the murderer alleged epilepsy.

The affection is real, but Dr. Bidart, of Pontoise, estimating from the state of his memory, that he was not under the influence of nervous aggression, gave his opinion in favour of a modified responsibility. Such is not the opinion of Dr. Font Réaux.

For some time Leveque showed frequent signs of madness; he had already sojourned for several weeks at the asylum at Bicêtre, and he consequently judged him irresponsible.

Embarrassed by this contradictory advice, the President of the Court appealed to a distinguished specialist, Dr. Motet, who, approving of the views of Dr. Bidart, supported his opinion. The jury, accepting their decision, condemned the murderer to only five years seclusion.

From the simple newspaper report, it would be difficult to pronounce an authoritative opinion, and I have had recourse to my excellent colleague, M. Motet, who has obligingly communicated to me the particulars of his observations.

The culprit, a passionate and brutal man, was accustomed to similar acts of violence Twice already he had been condemned for violence to his wife and brother-in-law. One day at Paris, seized with instantaneous fury, he broke everything at the house of a relation who received him; arrested, he passed from the depôt to Saint Ann's, then to Bicêtre, where he remained from November, till August 1872.

In January, 1873, taken up as a vagabond, he is promptly set at liberty, on a certificate from M. Laségue, framed in these terms:—

"Epileptic with rare attacks; alcoholism slight.

"Leveque is in the period of remission sufficiently clear, so that the sending of him to an asylum, would not be justified by his actual condition."

The report of M. Motet states, that the robust state of his health, spite of the long existence of epilepsy, had not been altered. The great convulsive manifestations were rare; an attack, of which M. Motet was a witness, confirmed the vertiginous form indicated by M. Laségue.

The learned expert, without believing in the actual influence of epilepsy, has not, however, neglected it, and I give you a *resumé* of his conclusions in this case:—

1. It is not proved that his epileptic condition contributed to the perpetration of the crime.

2. Its author must be considered as being responsible for it.

3. As to the degree of responsibility, epilepsy being established, we may take into consideration the inferior *morale* created by this malady, and the perversions of character, which are the consequence of it.

It is certain, to confine myself to the thesis of M. Motet, that the tragedy of Champeaux may be explained without the aid of falling sickness.

The disease being real, our colleague is none the less right in taking advantage of its existence; where we differ, perhaps, is on the motive which he draws from it.

Inferior Morality.—Modification of character believed in by him are only to me possibilities, to be dreaded. Shadows, if you wish, but important ones. M. Motet shares in the common views of partial responsibility, from which my theory differs. In his case, in effect, if in place of only apprehending mental lesion, we admitted it in virtue of the precept laid down before we should be, without contradiction, inclined for absolution, implying subsequently sequestration in an asylum.

According to M. Bidart, three months passed without an attack.

M. Motet was witness of one seizure, followed by the immediate return of the moral equilibrium.

The argument, drawn from this circumstance, has an indisputable force.

Certain authors have limited to three or four days the maximum duration of the epileptic disturbance. We know, however, at the present time, that the latent trouble often lasts longer, that it does not invariably succeed to the crisis, and that sometimes even manifest delirium is produced, in the interval of a distant attack. There is one consideration of M. Motet upon which I shall make a special reserve.

Morel had a propensity for extreme generalisations; when he published his researches on epilepsy every one was strongly impressed. But under cover of the morbid masks, under which epilepsy concealed itself, the daring innovator proposed to form a diagnosis capable of recognising them.

Now the impulsive frenzy attributed to the falling sickness, becomes the pivot round which the different features group themselves.

This fact has not escaped M. Motet. He is astonished that the fury of Leveque was not expended at once on the guard. The frequency of such aggressions in judicial proceedings has caused his illusion.

In *treatises* on legal medicine, there are abundant examples of individuals who, a prey to evil impulses, rush on unknown persons, and move with deliberate purpose, sowing death in their path.

But *to those who live in the midst of numerous patients*, this is the exception. Under the empire of mental trouble, some are timid, obsequious, gloomy; most are peevish, susceptible, irritable, complaining, fretful, or engaged in brawls more or less serious; scarcely ten out of a hundred are accidentally subject to sudden fury, instinctive or provoked by hallucinations.

The isolation at Bicêtre, of distant date, might be to a certain degree justified. It had its pendant in an arrest some months later, both being due to a blow of a bottle, but thanks to the intervention of M. Laségue, it did not lead to a second isolation.

The violence was in the temperament and habits, may be, of the patient. It is none the less to be regretted that under this head, a minute inquiry, revealing the true moral constitution, was not allowed to assign exactly the respective parts of his own nature and his nervous anomalies.

In my own case, jury and magistrates took an unfortu-

nate side. I had only given a certificate which was not sufficient. The court, if adopting our advice, should have ordered more ample information, opposing to the disturbance caused by his disease, the contrast of his normal life. This inquiry would have been certainly favourable to the accused, for remarkable for his good conduct, before suffering from the convulsive attacks which caused his discharge from military service where he had obtained honourable advancement, there was since two sides to his character. In the phases of repose, his features, attitude, language, manners, displayed a perfect serenity; he comported himself in a gentle, polished, and resigned manner; after an attack in the period of agitation let us see him. "He continued his task with a febrile precipitation, his eyes animated, haggard, cast over his bronzed and dulled countenance an appearance of gloom; his utterance was tremulous. In his impatience he replied in a sharp manner, uttered bitter complaints, abused everyone, and spoke of extreme resorts. Sometimes this state reached even incoherence, and lasted more than a fortnight."

In cases of need, we take precautions against such patients; a cone would think of rendering them responsible.

In presence of this dilemma, to condemn or acquit, conscience hesitates and is sometimes alarmed. The more principles are uncertain, the more ought we to apply ourselves to search into them, lest in avoiding error we should end with prejudices.

This must be my excuse for details which I have desired to abridge.

Legal Intelligence.

THE CARMICHAEL DUBLIN PRIZE FUND.

ROLLS COURT, JUNE 26.

THE TRUSTS OF CARMICHAEL'S WILL, *ex parte* THE COLLEGE OF SURGEONS, IRELAND.

THE late Surgeon Carmichael, of this city, by his will of the 11th of October, 1849, left £3,000 to the College of Surgeons, the interest of which was to be applied, in pursuance of elaborate directions, set forth in the sequel to his will. Prizes of £200 and £100 respectively were to be given every four years for the two best essays on specified medical subjects. The trust fund produced about £88 a year, or £350 every four years, and out of the balance, after providing for the prizes, the cost of printing 700 copies of the successful essay was to be defrayed. In case no essay of sufficient merit was sent in the prizes were to be doubled in value at the end of the next four years, and any ultimate surplus of interest was to go to the Medical Benevolent Association. In 1869 a scheme was framed in accordance with the founder's intentions, and settled by the late Master of the Rolls, who refused to make any provision for payment of the gentlemen who were to examine the candidates' essays.

Mr. William M. Johnson, Q.C., applied on behalf of the College of Surgeons, that they might be at liberty to apply the sum of £150 out of the trust funds, in paying three of their members £50 each for examining the essays sent in to compete for the prizes payable out of the fund. The petitioners' case, which was supported by the affidavit of Surgeon Colles, was, that the scheme, as settled, had become unworkable from their inability to get competent persons to undertake gratuitously the task of judging the essays, which were generally very numerous and very long. Consequently the college had not for the four-year period ending in the spring of this year issued the necessary advertisements for candidates for the prizes, and they had allowed the first Monday in May—the day fixed for the purpose—to pass without having awarded any prizes. Under the circumstances, they had some doubt as to whether the accumulated balance of interest should go to the Medical Benevolent Association, and had come before the court to obviate such a contingency in the future.

Mr. F. Walsh, Q.C. for the Medical Benevolent Association, argued that, according to the will of the late Surgeon Carmichael, and to the frame of the scheme as settled by the late Master of the Rolls, that association was entitled to the accumulation of interest now standing to the credit of the fund.

The Master of the Rolls, in giving judgment, expressed his deep regret that such an application had ever been made. The late Surgeon Carmichael was a man of great eminence in his profession, and one would have imagined that the Council of the College of Surgeons, out of respect to his memory, if not from a desire to advance science or other motive, would have taken care that these valuable prizes should not be allowed to lapse. The Council should either have refused the bequest altogether, or, after taking it, if they could not get any of their body to judge the essays gratuitously they should have provided remuneration for that out of their own funds. With the greatest respect for the College of Surgeons, he was bound to say that they had acted in this case in a manner not creditable to themselves. He felt coerced by every consideration to refuse the prayer of the petition with costs.

[We regret that the Master of the Rolls considered himself called upon to pronounce a censure of such gravity as this upon the Council of the Irish College of Surgeons, who certainly had no motive in making the proposition they did, but that of carrying out the trusts of the fund in a more satisfactory manner than hitherto. We certainly cannot concur with his lordship that the College should be expected to pay £150 every three years out of its own funds for the adjudication, nor could they, in accepting the trust, have anticipated the difficulty which has arisen. As we have said on a former occasion, it would be equally unreasonable to expect the labour of the adjudication to be undertaken without remuneration.

Considering that on one occasion the essays were five in number, and that one of them occupied the largest part of three manuscript volumes, it is not surprising that Fellows of the College should demur to the duty of deciding on the merits of rival authors.

Medical men are as liberal of their time and labour in the service of their profession as any other class of men; but the task of careful reading of these essays would be worthy of liberal payment, and, if supposed to be discharged gratuitously, would not be discharged at all. Either the College or the fund must pay for such work, and the Fellows would very naturally complain if collegiate money were diverted from more needful purposes for such an object.

Had the Master of the Rolls duly appreciated these circumstances he certainly would not have used the word "discreditable" in connection with the action of the College. By his judgment the Council is, we presume, compelled to proceed with the advertising for prizes, and may find itself in the position of either paying the assessors from its own fund. Should they decline to do so, we don't discover how the adjudication is to be made.]

MEDICAL DEFENCE ASSOCIATION.

THE first annual general meeting of this Association was held on Friday last, June 29th, at the rooms of the Medical Society of London, Chandos Street, Cavendish Square, Dr. B. W. Richardson, F.R.S., the President, was in the chair, and there was a numerous attendance of members. At the request of the President the Honorary Secretary (Mr. George Brown) read the report of the Council, which commenced by giving a sketch of the origin and progress of the Association, and then proceeded to narrate the work which had been done during the first year of its existence. It appeared from this report that the Association has progressed well, and has performed much useful work. The following branches have been formed—the East Anglian branch, Dr. Copeman, of Norwich, President; the North of England Branch, Dr. Dennis Emble-

ton, President; the Sunderland Branch, Mr. J. Davis, President; the Nottingham Branch, Mr. Stanger, F.R.C.S., President; the Shropshire and Mid-Wales Branch, the West Cornwall Branch, the Accrington Branch, and the Forest of Dean Branch. These branches, together with the Central Association, contain nearly 400 members.

No less than seven prosecutions have been conducted by the London organisation, and all have been successful. Besides these cases many unqualified persons have been compelled to cease practising through the action of the Association, and in consequence of members of the Association communicating with the district coroners several inquests have been held on the bodies of persons who have died after having been attended by unqualified men. The provincial branches of the Association have already done some excellent work, having successfully prosecuted in numerous cases of unqualified practice, and other cases are now pending. Among the branches which have instituted prosecutions are the Accrington, the Nottingham, the Sunderland, and the West Cornwall Branches. The report also referred to the action which has been taken by the chemists' trade association, and the claim which the chemists have now distinctly made to the right to practice medicine, and expressed the belief that the Council would be successful in resisting the pretensions of the chemists, and that neither the administrators of the law nor the common-sense of the country will allow the lives of the people to be tampered with by those who have received no medical education.

Since the Association began its prosecutions under the Medical Act, and, as the Council believe, in consequence of that action, the police in Manchester, Liverpool, Birmingham, and Glasgow have made raids on the advertising quacks of those towns, and many of them have been heavily fined.

The operations of the Council, however, have not been confined to the endeavour to check unqualified practice. A committee of the Council was appointed to consider and report upon the Medical Act, with a view to its amendment. That committee met weekly for two months, and produced a report, which was presented to the meeting. A memorial was also prepared and presented to the President and members of the General Medical Council, asking them to take steps with a view to the amendment of the Medical Act, and in December last a deputation from the Association, consisting of the President and seven members of the Council, waited on the President and Executive Committee of the General Medical Council, to urge them to take immediate steps for the amendment of the forty-second section of the Medical Act, so that the fines recovered under that Act within the metropolitan area should not be retained by the police authorities, as is at present the case.

Financially, the Association was shown to be in a satisfactory condition, the report of the Treasurer (Mr. Spencer Watson) showing a balance in favour of the Association of £22, and it was a matter of congratulation that the whole work of the Association had been done for less than £70. The report concluded by thanking the editors of the medical journals for their notices of the Association, and by recommending the organisation to the support of the profession.

After a few remarks by Mr. Mason and Mr. W. B. Hemming, the President moved the adoption of the report. In doing so, he remarked that he had never seen voluntary work done so earnestly as that of this Council. This was strong evidence of vitality. Another remarkable thing about the work of this Association was its cheapness. In respect to the prosecutions, also, the Council had been obliged to use much care and discrimination in selecting suitable cases for prosecution; and, as a result of this care, the Association was now able to say that it had done nothing which had not had a successful issue. These cases also do not by any means represent all which has been achieved. At the breath of the Association many quacks had fled from their places, and a year or two of prosecutions such as these would clear away all the worst of the class. With respect to the General Medical Council which had been referred to by some speakers, the President gave it as his opinion that, as it is at present constituted, it was impossible for a man of independent spirit, who was determined to go straightforward in the path of duty, to get a seat on the Council. There should be direct representation of the general practitioners of the country. As President also, he considered it his duty to thank the Editors of the medical journals, all of whom had been converted to the side of the Association, and he would especially mention the MEDICAL PRESS AND CIRCULAR for its article of June 27th, which he commended to the attention of all the members of the Association. He believed also that there was a strong feeling among the general public in favour of the Association.

The report and balance-sheet were then put, and carried.

The report of the Medical Acts Committee having been adopted, Dr. Danford Thomas moved, Dr. Beech Johnstone seconded, and it was resolved—

"That the President of the Medical Defence Association be requested to communicate with the President of the General Medical Council, with the view of bringing before him the various clauses of the Medical Act as amended by the council of the Medical Defence Association and adopted at the annual meeting."

Mr. W. B. Hemming proposed a vote of thanks to the retiring officers, which was seconded by Dr. Hutchings Williams, and carried.

A vote of thanks was also accorded to Mr. Pridham, the solicitor of the Association.

The following gentlemen were then elected as officers of the Association :—

President.—Dr. B. W. Richardson, F.R.S.

Vice-Presidents.—Dr. Alfred Carpenter; Dr. Edward Copeman; Dr. Dennis Embleton; Dr. Andrew Clark; Mr. James Lane; Mr. Spencer Watson; Dr. Alfred Meadows; Dr. Paul; Mr. W. Bowman, F.R.S.; Mr. E. Cock; Dr. Sansom; and Dr. White, of Snodland.

Honorary Treasurer.—Mr. Spencer Watson.

Honorary Secretaries.—Messrs. George Brown and W. Douglas Hemming.

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A vote of thanks to the President having been carried by acclamation, and responded to by him, the meeting was adjourned.

WITH the fine open weather of the past few weeks the exceptionally low death-rate of the United Kingdom continues. London is still the healthiest of the large cities of Europe, with a mortality of only 19 per 1,000 of its population. Glasgow shows 21, Edinburgh 22, and Dublin 25, during the past week. Of the large towns in the second category, Portsmouth returns only 13 per 1,000, and Salford 40, the two marking the extreme boundaries of the mortality of the week.

SMALL-POX reached the lowest stage of fatality during the past week in London since November last. The deaths from this disease were only 44, against 55 in the previous week. Of this number 29 occurred in public institutions, the remaining 15 in private dwellings.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 4, 1877.

REVIVAL OF BLOOD-LETTING.

PERHAPS the day is not far distant when blood-letting, in some form or other, will be practised much more frequently than it is at present. "Coming events cast their shadows before," and often those shadows are too dark and well-marked to escape observation. In other words, signs are not wanting that this therapeutic revivalism is nigh at hand. Not that venesection will ever be carried to anything like the extent to which it was carried about the end of the last, and beginning of the present, century. Then venesection was so indiscriminately and largely practised, that its eventual abandonment might have been confidently predicted. The very force with which it swayed the minds of the last generation was its own death-warrant; and like a ball, which rebounds in proportion to the force with which it strikes the ground, so was the reaction that took place against the adoption of any kind of blood-letting nearly in proportion to the unbounded confidence that was formerly placed in this method of treatment.

We have long been of opinion that this great and almost entire banishment of blood-letting from the domain of therapeutical science is by no means consistent with the principles of rational medicine; and it may be doubted whether there are any facts, either of a physiological, a pathological, or clinical nature, which should warrant us in wholly giving up a practice which, notwithstanding its former abuse, has much to recommend it.

If the neglect into which blood-letting has fallen for many years past was entirely the result of advances that have been made in pathology, we should not venture to speak in favour of its occasional and temperate revival. That the progress we have made in our knowledge of the nature and natural history of disease has had something to do with the revolution which has taken place in the practice of medicine, we readily admit. There were two circumstances which powerfully operated in forming the opinions, and in directing the practice of our predecessors. One was their not only attributing nearly all diseases to inflammation, but their supposing that this morbid condition was a manifestation of increased action and exalted function in the affected part, and that consequently the appropriate treatment consisted of such remedies as would produce an opposite state, and directly or indirectly antagonise the morbid condition; as would, to use the language of those days, produce a contra-stimulant or antiphlogistic effect. But recent researches have shown, or, at least, they are believed to have shown, that these opinions are in a great measure erroneous, and that so far from being a sign of increased action and tonicity in the structures affected, inflammation is actually a sign of defective vitality, of deficient innervation, of vascular and tissue relaxation, of perverted nutrition. Holding this doctrine, and one that appeared to be supported by most clearly established facts and the researches of eminent pathologists, it could scarcely be expected that the present and last generation of practitioners would adhere to a method of treatment that was in direct opposition to the views they entertained respecting the nature of a morbid condition which was an important factor in half the diseases they were called upon to treat. Then, again, the ideas of our predecessors with regard to the nature and appropriate treatment of disease in general was far less rational than their doctrines with respect to the inflammatory process. They were too much in the habit of looking upon diseases as so many redundant and abnormal processes, as so many *entities*, the removal, counteraction, or suppression of which was the bounden duty of every true physician. Forgetful of the sagacious aphorisms and judicious admonitions of Hippocrates, or the careful practice of Sydenham, they regarded disease as an enemy to be taken by storm. In their opinion every disease was some adventitious and independent growth, and not, as we know, a complication of morbid phenomena, which are, in a great measure, mere modifications of the various physiological processes that are natural to the human body. They seemed to have no idea that a large majority of diseases, even those inflammations of which they stood so much in awe, naturally tended to a favourable termination. To have treated a case of pneumonia with a little liquor ammoniæ acetatis and a few poultices to the chest, would have appeared to them the height of folly. To have given brandy under the same circumstances, would have been in their opinion actually criminal.

Nevertheless, our contention is that, with regard to the subject we are now considering, the opinion and practice of the present day are partly a reaction upon the erroneous doctrines and indiscriminate practices to which we have just alluded. It has been a matter of common observation that among the many features characteristic of human progress either in science, in politics, or in art, is the fact that any extreme views or practices which have prevailed at any particular period are almost sure to be followed at another period by a reaction in the opposite

direction ; and the history of medicine shows that this department of human thought and toil is no exception to the general rule. It is difficult for our younger readers, used as they are to the cautious and expectant treatment of the present day, to realise the state of practical medicine at the beginning of this century. If they could, they would not be surprised that blood-letting was now rarely practised, considering how much it was formerly abused ; that Bouillaud used to think nothing of taking thirty or forty ounces of blood from a fever patient ; that it was then as common for people to be "blooded" with every return of spring as to cast off their winter clothes ; and that even in cases of rheumatic fever, bleeding has been carried to the extent of producing fatal syncope. We can scarcely wonder at medical men over-stimulating their patients with a liberal allowance of wine and brandy when we remember how much they were in the habit of weakening and half-starving them with bleeding, purging, tartar emetic, and low diet. If the profession are now too much inclined to regard all disease as a manifestation of debility, to be cured by tonics, it is because they used to be always attributing it to inflammation, and to be curing it with the lancet. If Todd thought the best way to cure pneumonia was to administer large quantities of brandy, it was because Bouillaud had before him equal confidence in copious venesection.

If, therefore, the great prejudice which has for some time obtained in the profession against blood-letting is to be partly attributed to a spontaneous reaction in medical opinion and practice, it is only reasonable to suspect that, like all other reactions it may have passed the bounds which reason and prudence should have dictated. It is not unreasonable to suspect that, although our predecessors committed a grave error and did incalculable mischief by their large and indiscriminate bleedings, we have also erred in having gone to the opposite extreme and in having almost entirely abandoned the practice.

Nor is the fact that the knowledge which the older physicians had of the nature of disease, and especially of inflammation, was behind that of the present day, any reason why blood-letting should have been allowed to fall so much in the estimation of the profession. For are we sure that the pathological doctrines which we are now taught, and to which we are told the overthrow of the system of blood-letting is to be mainly ascribed, are firmly established, and are to be reckoned among our most unassailable scientific truths ? Are we sure that this pathology, of which we have so high an opinion, may not be leading us into error not only with regard to the treatment of disease in general, but with regard to our abandonment of a practice in which formerly so much confidence was reposed ?

THE HOMŒOPATHIC SCHISM.

Hahnemann is now dethroned from his position as the leader of homœopathy, and we are assured by the monthly *Homœopathic Review* for July "there are but very few who have any belief at all in those teachings of Hahnemann which are constantly paraded as true homœopathy." We regret this, as we thereby lose the force of a beautiful story told by Addison in No. 195 of the *Spectator*, as it is one of the finest evidences of what might be called homœopathic influence we have ever read of.

It is taken from the "Arabian Nights' Tales :"—A king had long languished under an ill habit of body, and had taken abundance of remedies to no purpose, but at length a physician cured him by the following method : He took a hollow ball of wood, and filled it with several drugs, after which he closed it up so artificially that nothing appeared. He likewise took a mallet, and, after having hollowed the handle and that part which strikes the ball, he enclosed in them several drugs, after the same manner as in the ball itself. He then ordered the Sultan (who was his patient) to exercise himself early in the morning with these rightly-prepared instruments till such time as he should sweat, when, as the story goes, the virtue of the medicaments perspiring through the wood had so good an influence on the Sultan's constitution that they cured him of his indisposition.

We might have speculated on the *modus operandi* of this cure, and explained it on the "dynamic" theory, or on the theory of atmospheric "dilution ;" but now "that these questions have nothing whatever to do with homœopathy or its principles," we must simply look upon it, as Addison did, as an Eastern allegory finely contrived to show us how beneficial bodily labour is to health, and that exercise is a most effectual physic. This tale would also, if Hahnemann's theories were still in vogue, confirm Dr. Sharp's belief that the principles of homœopathy were known in the East in the reign of Vikramadytia, king of Ugayin, who flourished 56 before the Christian era, and that a homœopathic proverb is to be found in a Sanscrit poem called "Sringára Tilaka," written by Kalidása, who was one of the ornaments of the Court.

But now, what is homœopathy ? It is thus defined by the editor of the *Review* :—

"True homœopathy consists simply and solely in the prescribing for disease such remedies as are competent to produce a similar disordered state of health in a healthy person. This alone is homœopathy.

"To carry out homœopathy, it is necessary that drugs be proved on persons in health.

"It is further necessary that the amount of drug given to cure be less than that required to produce disease ; and finally, it is requisite that medicines should be given singly, uncombined with others."

Will this definition satisfy homœopathic followers ? According to it, Dr. Wyld cannot rank himself as one, for in his letter he says :—

"Had I a case of agony produced by the passing of a stone from the gall-bladder or the kidney, I should use anæsthetic or opium. Do opium or chloroform cause stone, or produce pain ?

"Had I a case of paralysis, I should recommend skilful medical rubbing. Does rubbing produce paralysis in health ?

"Had I a case of chronic congestion of the liver, I should prescribe Carlsbad water. Does Carlsbad water cause congestion in health ?"

Will Dr. Hughes, lecturer on Materia Medica and Therapeutics, agree with this definition, holding the views he has with regard to the action of mercury in syphilis ?

Is it not irreconcilable with the action of such a drug

as Ruspini's essence of camphor, which is, or has been, a lauded homœopathic remedy for cholera.

Does camphor produce in health collapse, diarrhœa, and all the other symptoms of cholera ?

If we could feel satisfied that this definition would be accepted by the united body of homœopaths as their *ultimatum*, and as the definition of their views, we should have little hesitation in devoting some of our space to the controversion of the essential fallacies contained therein; but it would be useless to grapple with one shadow and then have to contend with another. For, when we see the father of this school so rudely cast on one side, his idols broken, his "psora," his dynamei, his globular theories scattered to the winds, we can have but little faith in the propagandism or the acceptance of newer theories, and can only expect for them a similar fate—in time.

Notes on Current Topics.

Home Hospitals.

A MEETING in furtherance of the promotion of home hospitals for the well-to-do was held last Thursday, in the Egyptian Hall of the Mansion House, the Lord Mayor presiding.

Mr. H. Burdett, the Secretary, announced that letters of apology had been received from the Duke of Northumberland, Dr. Quain, Dr. Acland, Sir J. Paget, the Bishop of Winchester. Dean Stanley, Lord Lawrence, and others. Whilst describing the origin of the movement, Mr. Burdett stated that it arose from a letter written by him to the *Standard* in April, which was followed by a leading article, in consequence of which much general attention had been directed to the subject, and the result had been the present effort to carry out the scheme. Already the movement had met with a very large measure of support from those who were best competent to give an opinion on this important subject. He then proceeded to state the objects of the movement, which we have already fully stated on a previous occasion.

Mr. J. Walter, M.P., remarked that in spite of the advances made of late years in the direction of great sanitary improvements in the metropolis, they would all agree that they were yet far from the sanitary and social millennium, and they must consider, therefore, the best way of dealing with existing ills. Why, he asked, should it be the case in the metropolis that there were only two classes of people who, when they were ill, either from sickness or accident, were able to enjoy the best medical skill and nursing? While the very rich and the very poor were able to obtain these great advantages, it was absolutely impossible for those who formed the class coming between the two extremes to command the advantages of efficient medical treatment and nursing in cases of long-continued sickness.

Canon Miller expressed his conviction as a clergyman of some age and standing in the ministry that the persons to whom hospitals of this character would be a boon were not to be counted by hundreds or thousands, but by tens of thousands. There was no clergyman who had had experience of clerical ministrations who could not call to his mind hundreds of cases, not among the poor or among the rich, but among the middle classes, which could have been much better healed in a hospital than in the home of the patient.

Sir Rutherford Alcock, Monsignor Capel, Mr. Jonathan Hutchinson, and several other gentlemen spoke in favour of the home hospitals.

On the other hand, Dr. Glover remarked that there were already one or two institutions in London which fulfilled the intentions of the authors of this movement, and he instanced the Fever Hospital and the Small-pox Hospital at Highgate, in both of which patients were received on payment. He did not agree with those who thought sickness or cases of amputation could be better treated in hospitals than at the home of the patient. He believed that a person who had to pay for accommodation in a hospital of this kind would be far better supplied at home.

On the motion of Sir F. Hicks, seconded by Mr. Blake, M.P., the following gentlemen were appointed a provisional committee, with full power to take such steps as they may consider desirable to carry out the objects embraced by the foregoing resolutions:—The Lord Mayor, the Duke of Northumberland, Sir Rutherford Alcock, Mr. Frederick Cleeve, Mr. John Eric Erichsen, Mr. Ernest Hart, Sir Francis Hicks, Treasurer of St. Thomas's Hospital, Mr. E. H. Lushington, Treasurer of Guy's Hospital, Dr. Quain, Mr. Albert G. Sandeman, Mr. George Stanley, Mr. Clifford Wigram, and Mr. F. C. Burdett.

A vote of thanks to the Lord Mayor and to Sir F. Hicks (who took the chair when his lordship was compelled to leave) was passed, which brought the proceedings to a close.

Ether as an Anæsthetic.

OUR contemporary, the *Doctor*, has the following observations on this subject :—

"It has always seemed to us," it says, "the height of folly to declare there could be no danger in any anæsthetic. The lesson taught by the late death from nitrous oxide has, it is to be hoped, been well learned, and we shall in future hear less of the absolute safety of any agent capable of depriving a person of all sensation. Some cases in which ether has been followed by alarming symptoms have lately been recorded. They have been termed syncope, but the word is not appropriate, as the heart continued to beat after respiration ceased. This is what should have been anticipated. When death is produced by ether the animal's heart continues to beat long after the arrest of respiration. The pulse is quickened by ether and maintains its force through a long state of anæsthesia. In these facts lies the safety of ether. But it should never be forgotten that there is danger at a certain stage, and the danger is from the side of the respiration, which at length ceases. Stertorous breathing proceeds from paresis of the muscles of the palate, and should lead to the ether being suspended. So respiration growing more and more shallow and less frequent is a warning and should not be overlooked. It is very rare that the heart fails—perhaps never. Pallor is rare too, and should excite attention if it occur. But we repeat, the danger of ether is from the side of respiration, that of chloroform from the heart, and this fact goes far to explain their relative safety. In chloroform narcosis the danger is much more sudden. Ether gives warning."

These remarks form the soundest and most sensible commentary on the anæsthetic controversy that we have read. The fact is that the use of ether transfers the danger from the heart to the lungs and bronchi. Observation of every case of death reported to have occurred under the use of ether, and of every instance in which we have ourselves witnesssed unpleasant symptoms from that anæsthetic, completely corroborates the statement. But it will be admitted that there is no comparison between the gravity of lung dangers and heart dangers. The former can only arise from asphyxia, which under all circumstances is a slow process; while the latter always arises from syncope, which is sudden and unexpected. The former is plainly visible and can be remedied at any mo-

ment by removing the ether and admitting air to the lungs. The latter gives no warning and is hardly to be dealt with by any treatment whatever. For these reasons no patient need ever to be killed by ether, for he can only be endangered by continuous disregard of the threatening symptoms, while, on the other hand, no anæsthetist, however careful, can be sure of his patient's life when using chloroform.

The Coming Election of the Irish College of Surgeons.

The Council of the College has fixed Monday, the 9th of July, for the election of three councillors in the room of Mr. Wilson and Dr. Cronyn, deceased, and of Dr. Jacob, who has resigned his seat, as required by the Charter, in order to present himself for the Professorship of Ophthalmic Surgery in the College. For these three vacant councillorships the candidates are still as we stated them last week—viz., Dr. Benjamin F. M'Dowel, surgeon to Mercer's and the Lock Hospitals; Mr. Stokes, surgeon to the Richmond, and Professor of Surgery in the College; Dr. Elliott, surgeon to the Whitworth Hospital, Drumcondra, and formerly for many years a councillor; Dr. Collins, surgeon to Jervis St. Hospital; Dr. Corley, surgeon to the Richmond, and Dr. Madden, a retired army surgeon, and a fellow of thirty years' standing.

For the Professorships of Ophthalmic Surgery and Midwifery there promises to be an animated competition. For the first of these offices the probable candidates will be:—Dr. Jacob, formerly ophthalmic and aural surgeon to the City of Dublin Hospital, more recently of the Dublin Eye and Ear Infirmary, and a councillor of the College; Dr. Loftie Stoney, now ophthalmic and aural surgeon to the City of Dublin Hospital, and a demonstrator in the College School; Dr. Rainsford, surgeon to St. Mark's Hospital, and to the Adelaide Hospital, and lecturer on ophthalmology in the Ledwich School; and Dr. Swanzy, ophthalmic surgeon to Steevens' Hospital, and the National Eye Infirmary in St. Stephen's Green.

For the Professorship in Midwifery, which Dr. Cronyn's death has vacated, the probable candidates are:—Dr. Rutherford Kirkpatrick, examiner in midwifery in the College, ex-assistant-physician to the Rotunda; Dr. Roe, obstetric physician to the Coombe Hospital, and examiner in the College; Dr. Macan, obstetric physician to the City of Dublin Hospital, and ex-assistant-physician to the Rotunda; and Dr. More Madden, ex-physician to the Rotunda.

The election to the vacant chairs has been fixed for Thursday, the 2nd of August, and the new professors will be selected in accordance with the charter, by seven councillors, chosen by lot from the twenty-one, which constitute the governing body of the College.

The British Association.

Some of the arrangements for the next meeting of the British Association for the Advancement of Science, which is to commence at Plymouth, on Wednesday, August 15, under the presidency of Professor Allen Thomson, M.D., LL.D., F.R.S., &c., have now been announced. The reception room will be opened for the issue of tickets, &c., at one p.m., on August 13, and on following days at eight a.m.; no tickets will be issued after six p.m. The first general meeting will be held on Wednesday, the 15th, when Professor Thomson will assume the presidency, and deliver an address. On Thursday, the 16th, and Tuesday, the 21st, *soirées* will be held. On Friday evening, August 17, at 8.30, there will be a discourse by Professor Warington Smyth, F.R.S., on the Physical Phenomena connected with the Mines of Devon and Cornwall; and on Monday evening, the 20th, there is to be another discourse, the final arrangements for which have not yet been made. The concluding general meeting will be held on Wednesday, August 22.

The local arrangements are not yet matured, but they will probably include an exhibition of paintings, chiefly by artists of Devon and Cornwall. There will also be excursions to Torquay or Kent's Hole, and the Dart; up the Tamar or Cotehole; to the Moss Clayworks, over Dartmoor; to the Eddystone Breakwater and Government establishments; to the Caradoc Mines; and to Penzance, the Lizard, the Land's End, &c.

In accordance with usual arrangements, the annual meetings of the British Pharmaceutical Conference will also be held in Plymouth, commencing on Tuesday, August 14, at ten a.m. It may also be added that at the last meeting of the Council of the Pharmaceutical Society of Ireland a resolution was passed instructing the Secretary to write to the President of the British Pharmaceutical Conference, expressing a hope that the Conference will meet in Dublin in 1878, at the time of the visit of the British Association.

On the Peristaltic Action of the Intestines.

M. Jules Guerin contributed an interesting communication to the Academy of Science on this subject at one of its sittings.

From observation and experience he concludes—

1st. That the matter contained in the intestine moves not only from the *a tergo* action resulting from simple circular contraction of the muscular membrane, but from a double action, propulsive and aspiratory, caused by contraction of the circular and longitudinal planes of the intestine.

2nd. In virtue of this double contraction, distributed over the continuous parts of the intestine, one of them, the superior portion circularly narrowed, forces its contents towards the inferior portion, which, shortened by the contraction of its longitudinal fibres, meets it, receives the contents, and draws them on by virtue of a kind of aspiration.

3rd. This double movement of propulsion and aspiration is reproduced at each separated point of the intestine, by means of the *valvulæ-conniventes*, the borders of which, placed in contact by the circular contraction, form an obstacle to the retrograde movement of the matter.

This physiological conception is not the result of simple induction drawn from the anatomy of the intestine, but is based on observation and direct experiment. Applying this physiological datum to the stagnation of typhic matter in the inferior part of the small intestine we can understand how this portion, rendered inert by the stupifying action of the toxic agent is deprived of its contractile power, whilst the large intestine is filled by a certain

quantity of old fœcal matter, so that the double action of propulsion and aspiration cannot be carried on.

The ileo-cæcal valve, obstructed on both sides, only allows the passage of the liquid matter accumulated at the end of the small intestine; hence the special liquid diarrhœa during the first days of the disease, and the evacuation of old solid matter at the end of the malady. In support of this view of the physiological mechanism of the intestine, M. Jules Guerin cites those cases of intestinal invagination met with in subjects who have died of typhoid fever.

Lady-Doctors in France.

THE ambition, laudable or otherwise, shown by numerous ladies to enter the ranks of the medical profession, is not confined to the British Isles, for we learn from our contemporary, *Le Paris Médical*, June 21st, that a week since two ladies presented themselves before the faculty of Paris, to maintain their thesis for the doctorate.

One, Mdlle. Zenaide Ocounkoff, born at Moscow, had taken for her thesis the subject "Of the Physiological *rôle* of Sulphuric Ether; its employment subcutaneously as an excitant and stimulant."

This thesis, of sixty-five pages, was maintained on Monday, June 14, in the presence of Professor Verneuil, who congratulated the fair recipient on her success.

On the same day Madame Anna Dahms, born at Mamcheburg, Prussia, in 1848 (we blush for our contemporary in giving the date of the lady's birth, but we suppose we must abandon all such delicacy in future), defended a thesis "On the Thymus in relation to its development and retrogression," in length fifty pages. She was received with the usual amount of felicitations, and testified her appreciation of the hospitality she had received during her four years' study in Paris.

The Paris *Médical* adds:—

"We are not so much behindhand as the Dubois-Raymonds, the Virchows, and the Wundts profess, *ex cathedrâ*, and in their books, else their compatriots would not seek our benches!!!

"Madame Dahms has been received and congratulated. Would it be the same, if we to-day sought a diploma at Berlin, Jena, or Giessen?"

Durham University.

THE *Doctor* says that the opening of this University to practitioners has proved a failure, and thinks that this might have been anticipated in view of the strictness imposed. Our contemporary is informed that three men, over forty years of age, have been up for the M.D., and two have received it. Either the regulations do not meet the case, or the cry for M.D. has been exaggerated, or those who want it are, after all, afraid of a moderate examination.

We are decidedly of opinion that our contemporary *rem acu tetegit* in its last phrase. The class of practitioners who clamour for permission to write M.D. after their names, without possessing any University education, are just the class who are too shallow in their aspirations, and not sufficiently educated in their profession, to venture upon a high-class examination. If a medical man has stood the test of practice for ten years, he will have either made a success or a failure. If the former, he will scarcely care to seek for the empty honour of a doctorate, which gives him no more professional standing than his practising qualifications do. If the latter, he will probably not be the sort of man to win an M.D. by an honest examination.

The Doctor thinks the University of Durham would catch candidates if it lowered the professional age required for the degree to five years. No doubt it would. But why not make the decadence in one step downwards? Why insist on any practical experience at all? Why not give the M.D. to all comers who can pay and pass? That condition once reached, the only difficulty will be to find a respectable practitioner who would allow himself to be called "Doctor" on any terms.

Cold Baths in Infantile Diarrhœa.

IN our issue of the 13th ultimo, we remarked that Dr. Horatio Wood, of Philadelphia, had drawn particular attention to the effect of heat and of the rays of the sun in causing cholera infantum, diarrhœa, enteritis, &c., and to the remarkable efficacy of enforced cold bathing in these cases.

It appears from *L'Sperimentale*, No. 10, 1876, that Dr. Wocke has also been drawing attention to the same plans of treatment. He refers more particularly to the terrible epidemics of diarrhœa which prevail in summer. The epidemic is due, he says, in part to the deleterious influence of the elevated temperature on the infantile organism, and in part to the injurious effect which the heat exerts on the aliment, the milk, and the air inspired. For this state of things he recommends cold bathing, of which he has a high opinion. Wasting children, reduced by vomiting and diarrhœa, were as if regenerated by the second day after the baths were commenced. The restlessness disappeared; sleep was restored, the appetite increased, and the diarrhœa diminished. The cold baths act on the child as a tonic, and internal remedies then exert a better influence.

Dr. Wocke commences his treatment with cold douches to the head and stomach; then passes to baths, commencing at a temperature of 26° C., and reducing them to 22°. Three baths a-day are sufficient.

Transfer of Chronic Lunatics from Asylums to Workhouses.

THE Inspectors, in their late report, complain that the Act passed in the year 1875, the 9th section of which was framed to disembarrass district asylums of chronic and harmless cases of a character similar to those already in workhouses, has not been availed of by boards of governors and other authorities concerned. It has, consequently, so far failed up to the present in the purpose for which it was introduced. This they attribute not to any supineness on the part of those responsible for asylum management, but rather to a belief, amounting almost to a conviction, entertained by some of them, that after all workhouses, admirable as no doubt they are as receptacles for paupers, and those whose malady assumes no pronounced form,

are not the fitting places for lunatics who require the appliances, curative treatment, and other special advantages which can only be found in hospitals for the insane, constituting as they do a class of institutions so distinct and apart from all others, owing to the peculiar and exceptional character of their belongings, that an assimilation of other public charities to them, even in a modified shape, such as the arrangement in question would seem to indicate, will, they are apprehensive, be attended but with limited success.

Sanitation in India.

We understand that her Majesty's Government in India have instructed Surgeon-General Gordon, C.B., to inquire into and report upon the sanitary condition of Ootacamund, which is close to the Neilgherry Hills, the most important European station in Madras. Cholera having so persistently clung to the bazaars of this place, and prevailed in epidemic form during the past few months, the Government have wisely determined to deal with the evil at once; for which purpose they have certainly chosen a most able and energetic officer. Dr. Gordon was engaged on special service by the British Government during the Franco-Prussian war, and his work on "Military Hygiene and Surgery," during that period constitutes the best work on the subject of modern times. He has also written a clever "Pocket Manual of Sanitation" for soldiers and civilians, besides works on cholera, &c. Dr. Gordon will be assisted in his investigations by the Sanitary Commissioner of Madras and the Acting Commissioner of the Nilgiris.

Anomalous Proportion of Married and Unmarried amongst the Insane in Ireland.

In their report to Parliament, the Inspectors of Irish Asylums advert to a very peculiar characteristic in the insanity of Ireland as distinguished from that affliction in the sister countries. In the latter the proportion of lunatics is very much greater among the married than the unmarried; in Ireland, the very reverse occurs in public asylums, while in private the single predominate over the married and widowed by fully five to one. It might appear that prior to puberty there is a large number of insane to be found to account for this; such is not the case; lunacy is a disease not of early life; in fact, not one-twelfth of the inmates of private licensed houses between both sexes are under the age of twenty. The malady, as a rule, being developed subsequent to the twentieth and up to the thirty-sixth year.

Treatment of Headache.

Apropos of what we have said in another place, respecting the administration of medicines in large doses, it appears from the *American Practitioner*, that Dr. Lockeridge has professionally treated sick headache with large doses of bromide of potassium and tincture of aconite. As he truly observes, common idiopathic headache is as near being an *opprobrium medici* as any other common and ordinarily innocuous complaint. He says, that having noticed that the above medicines separately relieved more cases than any remedies he had previously tried, he experimented with large doses of these drugs combined. For several years he has been in the habit of giving in these cases sixty grains of the bromide of potassium, and ten drops of the tincture of aconite-root, in a wine-glass ful of water, the same to be repeated in an hour or two, if the head be not relieved.

Death from Chloroform.

A death under the influence of chloroform took place at Mercer's Hospital, Dublin, last week, there was nothing unusual in the circumstances of the case. The patient was 27 years of age, and of alcoholic habit, and was about to be fired for chronic synovitis of the knee. The chloroform was given in a Skinner's inhaler, an ounce of whisky having been previously swallowed. Before the operation could be commenced syncope and death ensued. The coroner's jury entirely absolved the medical officers from blame as it appeared that every reasonable precaution—short of the use of ether—had been taken to ensure safety to life. The *post-mortem* showed extensive fatty degeneration which was undetected during life, although the patient's heart had been many times examined.

Personation at the Examination of the Pharmaceutical Society.

Last week G. F. Webb, a chemist's assistant, was charged at Bow Street with fraudulently procuring his registration under the Pharmacy Act, 31 and 32 Vic., 1868.

The defendant had presented himself for the preliminary examination, and having failed, allowed one named Hunter to pass the examination in his (Webb's) name. A warrant was out against Hunter, but he was not yet apprehended. He had already been charged with the same offence on a previous occasion.

The defendant at first denied all knowledge of the case, but now expressed a wish to plead guilty to the charge.

The case was adjourned.

The Successor to Giraldes in the Academy of Medicine, Paris.

The place rendered vacant in the section of operative medicine has been filled by the election of M. Rochard, Inspector-General Navy Department of Health, author of a "History of French Surgery in the Nineteenth Century."

The candidates were numerous: MM. Jules Rochard, Panas, Desormaux, Despiès, Guyon, B. Auger. M. Rochard obtained forty-three votes, against thirteen given to M. Panas and thirteen to M. Desormaux, so that the French naval service is well represented in the Academy.

Death of a Surgeon by Drowning.

A boat accident occurred on the River Bann at Portadown on Tuesday week by which two lives were lost. Drs. Biggar and Stevenson, and the servant of the former, went out for a trip on the river, when the boat, upon which a small sail had been hoisted, capsized. Dr. Biggar and his servant were drowned, but Dr. Stephenson, who was observed struggling in the water, was rescued.

Ovariotomy in Dublin.

MR. WILLIAM STOKES performed the operation of ovariotomy at the Richmond Surgical Hospital on the 27th ult. We are glad to learn that since the operation no bad symptom of any kind has supervened, and there is every reason to expect that the case will be brought to a favourable issue. In our next we hope to give fuller particulars.

THREE chemists were fined last week at Bradford £4 10s. each for having sold as "sweet spirits of nitre" articles which contained from 20 to 30 per cent. more water than was necessary or proper.

The defendant's counsel said, that "the article before the court was sold at a certain price, and purchasers knew what they were getting it for; they took it at the price, and did not complain of being prejudiced by it. If a purchaser had asked for the pure spirit of nitre, the person supplying it would have known that he wanted a certain other thing under a different name."

It was obvious to the magistrate that such a defence was not true in substance or in fact. Purchasers in such cases do *not* know what they are getting and ought not to be expected to ask for "pure" spirits on the implication that that sold was impure.

A CHILD, nine years old, died last week at Scarborough of strychnine poisoning. The little creature had crawled to a slice of bread-and-butter covered with "vermin killer," which had been put down for beetles, a portion of which it swallowed, death shortly after ensuing. A coroner's inquest was held and a verdict of "accidental death" returned. We do not desire to relegate to ourselves undue powers, but certain it is that since our comments in May last upon the many unnecessary inquests, fewer have taken place at Scarborough than at any other period.

THE Royal Hospital for Diseases of the Chest, City Road, which has been renovated, refurnished, and partially remodelled, was opened for the inspection of governors and their friends. At five p.m. yesterday a special dedication service was conducted by the honorary chaplain in one of the wards, and was attended by the Members of the Council, the House Committee, the Finance Committee, the Building Committee, rhe Medical Council, the Committee of the Ladies' Samaritan Society, and the Governors of the Hospital.

THE *Naval and Military Gazette* understands that the Secretary of State for War has arranged that the pay and allowances of medical army officers on home service shall be issued by Messrs. Vesey W. Holt and Co., of 17 Whitehall Place, from 1st July next. This is but a return to an old arrangement, for Sir John Kirkland, Messrs. Holt's predecessor in business, was agent to the Army Medical Department for many years. The contemplated change, we may add, will not involve any expense to the public.

THE annual rates of mortality, according to the most recent official weekly returns in foreign cities were—in Calcutta 26, Bombay 61, Paris 25, Geneva 31, Brussels 24, Amsterdam 27, Rotterdam 32, The Hague 24, Copenhagen 24, Stockholm 35, Christiania 33, Berlin 30, Hamburg 28, Dresden 24, Breslau 37, Munich 43, Vienna 29, New York 24, Brooklyn 18, Philadelphia 17, and Boston 19 per 1,000 of the population.

THE following singular death-notice is from the Waco (Texas) *Examiner*: "Died—At the residence of Major W. W. Downs, on Third Street, Monday, August 7, at 10.30 o'clock p.m., Captain D. J. Downs, of voluntary abstinence from strong drink."

THE Scientific Grants Committee of the British Medical Association has advertised for applications for grants in aid of research for the advancement of medicine and the allied sciences.

THE first stone of the Hospital of Levallois-Perret, which is to be built at the sole expense of Sir Richard Wallace, is to be laid this week.

Literature.

LECTURES ON BRIGHT'S DISEASE. (*a*)

THESE lectures have already appeared in our columns in their original form, and therefore our readers will be familiar with the views expressed. In the preface, the author informs us that in this work the lectures are revised and amplified, and may prove acceptable not only to those who heard them but to others, such as practitioners whose time and opportunities preclude the study of more elaborate works. It seems to us that the writer would have made this work more acceptable to the latter class if he had given a more complete sketch of the subject of Bright's disease, and not have devoted so large a portion of his little work to controverted points, on which no absolute decision can as yet be arrived at. The work consists of six lectures, the first comprising the structure and functions of the kidney in health, while the second is devoted to the description of the different forms which chronic kidney disease assumes. The third relates to the causes of kidney disease and the indications thereof. In the fourth the writer considers the causes of œdema, and the views of George Johnson, and of Sir William Gull and Dr. Sutton. As to the conclusions of the two last-named gentlemen, he writes:—"They certainly appear to me to do little towards the elucidation of the nature of the disease under consideration." The theories of uræmia occupy the first part of the fifth chapter, and the tests for albumen the latter portion. In the concluding chapter are considered the prognosis of Bright's disease, and, after a retrospective summary, the treatment of nephritis. The treatment, which occupies but eight pages, is confined to the acute manifestations. Venesection is approved of, together with hot baths. The use of mercury is advocated and that of diuretics, especially the bitartrate of potash, condemned. Diluents are also forbidden. Counter-irritation over the loins is recommended. Scarifications are not approved of for dropsy. "Secondary affections must be treated upon general principles. The diet of the patient should be of a nutritious description, consisting of animal food, milk, &c. Alcoholic drinks should be strictly forbidden." Thus it will be seen that Dr. Campbell Black is inclined

(*a*) "Lectures on Bright's Disease," delivered at the Royal Infirmary, Glasgow. By Dr. Campbell Black, M.D. J. and A. Churchill. 1877. Pp. 146.

to think for himself, and in this little work his views will be found to be put forth in a distinct form.

A GUIDE TO THERAPEUTICS. (a)

THIS is not a very ambitious book, but what there is of it is satisfactory. Dr. Farquharson has prepared us for a sytematic work by his numerous contributions on matters connected with therapeutics. The present work is one for students *par excellence*, and the physiological actions of a drug occupy one column of a page, while in the other column the reader finds the therapeutical use of the drug. Thus, in speaking of the action of chloral, he writes in the first column, "The breathing tends to become slower and finally to cease, from paralysis of the respiratory centre;" in the other column, just against the passage, stands, "This effect on the respiratory centre naturally suggests caution in prescribing chloral in cases of advanced bronchitis with rapidly accumulating mucous secretion and deficient oxygenation of the blood." This is certainly a clear and distinct way of placing the subject before the student; a subject which handled otherwise is apt to be confusing and disturbing. The exposition of the actions of the various drugs is uniformly good and well abreast our most recent information, and the book is a safe guide for students unless they have the misfortune to come before an antiquated examiner. Dr. Farquharson commences his work by some apposite remarks about how to administer drugs, the large and small dose, idiosyncrasies and habit, the accumulation of a drug within the system (which seems made more of than it ought, though not so much as in older books), &c., as well as remarks on the art of prescribing for children. He points out that of some drugs, notably belladonna, children can take as large or larger doses than adults. Also arsenic, strychnia, and iron can be taken by children in large doses as compared to adults. The subject of domestic measurement is also considered. The work on the whole is carefully done, with slight slips occasionally. Thus of atropia 15 grains is not a fatal dose for a rabbit—by which a 3lb. rabbit is usually meant—but 23 grains. And of atropia internally 1-50th of a grain is said to be a safe medium dose, but it will be found for the bulk of patients that 1-75th is quite sufficient, if given to check perspiration. On the other hand, there are many excellent remarks; for instance:—"Whilst a patient is undergoing a mercurial course we must keep up his constitution well with good diet, iron, and perhaps a little stimulant, for experience shows that mercury far more speedily exerts its debilitating influence on weak persons, or those who enfeebled by fasting." In conclusion, we can recommend Dr. Farquharson's little work very cordially to students, for whom it is designed rather than for practitioners.

THE JOURNAL OF PSYCHOLOGICAL MEDICINE. (b)

THIS journal continues to maintain its high literary and scientific reputation. The last number, which appeared in April last, contains a numerous list of articles on philosophical and scientific subjects, interesting alike to the general and the medical public.

In the first article Dr. Winn points out in particularly clear and forcible language the fallacies of the new school of physiological psychology, which he designates as materialistic physiology.

Dr. W. A. F. Browne, whose valuable contributions have so often enriched the pages of psychological literature, has contributed a paper styled "Religio-Psycho-Medici." It is eloquently written, detailing the duties of the psychological physician, and containing many passages which embody the highest aspirations of our nature. Dr. Browne is not a mere theoretical philanthropist; he is well known as one whose life has been practically devoted to the cause of humanity.

In addition to these articles, there are able contributions from Drs. Sankey, Fothergill, Boyd, Mann, Myers, Rouse, Savage, and Bockhammer.

The reviews are well worth perusal, especially one on the "Functions of the Brain," by Dr. Ferrier.

(a) "A Guide to Therapeutics." By Robert Farquharson, M.D., F.R.C.P., Lecturer on Materia Medica at St. Mary's Medical School. Smith, Elder, and Co. 1877. Pp. 293.

(b) "The Journal of Psychological Medicine." Edited by Lyttleton Forbes Winslow, M.B., D.C.L., Lecturer on Mental Diseases, Charing Charing Cross Hospital. New Series, Vol. III., Part I. London: Bailliere, Tindall and Cox.

Medico-Parliamentary Intelligence.

INDIAN MEDICAL SERVICE.

Sir C. O'LOGHLEN (in the absence of Mr. Stacpoole) asked the Under Secretary of State for India why the examination of medical officers for promotion to the rank of surgeon-major was retained in the Indian army, although discontinued in the British army.

Lord G. HAMILTON: The discontinuance of the examination of medical officers for promotion to the rank of surgeon-major in the British army was coincident with an entire alteration in the constitution of that service, whereby the greater number of those officers will not be eligible for promotion at all, as their term of service is to be only ten years in all, whereas twelve years' service are required to qualify for promotion to the rank of surgeon-major. No such change has been made in the Indian service; and the grounds whereon the system was originally adopted as desirable in the British service still hold good there. The point has, however, been brought to the notice of the Secretary of State by the Government of India; but as a report on the general question of the organisation of the entire Indian medical service is shortly expected from India, it was determined to await that report before coming to any decision on this individual point.

Correspondence.

PRIVATE ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much interest the letters by "Humanitarian" and "Libertas," which have appeared in your columns, on "Private Asylums and Private Patients." I regret, however, that the subject has been discussed before the Committee, now sitting to consider the operation and the general working of the Lunacy Laws, have published their report. The point raised by your correspondents is whether the liberty of the subject is properly protected by the present provisions in our Act which relate to "lunacy certificates." Cases have been cited in which certificates have been given apparently in a careless or improper manner. This of itself proves nothing, as every system has its abuses. We must not condemn our present procedure in lunacy because there are some ignorant persons in it who are unable to detect between dipsomania and insanity, and who give lunacy certificates in the former of these maladies. Your correspondents appear to lose sight of one of the most important points connected with the incarceration of persons in asylums; I refer to the suspension of these documents by the Commissioners. The medical certificates which have been brought forward as being insufficient for the purpose, as evidence of a person's insanity must be accompanied by an order signed by someone who is supposed to be acquainted with the mental state of the patient. These certificates are copied by the superintendent, and forwarded to the Commissioners in Lunacy within twenty-four hours from the patient's admission into the asylum. If there are any informalities or mistakes in them, they are returned by the Commissioners for alteration or amendment, fourteen days being allowed for this. If the Commissioners are not satisfied with the facts stated in the lunacy certificates, and if in the time allowed for the amendment stronger facts of insanity cannot be stated, the patient

must be discharged. The course of action then is clear; an action against the medical men who signed the certificates can be brought by the patient.

We see, therefore, that to detain a patient wrongfully in an asylum there must be an *apparent* conspiracy between the medical men who signed the certificates, the person who signed the order, the proprietor of the asylum, the superintendent, and the Commissioners in Lunacy. We very rarely hear of a case of prosecution against medical men for improperly certifying in cases of lunacy.

I have been for many years resident at an asylum, and am able to state, as the result of practical experience, that I have never known any case admitted on improper certificates, and I have never seen a patient who was wrongly detained. The desire of the superintendents of private asylums is to discharge their cases too soon, rather than to detain them after recovery.

Our lunacy system works well. We have a most effective body of Commissioners in Lunacy, who visit asylums six times a year, and who perform the important duties of their offices in a complete way, protecting the interests of the insane to the utmost. I deny the allegation, stated by one of your correspondents, that collusion is possible under the present working of our Lunacy Act. This is utterly impossible, as I have shown at the commencement of this letter.

It is not my intention now to enter into a consideration of private asylums. I propose, however, when the Committee have terminated their inquiry, to consider in detail the evidence given before them, and which, for obvious reasons, I now refrain from referring to. I hope, however, that I have now said sufficient to convince your readers that the present system of our lunacy practice works well, and is a sufficient protection against improper incarceration.

I am your obedient servant,

L. S. Forbes Winslow.

Cavendish Square, London, W.

THE POPULATION QUESTION, IN REFERENCE TO THE LATE TRIAL OF REG. *v.* BRADLAUGH AND BESANT—"THE FRUITS OF PHILOSOPHY."

By Charles R. Drysdale, M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When the case of Mr. Bradlaugh and Mrs. Besant came first on for trial before Alderman Figgins at the Guildhall, you expressed yourself as astonished that my "well known" love of the views of the *Modern Malthusian* should have led me so far as to become bail for the able lady defendant in the case. At that time my mouth was closed, because the case was *sub-judice;* and I find your long editorial article of this day (June 27th) such an immense advance on the spirit of the paragraph I refer to, that I am in hopes you will ere long be like myself, an ardent follower of the teachings of J. S. Mill, Joseph Garnier, Chalmers, and Sismondi, and come to believe that the production of a large family in an already over-crowded country like this is the greatest of all social misdemeanours that any citizen can be guilty of.

With regard to the question of the *free discussion* of this momentous question, I think I will convince you and your readers that *it* is now becoming imperative, when I say that it is demanded by such men in our profession as Sir H. Thompson, Dr. Hardwicke, Mr. Erichsen, Dr. Morell Mackenzie, and Dr. Palfrey; and, out of our ranks, by Professor Alex. Bain, Professor Hunter, and Sheldon Amers, with a perfect host of able thinking men in the bar, and in our own profession. I, indeed, quite agree with Mr. John Stuart Mill when he exclaims, "Little advance can be expected in *morality* until the production of a large family is regarded in the same light as drunkenness, or any other physical excess;" and I will now proceed to lay before you what are my reasons for so believing.

Mr. Malthus, writing in 1798, and his followers, F. Place, John and James Mill, Ricardo, Senior, Fawcett, Cairnes, and a host of economists, have shown that there is a constant *tendency* in all animated beings, including ourselves, to increase more rapidly than the means provided by nature for our subsistence. In our race, a woman commences to menstruate at 15, and continues apt for reproduction until the age of 45, or 30 whole years, during which time she might easily on an average give birth to 12 or 15 children, if in good health. It is this constant *tendency* towards rapid reproduction which causes the present most unsatisfactory state of hygiene among the poorer classes in such long and over-peopled countries as this. In the United States of America the tendency to increase rapidly is evinced by the fact that ever since 1780, the population was doubled in some 20 to 25 years, in many instances entirely *without* counting immigrants. We, at our most rapid times, have never doubled our numbers more rapidly than in some 52 years. Hence, it is as clear as a sum in addition, that we, and especially the French, who remain stationary in numbers altogether, must have had our increase checked by some causes.

These causes must have been, in the language of the economists, either preventive or positive. The positive checks to *our* increase have partly been early death among the children of the poor. For instance, in the wealthy parish of St. George's, Hanover Square, the deaths of children under five years of age only form one-third of the annual number of deaths; whilst in Bethnal Green they form one-half of all the deaths. Mr. Charles Ansell, actuary to one of the Insurance Companies of London, lately made inquiries as to the death-rate among well-to-do persons of the upper classes; and from his tables I estimate that nearly three times as many children die, out of 100,000 born, in the first year of their life among the poorer classes as do among the rich. Also that, whilst the average age at death among the richer classes is at present in England 55 years, it is only 35 years among the poorer classes. This, then, is the positive check which prevents us in Britain doubling our numbers so quickly as the inhabitants of the United States. The *preventive* check to population in this country is well exemplified in the late marriages seen on all sides of us. *Our* women do not marry before the average age of 24, whilst in Hindoostan girls are often mothers at the age of 12. And we have besides hosts of old maids who never make any use of their powers of reproduction at all. Then, again, prostitutes, as I know well from my own experience as physician to the Rescue Society's Lock Hospital, are almost invariably barren, and our society contains hosts of such women.

It will thus be seen that we, the inhabitants of Europe, have only a sad choice to make between early death, celibacy, or deliberate prevention of births (*conjugal prudence*) after marriage. I confess I prefer the last of the checks infinitely before the others, and I consider that Dr. Knowlton, the able and benevolent Boston physician who, forty years ago, tried to make such *conjugal prudence* accessible to all, was not only not a bad man, but, indeed, one of the best of men and of physicians.

I can, I confess, see nothing but the highest morality in making the most important of all human actions—the generation of human beings—become amenable to the deliberations of intelligence and prudence. In the Œcumenical Council, indeed, held at Rome in 1870, one of the holy fathers of the Catholic Church prayed the Council not to insist on this *conjugal prudence* being pronounced by confessors as a "deadly sin," seeing that people would practice it, and the more so, as they became more civilised and amenable to reason.

Dr. Mayer, in his able work "Rapports Conjugaux," which has gone through many editions in Paris, mentions that there is not a family in France at present that does not have recourse to some of the "checks" mentioned by Dr. Knowlton in his now classic pamphlet; and no medical man of any experience can fail to be aware how many married men in *this* rather hypocritical country have made use of such practices, and are continually doing so every day. My experience shows me that among the well-educated classes here, few families are ever so large as they might be, were such means not made use of by the father. And, frankly, I heartily applaud all who take sedulous care never to bring into the world what has been called an "unwelcome child."

Take, again, those tragical cases where a woman has a contracted pelvis. Are we to see with patience such women, as I have done, again and again impregnated, and then forced to have recourse to the obstetric surgeon to

produce premature labour, without pointing out that the real duty in such cases is to prevent impregnation by simple means? To say no is to be a grown-up baby, in my humble judgment.

Medical men should be the last persons in society, too, to counsel late marriage, or to entertain life-long vows of chastity. This advice is to the last extent opposed to happiness, to health, and to true morality. Sir B. Brodie is but one of those who have pointed out that the evils of celibacy are worse even than those of disease-producing prostitution. Insanity, masturbation, and impotence are too frequently the result of protracted celibacy, especially in the male.

In short, I hold that, in order to get rid of the worst evils of society, such as early death, prostitution, and celibacy, the only choice for rational men and women lies in early marriage, accompanied by *conjugal prudence*.

I remain, Sir, yours obediently,

CHARLES R. DRYSDALE, M.D., M.R.C.P.Lond., F.R.C.S.Eng.,

Consulting Physician to the Farringdon General Dispensary, London, and to the Rescue Society's Lock Hospital.

17 Woburn Place, W.C., June 27, 1877.

*** We are at a loss to detect any line of argument in Dr. Drysdale's letter which could be advanced to justify the publication of the pamphlet entitled the "Fruits of Philosophy."

Much of the letter is entirely illogical. Dr. Drysdale says that women in this country may easily on an average give birth to twelve or fifteen children, and as this country has never doubled its number more rapidly than in fifty-two years, hence the increase has clearly been checked by some causes. From this, one might gather that Dr. Drysdale believes the checks to conception to be already thoroughly understood by those who are giving birth to children; and if so, why would he publish to all the world, young women and old, what is already well known to those whom he would desire to benefit by the publication.

The tables which he quotes of deaths among the poor compared with the rich, show nothing more than that a greater number of poor children than rich die, but they entirely fail to show how the comparative number of deaths among the poor would be decreased except by inferring that by checks to conception, some of the poor children who have died would never have been born.

It may be a painful reflection that so many more children of the poor die under twelve months of age, but the causes of death are ascertained, and doubtless much improvement will take place in this respect under our increasing knowledge. But most assuredly the fact that so many die in the first year is no argument in favour of the publication of this immoral pamphlet. It may betoken ignorance and inattention on the part of the mothers, but it is the least expensive part of the life of the child, and for several months absolutely costless so far as regards food.

The next and most important point touched upon by Dr. Drysdale is the question of late marriages. If he could show how young people might be enabled to enjoy the blessings of married life, it would, indeed, be a boon to the middle class of society; but here, again, he fails. The question of late marriages scarcely, if at all, affects the working class. As soon as the youth of nineteen can be called an able-bodied man he obtains a weekly income, which he will increase but little throughout the rest of his life, and he marries early in life; but the middle class professional men—men who are working their way in business in city offices; men who hold a certain social position with a good education, and who can scarcely be considered to have made a good footing in the world until they are nearly forty years of age—such men are unable to marry until late in life. But is it the question of children that stands in the way of their marriage? Not at all. As bachelors they are wealthy; as householders, with a wife and an altered position in social life, they are unable to meet the expenditure entailed.

We look upon the pamphlet as immoral in the extreme—not calculated in any way to relieve the misery which it refers to; but, on the contrary, written in such a style, and made public in such a manner, as to induce prostitution among those women who are not fortunate enough to be able to enter the married state. The publication and sale of the pamphlet is evidence either of vicious intent or of gross indiscretion against the authors. In a recent article we have exonerated them from the former; of the latter they will ever stand charged.

Obituary.

DR. JOHN CRONYN.

THE memory of Dr. Cronyn, who died last week, after a long illness, will be revered by his brethren alike for his social as for his professional qualities. A man of the most genial and sympathetic temperament, and the most generous and kindly disposition, his loss has been regarded with more of personal regret than that which it would have excited if he had been regarded simply as a professional brother; and those who knew him best, must feel that they have lost not only a compeer but a friend.

John Cronyn was a native of Callan, in the County Kilkenny, his father and brother being also medical men. He received his first professional training in the Meath and City of Dublin Hospitals, and in the Schools of the College of Surgeons and Cecilia Street. Having qualified as Licentiate of his college in 1847, he returned to the country and started in practice at Erroll, in the Queen's County, whence he removed to Maryboro, and after a short stay in that town was appointed to the Dispensary and Fever Hospital at Gowran, in the County Kilkenny, in which office he remained for over seven years, enjoying the good will of every one in his district. That his departure from it was regarded with sincere regret is manifested by the fact that on his retirement in 1862 he received a gift of a handsome watch and chain and an address expressive of the good-will of his professional constituency in the county. He had come to Dublin for the purpose of taking a position as an obstetric surgeon, and he made his first entry into that position as Assistant-Physician to the Rotunda Hospital, where he remained for the usual period of three years. From thence forward his professional career was successful and full of promise. In 1868 he was appointed medical attendant to the employés of the Bank of Ireland, and shortly afterwards took a seat in the Court of Midwifery Examiners of the College of Surgeons, of which he was chairman for several years. In 1874 he was chosen by the Council to act as *locum tenens* for Dr. Sawyer in the Professoriate of Midwifery, and he delivered the course of lectures until the resignation of Dr. Sawyer, when he received at the hands of the Council the full honours of the Professor's chair. Shortly afterwards he took a place in the administrative body of the college as its councillor, and last year took a further step towards professional celebrity, having been appointed Vice-President of the Obstetrical Society. Unhappily, the future which held out such hopes of success for him and of credit to his profession was never realised, for he was, some two months since seized with an inset of gouty pneumonia, which resolved itself into a series of most alarming symptoms, against which his vigorous constitution battled in vain. Eventually, plugging of the veins and extreme anarsarca set in, and the untiring efforts of Professor M'Dowel

and Dr. Banks, his attendants, proved unavailing to arrest the progress of the disease. Had he lived he would, undoubtedly have inscribed by the force of his talent, his industry, and his social qualities, his name upon the already replete roll of Irish Obstetricians, who have left their mark in the profession. It was otherwise willed, yet his memory lives in the affections of those who knew him either as a friend or as a medical adviser.

Medical News.

Queen's University in Ireland.—At a meeting of the University, held on June 18, the following degrees were conferred:—Doctor in Medicine—Archibald R. H. Bland, Wm. Henry Bracken, George Henry Bull, William Corry, Robert D. Donaldson, Hugh L. Donovan, J. Kent Fairclough, Denis Harrington, Henry O'Neill, Wm. A. Quayle, Robert H. Robinson, Henry George Thompson, Wm. Henry Thornhill, James Tidbury, Charles Workman. Master in Surgery—J. J. Adams, A. R. H. Bland, George Henry Bull, William Corry, Robert D. Donaldson, Hugh L. Donovan, J. Kent Fairclough, John Mulrenan, William A. Quayle, Robert H. Robinson, Henry George Thompson, William Henry Thornhill, James Tidbury, Charles Workman. Licence in Midwifery—J. J. Adams, Archibald Bland, George H. Bull, William Corry, Hugh L. Donovan, William A. Quayle, William H. Thornhill, James Tidbury, Charles Workman.

St. Andrew's Graduates' Association.—The ninth anniversary session of the Association was held at the Westminster Palace Hotel, on Thursday, June 28th. The Dean of Westminster, Lord Rector of the University, very kindly conducted the members over the abbey in the afternoon. At the dinner Dr. Lush, M.P., was in the chair, and was supported by Lord Gordon, Mr. Ramsay, M.P., Mr. Walter James, M.P., Mr. Rowley Hill, M.P., Dr. Cameron, M.P., Mr. Knight, M.P., Professor Smyth, M.P., Dr. Mitchell, Dr. Bucknill, Dr. Crichton Browne, Mr. Balfour Browne, Dr. Richardson, F.R.S., Dr. Day, of Stafford, Dr. Paul, Dr. Cholmeley, Dr. Weir, of Malvern, Rev. Dr. Rogers, Dr. Sedgwick, and many other country and London graduates. Dr. Paul was presented with a handsome claret jug and goblets for his services as treasurer, since the foundation of the Association. The attendance of Dr. Lyon Playfair, M.P., was unfortunately prevented by his parliamentary duties. The following were elected as the Executive for the year 1877-8:—Dr. Richardson, *President of Council*. Dr. Paul, *Honorary Treasurer*. Dr. Sedgwick, *Honorary Secretary*. *Council*:—Dr. Cholmeley, Dr. Christie, Dr. Cleveland, Dr. Crosby, Dr. Henry Day, Dr. Dudfield, Dr. Griffith, Dr. Griffiths, Dr. Holman, Dr. Lawrence, Dr. Lush, M.P., Dr. Macintyre, Mr. Menzies, Professor Pettigrew, Dr. Julius Pollock, Rev. Dr. Rogers, Dr. Joseph Rogers, Dr. Lawes Rogers, Dr. Cooper Rose, Dr. Royston, Dr. Scott, Dr. Seaton, Dr. Whitmore, Dr. Willett, Dr. Duckworth Williams, Dr. Rhys Williams, Dr. Wiltshire, Dr. George Bird, Dr. Falls, Surgeon-Major Franklin, Dr. Mortimer Granville, Dr. Kesteven, Dr. Charles Mott, Dr. Bransby Roberts, Dr. Stocker, Dr. Weir.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Scarce Numbers.—Double price will be given for the following numbers of this Journal if sent to the London office:—October 6, December 22, 29, 1869.

A certain Physician, says a lay contemporary, upon being questioned the other day about the health of a friend, replied, "Yes, he is very ill!" "Does he keep his bed?" asked the questioner further. "Of course he does," replied the medical wag, "You don't suppose he is fool enough to sell his bed when he wants it so badly?"

Dr. Croft.—The report which you stated in your letter, dated June 20th, had been forwarded by book-post, has not been received yet.

How is Quackery to be Remedied.—The correspondence on the leading article which appeared in our last on this subject is unavoidably held over till next week.

Dr. Gordon will find the matter referred to in another column.

Dr. Forbes Winslow has forwarded us a letter which will be found in another column, on the subject of lunacy certificates, he is unwilling to enter into the general question of private asylums which has been discussed in our columns, and other matters connected with lunacy until the lunacy committee, now sitting, have closed their inquiry. We are promised, however, a full consideration and discussion on a future occasion. Dr. Forbes Winslow maintains that our present lunacy system is sufficient for the purpose, and is a protection against the liberty of the subject being unfairly dealt with. We shall look forward with great interest to further communications, and also to the report of the committee on this important question.

Medicine and Advice for Fourpence per Head.—Our contemporary the *Lancet*, anxious as usual to supply its readers with "the latest news," announces in its last number a fact which it has just discovered: that Mr. J. Oliphant Brett, of 53 Exmouth Street, Clerkenwell, is content with the modest fee of fourpence in the morning, and sixpence in the evening. Perhaps our contemporary would be surprised to learn that more than *eighteen months since* we received notice of an action for libel for commenting upon this very thing, and that twelve months later we were mulcted in £50 damages and about £250 costs for so doing. Not that our contemporary need fear anything of the kind for its exposure, beside having the demerit of being ancient, is also incorrect and misleading in the most particular point, the name of the individual. The action was brought aagainst the Medical Press and Circular by Mr. J. Oliphant Betts, the *Lancet*, probably to avoid our fate, gives a false name and styles him Mr. J. Oliphant Brett. *Tempus omnia revelat*, so does our contemporary eighteeen months date.

VACANCIES.

Royal Free Hospital, Gray's Inn.—Junior Resident Medical Officer. Board is provided, but no salary. Testimonials to the Secretary. (See Advt.)

Seamen's Hospital, Greenwich.—House Surgeon. Salary, £50, with board. Applications to the Secretary.

West Kent Hospital, Maidstone.—Physician. Honorary. Testimonials to the Secretary.

Warwick County Lunatic Asylum.—Junior Assistant Medical Officer. Salary, £100, with board, &c. Apply to Dr. Parsey, Hatton, Warwick.

County Asylum, Prestwich, Manchester.—Third Assistant Medical Officer. Salary, £100, with board. Applications to the Superintendent.

Cumberland Infirmary.—House Surgeon. Full particulars of the Secretary, Ash House, Carlisle.

Wolverhampton General Hospital.—Physician's Assistant and Pathologist. Salary, £50. with board. Applications to the Chairman.

Carrick-on-Suir Union, Carrick-on-Suir Dispensary.—Medical Officer. Salary, £115 per annum. Applications to the Hon. Sec.

Lismore Union, Balliduff Dispensary.—Medical Officer. Salary, £120 per annum. Applications to the Hon. Sec.

Sligo Union, Sligo Dispensary.—Medical Officer. Salary, £100 per annum. Applications to the Hon. Sec.

APPOINTMENTS.

Bennett, A. H., M.D., M.R.C.P.L., an Assistant Physician to the Westminster Hospital.

Biggs, R., M.R.C.S.E., Medical Officer to the Bath Union Workhouse.

Campbell, J. A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Dungiven Dispensary District of the Limavady Union, co. Londonderry.

Cant, Mr. W. I., Assistant House Surgeon to the General Hospital, Nottingham.

Davies, J., M.R.C.S.E., Medical Officer for the No. 1 District of the Bath Union.

Johnson, R. L., L.R.C.P., M.R.C.S., &c., Senior Assistant Surgeon to the Provident Surgical Appliance Society.

Jones, R., L.R.C.P.Ed. & L.M., L.F.P.S.G., House Surgeon to the Carnarvonshire and Anglesea Infirmary and Dispensary, Bangor.

Maunsell, J., M.D., L.R.C.S.Ed., Medical Officer for No. 2 District of the Bath Union.

Mitchell, C. J. C., M.R.C.S.E., Assistant Medical Officer to the Birmingham Workhouse.

Ord, Dr., Physician to St. Thomas's Hospital.

Rainsford, R., M.B., C.M., F.R.C.S.I., Senior Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

Deaths.

Cooper.—On June 23, at Brentford, Middlesex, George Cooper, F.R.C.S.E., aged 84.

Garstang.—On June 21, at Bolton, Thomas B. Garstang, M.R.C.S.E.

Gompertl.—On June 23, W. F. L. Gompertz, F.R.C.S., late R.L. Militia, aged 55.

Lallemand.—On June 20, at Sutton, Macclesfield, Frederick Francis Lallemand, F.R.C.S.E., aged 70.

Martin.—On June 19, at Donaghmore, Nerw, John Gibson Martin, Surgeon, aged 81

Randell.—On June 22, at Singapore, Henry Lloyd Randell, M.R.C.S., Surgeon-Major, Army, Principal Civil Medical Officer, Straits Settlements, aged 43.

Watson.—On June 17, at Gerrard Street, Islington, Frederick Hastings Watson, L.R.C.P.Ed., aged 34.

IRISH POOR-LAW INTELLIGENCE.

ABSTRACT OF THE PARLIAMENTARY REPORT ON LUNATIC ASYLUMS IN IRELAND.

In order to afford more definite information on the subject we subjoin a comparative table of the number of the mentally affected of all classes, both in public and private institutions throughout the kingdom, as well as of those returned to us as being at large or with their friends at the close of the past and the immediately preceding twelvemonth.

On the 31st December, 1875, there were—

	M.	F.	T.
In Public or District Asylums	4,142	3,599	7,741
In the Central Asylum for Criminals	134	38	172
In Lucan Govt. Asylum	7	22	29
In Private Asylums	271	382	653
In Poorhouses	1,275	1,904	3,179
In Gaols	1	2	3
Making a total of	5,830	5,947	11,777

On the same date, 1876, there were—

	M.	F.	T.
In Public or District Asylums	4,340	3,733	8,073
In the Central Asylums for Criminals	132	34	166
In Lucan Government Asyl.	4	20	24
In Private Asylums	257	387	644
In Poorhouses	1,268	1,948	3,216
Making a total of	6,001	6,122	12,123

But, as observed by us in a former parliamentary report, the returns of the insane at large, or of the non-officially registered, for the most part collected, and on the same day, by a very intelligent body, the constabulary, cannot, in all cases, be accepted as necessarily accurate, although we are supplied with the name, age, character of the disease, religion, and residence of each individual mentioned in them. Under the heading of lunatics, between both sexes, there are 934. Of idiotic, 4,367, and of imbeciles and epileptics, 1,306. 4,646 belong to the humbler community, the difference, 1,961, to the middle and upper classes.

As a rule, the unregistered above adverted to are maintained by their families, save when becoming intractable or dangerous, they are received into poorhouses, or as generally occurs, are either committed by magistrates to district asylums as paupers, or sent by their friends to private licensed houses.

With reference to the insane in unions, the great majority of the actual lunatics, or of those who had formerly been in full possession of their reason, and amounting to 1,429, have been for years located in them, aged, decrepit, and hopelessly demented. Unaccustomed to asylum treatment they have become habituated to their position; the remainder coming under the denomination of idiots, imbeciles, and epileptics, form a total of 1,787.

With reference to the immediate operation of district asylums during the past year, we first advert to the number of patients in them on the 31st December, 1875, viz., 7,741. In the course of the following twelvemonth the admissions were 2,344, raising the aggregate under treatment to 10,085—5,400 males and 4,685 females. Of the admissions, 232 only—101 men and 131 women—were effected through the legitimate mode, namely, by order of Boards of Governors, or of the Inspectors. 798—367 and 431—of either sex respectively were taken in by Resident Medical Superintendents as urgent on their own authority; while 1,239—737 men and 502 women—were committed by magistrates as dangerous lunatics, some few we are compelled to remark on rather frivolous pretexts, but to whose cases we directed immediate attention, and 75 by warrant of the Lord Lieutenant—53 males and 22 females. The great advantage, and one so needed, of having patients admitted by Boards, consists in the certainty, that thereby there proper chargeability will be secured, and in each case useful information as regards the individual's past history afforded on the form of application, whereas in the other modes of admission the statements, generally speaking scant and unreliable, render a subsequent treatment difficult, at least in the beginning, and the liberation of recovered patients unless placed directly under the care of friends on leaving the institution unsatisfactory, a state of things we have endeavoured to combat as much as possible.

The discharges in 1876 as cured amounted to 970—506 males, 464 females; the improved to 225—130 and 95 of each sex. Twenty-five males and 22 females were taken home by their friends incurable, but tranquil; some few of them on recognisances, they have previous to admission evinced dangerous or vicious tendencies.

The deaths within the same period reached 765—395 men, 370 women—including four suicides three of them males; on each a coroner's inquest was promptly held, and verdicts of an exonerating character returned, in one instance, however, with an expression of opinion by some members of the jury, that the window from which the deceased threw himself was not constructed with due strength against such an occurrence.

On the score of mortality 796 deaths; the average ratio to the total in asylums during the past year was 7·60 per cent., comparatively speaking not an unfavourable proportion, for it should be also remembered that the insane are subject to the combined and depressing influences of physical and mental disease, and the reaction of one on the other, a condition which can be diminished only by proper asylum treatment, and the benefits derivable from constant care, good dietary, exercise in the open air, and suitable occupations.

The per-centages of deaths would on the whole be almost one lower, were it not for the unusual mortality at the Metropolitan Asylum in consequence of a very fatal epidemic of pulmonary affections, which continued rife for some months in the city.

3.30 p.m.—Slept the greater part of the morning. Still continues the same nourishment.

12th, 3.30 a.m.—Has not slept. Temp. 99·8. Morph. subcut., gr. 1-3rd.

10 a.m.—Temp. 98·4; pulse 103. Slept till 8 a.m.

13th, 10.30 a.m.—Temp. 100·4; pulse 110. The pedicle has risen up and filled the opening caused by the drainage-tube; a hard tumour felt immediately below the wound, probably the uterus. The last suture removed.

10 p.m.—Temp. 101·6; pulse 110. Much worried by noise in the street. Flushed and heated. Ordered a bromide draught.

14th, 10.30 a.m.—Clamp removed. Discharge from pedicle to be dressed thrice daily. Temp. 100; pulse 110. Enema ordered, but did not act.

10 p.m.—Temp. 100; pulse 100. Has vomited slightly; pill ordered.

15th.—Vomited pill. Temp. 99; pulse 96.

16th.—Temp. 98·4; pulse 100. Slept well. No pain. Pedicle discharging. Bowels not opened. Tongue clean.

17th.—Bowels opened three times slightly. Complains of a sharp pain in epigastrium, which passed off. Morph., subcut., gr. 1-3rd.

From this time the patient went on uninterruptedly well. The temperature varied a good deal without apparent cause. No stimulant of any kind was given, but milk and soda-water with ice was given in small quantities at frequent intervals.

Case II. Reported by Mr. Andrew Horne.

Rose C., an unmarried woman, æt. 30, was admitted into the Auxiliary Hospital, May 8, 1877, being the subject of ovarian disease. Her history was that she had always enjoyed good health until two years ago, when, without any assignable cause, she began to suffer from pain in the left ovarian region. This continued off and on for more than a year, when she noticed that the lower part of the abdomen was enlarged; this quickly increased in size, the pain at the same time diminishing. Last October she became so large, that her breathing was greatly embarrassed, on account of which she consulted Dr. Trotter, of Summerhill, who deemed it advisable to tap her. He removed a large quantity of dark, thick fluid, after which she experienced great relief for a month; but the pain returned, and the fluid accumulated rapidly. On admission she measured thirty-nine inches round the abdomen, and was forty-one prior to the operation. She had lost much flesh, and could with difficulty walk upstairs. Menstruation was normal.

The operation of ovariotomy was performed on the 14th June, by Dr. Atthill, Master of the hospital. Ether was the anæsthetic employed, administered by Mr. Ormsby, who used his inhaler; the cyst was unilocular, with slight adhesions anteriorly; it contained twenty pints of a dark, gluey liquid, sp. g. 1,030. It was emptied without its contents escaping into the abdomen.

The pedicle was secured by means of Spencer Wells' clamp. The cut surface brushed over with the actual cautery, and the external wound brought together by means of five carbolised cat-gut sutures. The operation was concluded in twenty-five minutes. The patient vomited a little just as the operation commenced, but not afterwards. Temperature of room was maintained at 70° F.

June 14th.—(After operation) 10·30 a.m.—Temp. 97·6 (in axilla); pulse 100; resp. 24. Vomited twice during the day. Slept a good deal. Diet: milk and soda water, with ice *ad. lib.*

7.30 p.m.—Temp. 101; pulse 110; resp. 26.

15th.—9·30 a.m. Temp. 100·4; pulse 115; resp. 30. Passed a quiet night; vomited only twice; tongue moist, coated with a white fur; urine drawn off every four hours with a catheterr Ice, milk, and soda water, as before.

7.30 p.m.—Temp. 101·2; pulse 124; resp. 30.

16th.—Temp. 99·6; pulse 110; resp. 32. Passed a restless night, being troubled with a distressing cough, which induced vomiting. No abdominal tenderness. Ordered: ℞ Sodæ bicarb, ℥ij.; acid hydrocyan dil m 24; Aquæ ad ℥viij. st. ℥i. Notwithstanding, she vomited frequently during the day; the bowels also repeatedly acted. Ordered: gr. ¼ morphia hypodermically.

Evening.—Temp. 100·6; pulse 135; resp. 32.

17th.—Temp. 100·6; pulse 120; resp. 32. Slept well. Had no vomiting or diarrhœa; but has a painful, kneading sensation in bowels. ℞ Enema amylic cum tinct. opii m x. Two sutures removed. Wound healthy; dressed with carbolic lotion. Given beef-tea in half-ounce doses every hour.

Evening.—Temp. 99·6; pulse 99; resp. 22.

18th.—Temp. 98·4; pulse 99; resp. 22. Feels quite well. From this date she progressed rapidly until the 23rd, when a liquid diarrhœa set in, with fullness in the right groin. Temperature was normal. Astringents were tried, but they gave only a temporary relief; large enemata of water administered, which brought away an accumulation of fæces, which was the cause of the irritation.

July 5.—Convalescent.

THE PHYSIOLOGY OF SUGAR IN RELATION TO THE BLOOD.—No. II. (*a*)

By F. W. Pavy, M.D., F.R.C.P., F.R.S.,
Physician and Lecturer on Physiology, Guy's Hospital, &c.

Amount of Sugar contained in the Blood.

This paper formed the continuation of a previous one read on the 14th ult. (see Medical Press and Circular, July 4th), in which the author described in detail his new gravimetric process for the accurate determination of sugar in blood. The present communication is the issue of the application of that process.

Dr. Pavy dealt with the question of the quantity of sugar in the system under the following conditions:—

1. The amount which exists in blood in its normal condition.
2. The comparative state of arterial and venous blood.
3. The spontaneous change which takes place in blood after its removal from the system.

The author pointed out that the very rapid changes which take place in blood under altered conditions of the system render it essentially necessary that the greatest precaution should be observed, in order to obtain blood in its natural condition. If taken during life, the animal should be in a perfectly tranquil state. If after, it should be procured as instantaneously as possible after the death of the animal, so that no opportunity could be afforded for the blood to be affected by the post-mortem production of sugar in the liver.

The experiments now under notice were made on dogs, sheep, and bullocks' blood, and a series of six—in one case, seven—examinations of each kind instituted, and two analyses made for every sample taken.

In quoting Dr. Pavy's figures, we are giving the mean of the two separate analyses. It is necessary, however, to state that the extremes of each show but trifling variations, and these are rarely so great as to affect more than the second figure in decimals. The differences were so slight indeed, that, had the results been obtained by rival analysts, no dispute could have arisen, as the variations were within the recognised range.

The mean results of seven examinations of dogs' blood showed the amount of sugar which it contained, in parts per 1,000, to be as follows:—0·751, 0·786, 0·700, 0·766, 0·786, 0·921, 0·803, respectively. This gives an average of 0·787 on the whole series.

The blood of sheep yielded 0·470, 0·490, 0·517, 0·559,

(*a*) Abstract of Paper read before the Royal Society, June 21st.

0·569, 0·526, respectively, or an average of 0 521 parts of sugar per 1,000.

The bullocks' blood gave 0·703, 0·525, 0·492, 0·456, 0·499, 0·588, or an average of 0·543.

In each of these experiments every care was taken to secure the blood in such a manner that it was a reliable representation of its ordinary condition during life. Unless such precautions are taken, the results obtained will be, in a physiological point of view, worthless and misleading.

This fact was strikingly illustrated by a comparison of results which Dr. Pavy obtained from four bullocks killed in the ordinary way—viz., by felling the animal with a poleaxe, and breaking up the spinal cord by means of a cane. In the first two of these observations the opening into the blood-vessels was made as speedily as possible after the animal had been felled. In the next two, Dr. Pavy had reason to believe that this necessary condition had not been complied with, and that some little time was allowed to elapse between the felling of the bullock and the opening of the vessels. The effect of this delay in the post-mortem production of sugar is shown by the following results :—

Blood of the first two bullocks (mean of two analyses) yielded 0·596, 0·688 parts of sugar per 1,000, respectively. In the second two a mean of 1·053 and 1·094 parts of sugar per 1,000 were given.

The conclusions to be drawn from these varying experiments are, that the amount of sugar contained in the blood of sheep and bullocks is about ½ per 1,000, or 1 in 2,000, and in a dog about ¾ per 1,000, or 1½ per 2,000. Taking the results of the whole series of observations, they show a remarkable uniformity and harmony in the amount of sugar contained in the blood of the respective animals.

In striking contrast to this uniformity and consistency of the results attained by Dr. Pavy are the figures given by Bernard, who states (in *Comptes Rendus*, June 19th, 1876, p. 1,409) that the lowest limit of sugar in the blood is 1 per 1,000, and that in the normal state the amount of sugar varies from 1 to 3 per 1,000.

Comparative State of Venous and Arterial Blood.

The author next considered the comparative states of the arterial and venous blood. This part of the subject is one which possesses the greatest importance from a physiological point of view.

One of the effects of anæsthetics on animals is to occasion an abnormal amount of sugar in the blood. In order to attain accuracy, therefore, it is indispensable that blood should be taken at a time when the animal is not under such influence.

In the first observation made on the blood of a dog, life had been instantaneously destroyed by pithing, and collections were made immediately after from the jugular vein and crural artery. No time was allowed for the effect of post-mortem formatio i of sugar in the liver to influence the blood. The results obtained by this method were as follow : Crural artery, ·799, ·799 ; mean, ·795. Jugular vein, ·793, ·791 ; mean, ·792.

In order, however, to obtain evidence to which no exception could be taken, Dr. Pavy adopted another method of procedure, which he was enabled to do just prior to the meeting of the society, from having a restriction previously imposed under the Vivisection Act removed. This enabled him to collect the blood under the natural conditions both from the carotid artery and the jugular vein. The animals operated upon were placed under an anæsthetic, during which time the vessels were exposed and a thread placed loosely round each. After they had regained tranquillity, and the effect of the anæsthetic passed off, the vessels were drawn forward, and openings made into them to allow of the simultaneous escape of blood. So quietly and painlessly was this operation of collection performed, that the animals themselves maaifested no signs of consciousness of what was taking place. The analyses of the blood obtained in this manner were commenced before coagulation had time to occur, and the results were as follow : No. 1, carotid artery, ·806, ·817 ; mean, ·811. Jugular vein, ·808, ·788 ; mean, ·798. No. 2, carotid artery, ·854, ·873 ; mean, ·863. Jugular vein, ·863, ·896 ; mean, ·879.

From these figures it is clearly evident that no material difference exists in the amount of sugar contained in arterial and venous blood.

The mean of these several observations show an apparent difference between arterial and venous blood of ·300 parts of sugar per 1,000. The least difference stands in an observation in which the figures are 1·100 parts per 1,000 for arterial, and 1·080 for venous, showing a variation of ·020. The greatest difference is in an observation where the figures stand 1·510 for arterial and ·950 for venous. This comparison relates to the carotid artery and jugular vein, and the difference amounts to ·560 parts per 1,000, which represents actually altogether a large proportion of sugar than Dr. Pavy has found exists naturally in the blood of the sheep and the bullock.

Spontaneous Disappearance of Sugar from Blood.

Turning to the third part of his subject—viz., the spontaneous disappearance of sugar from blood after its removal from the system, Dr. Pavy gave the results of a series of analyses he had conducted, and which are as follows :—

No. 1.	Taken immediately after death	mean	·786
	„ after 1 hour.....	„	·739
No. 2.	Taken immediately after death	„	·700
	„ after 1 hour.....	„	·670
No. 3.	Taken immediately after death	„	·766
	„ after 1 hour.....	„	·751
	„ „ 23 hours.....	„	·285
No. 4.	Taken immediately after death	„	·786
	„ after 1 hour.....	„	·728
	„ „ 24 hours.....	„	·302
No. 5.	Taken immediately after death	„	·921
	„ after 1¾ hours.....	„	·793

A somewhat parallel series of experiments made by Bernard, and published in *Comptes Rendus*, June 10th, 1876, showing a remarkable discrepancy with the foregoing.

In conclusion, the author stated that the evidence adduced in this communication shows that the results which Claude Bernard has obtained by the experimental *modus operandi* he has been recently employing are erroneous, and consequently the inferences he has drawn from them are equally in error. The cause of truth and the interests of science demand that what he has recently been advancing should be eliminated from physiological literature.

ABSTRACT OF
CLINICAL LECTURES ON SYPHILIS.

By S. Messenger Bradley, F.R.C.S.,

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owen's College.

Lecture II.—*Period of Secondary Affections—Multiple Inguinal Adenopathy—Syphilitic Fever—Affections of Skin — Mucous Membrane — Hair—Nails—Bones and Periosteum—Blood-vessels—Nerves—Organs of Special Sense—Viscera.*

Multiple Inguinal Adenopathy.—When the syphilitic virus has advanced beyond the first inguinal gland to the glands next in order contamination of the general system may be regarded as tolerably certain, and the circumstance itself be looked upon as the first evidence of constitutional infection, or the first secondary symptom. It is true that in a few cases no such result has followed a hardening and enlargement, apparently syphilitic, of the entire chain of glands, that

in certain other rare instances secondary affections have ensued when only one gland was attacked, and, again, others when a general syphilitic eruption has been seen without any previous glandular affection; in, however, the vast majority of cases of constitutional syphilis a hardening and enlargement of the whole chain, or "constellation" of inguinal glands takes place prior to the outburst of other more general symptoms. This multiple inguinal adenopathy is of a characteristic kind; the glands are neither very large nor very tender, nor do they ever suppurate except under accidental and quite additional irritation, but each gland slowly and almost painlessly enlarges, becoming very hard, about the size of a filbert, and often remaining perceptibly larger than those on the opposite side for months and years; it is almost always prior to the subsidence of the adenitis that secondary affections of the skin and mucous membrane manifest themselves. This class of symptoms is more closely ushered in, however, by an attack of syphilitic fever, to which we now allude. (*a*)

Syphilitic Fever.—At a period varying considerably in duration, but with an average of sixty-seven days from the date of infection, and, therefore, of about forty-six after the appearance of the initial lesion, secondary symptoms are ushered in by an attack of syphilitic fever. Like most syphilitic phenomena, this presents great diversity of type, at times passing by quite unnoticed, at others constituting in itself a sharp illness, while most frequently it produces a general feeling of *malaise*, of being "out of sorts," without any marked individuality of type. In the general run of cases the symptoms are headache, limb weariness, anorexia, a temperature raised at night, and depression of spirits. These symptoms pass away in a day or two, but before doing so, or immediately after, usher in the train of secondary affections of skin, &c.

These we now proceed to consider, and for the sake of convenience shall consider them histologically in the following order: affections of skin, mucous membrane, hair, nails, bones and periosteum, blood-vessels, nerves, organs of special sense, and the different viscera. It must, indeed, be distinctly understood that secondary syphilis, which is the period of the greatest inflammatory activity of the syphilitic poison, spares no tissue or viscus, and that, therefore, no distinction can be made on this ground between secondary and tertiary manifestations; the real difference between the two depending, as we shall see later, in quite other circumstances—viz., in the fact that the tertiary period is distinguished by a peculiar exudation, and not at all in the supposed circumstance that tertiary syphilis affects the bones and viscera, while secondary syphilis limits its ravages to the cutaneous and mucous surfaces.

Secondary Affections of the Skin.—It may be mentioned *in limine*, that while there is no distinctively syphilitic skin disease, yet syphilis impresses its mark upon every cutaneous affection of which it is the *vera causa*. Some skin diseases are much commoner than others, though nearly every form is occasionally met with as the offspring of the virus. Erythematæ, papulæ, and squamæ are more frequently encountered than vesiculæ bullæ, or pustulæ. Some, again, such as roseola, are common as early secondary symptoms, while others, such as psoriasis, are more decidedly characteristic of the later periods of the secondary rash. There are certain features which syphilitic skin diseases, conveniently grouped together as "syphilides," possess in common, and which serve to distinguish them from their non-specific allies. They are coppery, or inclinning to copper, in colour; passing away, they leave a brown stain behind them, which finally fades into yellow, and is sometimes persistent; they are not accompanied by pyrexia if the syphilitic fever has passed, they often appear very suddenly, they are prone to recur after disappearance, they are not associated with any itching sensation; if papular, the papules are round and smooth and shining; if squamous, the scales are very fine and small; if pustular, the crusts are prone to accumulate in a superimposed fashion, simulating the appearance of a limpet-shell; if ulcerative, the residual ulcer is circular, with remarkably clean-cut edges.

The pathological anatomy of syphilitic skin diseases does not differ from that of non-specific origin, but the affections are often characterised by a diversity of type which is not common under other conditions; thus we not unfrequently find papulæ, squamæ, and maculæ existing side by side in syphilitic skin diseases.

Roseola indicates a mild attack, and is the commonest of all specific secondary skin diseases. It chiefly affects the chest, abdomen, and face; the patches are sometimes red when the capillary activity is great, at others, coppery from the onset; they form clusters, and the spots vary in size from small points to marks as large as a shilling; they readily yield to treatment, but are prone to recur. A word of caution should be given the student against mistaking chloasma (tinea versicolor) for roseola or other maculæ. I am led to say this from often meeting with cases where the patient quotes the *verbum magestri* in support of this error. The greenish-yellow tinge of the patch of tinea should at once suggest its true nature, and in cases of doubt the detection of spores under the microscope will settle the question.

Papules, large and smooth in outline, is, in my experience, the form of skin disease next in frequency to the maculæ. They have no special name, and may be regarded as perhaps the most distinctively syphilitic of all skin affections. They chiefly attack the chest and face and shoulders; they are about the size of a threepenny-piece, raised some two lines from the surface; they are smooth and shining, with a coppery hue. They indicate a much more serious invasion of the system than roseola does, and though they yield readily enough to treatment, they are very generally followed by other syphilides, or themselves recur.

Psoriasis, rare on some parts of the Continent, is very common in England. The flexor surfaces of the arms and hands, the soles of the feet, the face, the tongue, and trunk are situations frequently selected by this disease. Psoriasis strictly confined to the palms of the hands and the soles of the feet is nearly invariably syphilitic in origin, and in type is quite characteristic; after a time it becomes limited to the "lines of life," or creases of the fingers and palm, picking them out with a glazed red line, easily seen, and not readily mistaken for anything else. Syphilitic psoriasis is a true squama from the first, and not a late form of vesicula; the scales are exceedingly small and fine, and in many cases almost imperceptible. The affection is characterised by a marked tendency to crack, the resulting fissures often being painful. Psoriasis, and especially palmar psoriasis, indicates an obstinate, though not necessarily virulent form of the malady, and years often elapse before the tendency to recurrence is overcome.

Rupia and *Ecthyma*, the latter being often sequential to the former, are neither of them very common; they more frequently follow a phagedænic chancre than any other form of primary lesion, and, as a rule, point to a cachectic habit of body. The crusts of rupia sometimes attain a considerable height before falling, and the ecthymatous ulcers often eat very deep. The forehead, arms, and legs are the commonest situations of these affections, both of which indicate a severe attack of syphilis. The stains left by both are often persistent through life.

Vesicular and *bullous* syphilides are rare, and are generally sequential to an obstinate form of primary lesion. They do not present any feature calling for special attention.

Secondary Affections of Mucous Membranes.—Almost equally common with cutaneous affections are syphilitic

(*a*) Though the inguinal glands are the first recipients of the poison, and therefore the first to suffer, they are not the only glands affected, but are often followed by enlargement of the posterior cervical glands, and less frequently by glandular enlargement elsewhere, *e.g.*, in the axilla or the ham.

affections of the mucous membrane; especially is this the case with the mucous membrane of the mouth and throat. The most frequent form it assumes is ulceration of the tonsils; this is probably due to the circumstances, as we shall see on discussing the pathology of the disease, that the tonsils are congeries of lymphatics, which are the special conduits of the poison. The affection we are speaking of often comes on very suddenly, and is decidedly painful. The ulcers are clean-cut, with a tendency to circularity; they are symmetrical, and are distinguishable from other ulcerative diseases of the throat by being unpreceded by any tonsillar hypertrophy, and presuming the syphilitic fever has passed over, being unaccompanied by pyrexia. Care must be taken not to mistake the fore edges of the faucial pillars for the margins of an ulcer, for occasionally it happens that the free edge of the palate-glossus, when surrounded by inflammatory action, closely simulates this lesion. In doubtful cases the history of the primary lesion is of great value. Somewhat later in the career of syphilis (for the throat affection is generally cotemporaneous with the earlier skin symptoms, often disappearing and reappearing as the cutaneous affection fades and recurs) we meet with mucous *plagues*, or *tubercles* (condylomata), or *rhagades*. The *plagues* chiefly affect the tongue, and are best seen when the surface of the organ is cleaned and dried with blotting-paper; then the circular, red, glazed patch becomes sharply defined and easily distinguished from the surrounding papillary glossal structures. On the tonsils round, smooth, *tubercles* (condylomata) of the size of shirt-studs are very frequently met with, and these *condylomata* again are often found during the progress of the disease on the vulvæ, or the anus, or perinæum, or buttocks, or nose, or toes, or face, or neck. *Rhagades* of the tongue are exceedingly common, and somewhat less so are rhagades of the anus. These rhagades often fissure the entire circumference of the tongue, nicking it as with a knife all round; healing, they leave cicatrices behind them, which become a valuable index of a past attack of syphilis. This tendency to cicatrisation forms a notable feature in syphilis, and is the cause of a somewhat common and always very important secondary lesion: I refer to *stricture of the rectum*. The stricture is generally situated within easy reach of the finger, and is sequential, I believe, to ulceration of the mucous membrane. It not only is an inconvenient and even perilous disease in itself, but is apt to give rise to fistula in ano, which must thus be looked upon as a disease of occasionally syphilitic origin. (*a*)

Secondary Affections of Hair.—Alopecia is an ordinary mark of secondary syphilis—the fall of hair being sometimes associated with a distinct eruption about the hair follicles; at other times no eruption being discernible. The occurrence of this lesion varies greatly in time being occasionally one of the first evidences of constitutional infection, at others, years elapsing before it makes its appearance.

Secondary Affections of Nails.—The nails are often affected by syphilis, and are sometimes the only seat of the poison. The ungual affection at times is manifested by deep transverse furrows, the entire nail being dry and chippy, and readily breaking at the fore edge; at other times a true onychia of an obstinate and painful character is the form which the disease assumes.

Periosteum and Bones.—Both the bones and their periosteal investment are often invaded during the later stages of secondary syphilis. In both cases inflammation (periostitis or ostitis, as the case may be) is produced, and in both the tendency is to a circumscribed form of inflammation. In case of the periosteum being attacked effusion takes place beneath it, raising it into a lump or *node*, which either hardens more and more until it ossifies, or undergoes a more or less complete resolution; in case of the bone being the site of mischief, the inflammation produces either a *sclerosis* or *necrosis* as the inflammatory action is more or less severe. The bones most frequently attacked are the os frontis, the tibiæ, the clavicles, the sternum, the radius, and the ulna. If treatment be adopted resolution may very generally be counted on, but in a few isolated cases suppuration ensues, which may give rise in its turn either to a general death of the bone or to pyæmia.

Blood-vessels.—In no class of affections is the destructive power of syphilis greater than in this group; in no class is it less seen and more felt; giving rise to few or no active symptoms an arterial lesion often exists which suddenly announces itself by the rupture or the dilatation of the vessel affected, hæmorrhage (probably cerebral), or an aneurismal tumour, as the case may be, being the result. The influence of syphilis upon the veins is less, indeed, is little understood; but, doubtless, it is here as elsewhere potent for mischief, and in all probability a syphilitic phlebitis is a common precursor of the syphilitic ulceration of the legs which we so often see. The action of the poison upon the arterial system has been carefully studied; in the first place, it gives rise to a localised arteritis, and the exudation being absorbed, an atheromatous patch is left, which so weakens the vessel as to determine either its rupture or its yielding. It is probably not too much to affirm that fifty per cent. of all cases of aneurism met with in adult life are due to the poison of syphilis.

Nervous System.—Syphilitic neuritis is occasionally met with, but more commonly we have to deal with a cephalic or sciatic neuralgia whose specific origin is sufficiently demonstrated by its rapid subsidence under the use of iodide of potassium. General nervousness is another condition which the presence of the syphilitic poison in the nervous system produces; it may be indirectly caused by an impaired nutrition of the blood, but whatever the explanation be, the phenomenon itself must not be overlooked. I have over and over again met with cases of nervous agitative tremor which, while resisting other methods, have readily and completely yielded to antisyphilitic treatment. Small tumours, akin to the painful subcutaneous tumours of Wood, sometimes form upon the sheath of nerves, which, disappearing under the exhibition of iodide of potassium, are presumably of syphilitic origin; histologically, they are akin to fibromata.

Organs of Senses—the Eye and Ear.—Both these organs are liable to the invasion of syphilis; the eye, however, much more frequently than the ear. Any of the tunics, the sclerotic, choroid, or iris, or the retina, may become affected, a sclerotitis, choroiditis, iritis, or retinitis ensuing; of these, iritis is more common than all the others put together. The diagnosis between these affections and their non-specific allies is determined, and can only be determined by the history, and, therefore, needs no detailed description here. (*a*)

The ear may suffer too in all its parts, but affections of the tympanic cavity are the commonest and most important. Syphilitic otitis often results in rupture of the membrana tympani and escape of the ossicles through the rent—in consequence of which partial or complete deafness is caused. In the meatus, condylomata or syphilitic papillomata are likely to attract attention, but do not differ from similar affections elsewhere.

The Viscera.—The viscera, and more particularly the outer coats and investing membranes of the viscera,

(*a*) Among the most important syphilitic affections of mucous surfaces must be ranked syphilitic laryngitis. This disease comes on during the progress of the accompanying syphilid; it runs a slow course, and whether the affection be syphilitic erythema or ulceration, almost always terminates favourably, and so notably contrasts with the tertiary affections of this organ. The most prominent symptom is hoarseness or loss of voice.

(*a*) The nodular character which the lymph assumes in syphilitic iritis, the presence of little tubercles or condylomata, and the coppery tinge of the iris, are all symptoms of doubtful existence, and certainly of less value than the history of the particular case.

are liable to the inroads of secondary syphilis. The presence of the poison produces symptoms of an inflammatory nature, which are more or less acute as the viscus itself, or its coating, is the seat of mischief. If the former be attacked then the functions of the organ are likely to be deranged, or abrogated, and this often forms the only clue we have to the existence of disease, *e.g.*, in the liver we may have icterus produced ; in the kidneys, albuminuria ; in the spleen, a leucocythæmic state ; in the brain, headache and mental confusion ; in the lungs, bronchitis ; or it may be that the syphilitic lymph undergoes a process of organisation, when a cirrhotic condition will be induced. When the testicles are affected by secondary syphilis the epididymus is the part to suffer first, though afterwards the body of the organ participates ; the symptoms are less acute than in gonorrhœal orchitis, and the progress of the case more slow ; the organ rarely attains a very large size, but is hard and slightly tender.

All these visceral affections yield more or less readily to treatment. As to diagnosis, there are no pathognomonic symptoms which differentiates them from maladies of a non-specific origin, and, therefore, the history of the case, the presence of other syphilides, and the subsidence of symptoms under the employment of anti-syphilitic remedies are the chief grounds on which we base our opinions. At the same time it is important that the student should recognise the existence of these visceral and meningeal affections among the phenomena of secondary syphilis, inasmuch as some are too ready to attribute all visceral affections of a syphilitic nature to the later period of gummy products. As we shall see in the next lecture, though certainly more common as tertiary symptoms, syphilitic visceral affections naturally differ in the two stages of the disease.

Clinical Records.

THE ASPIRATOR IN STRICTURE OF URETHRA.

By P. L. O'Neill,
Surgeon to Union Infirmary, Athy.

June 20th.—J. F., æt. 62, presented himself to Dr. Mara at the dispensary, labouring under a fit of retention from which neither the doctor's tact nor patience in the use of the catheter relieved him. Accordingly he was admitted to the infirmary, where I also essayed in vain in same way. However, under the use of a hot bath and opiate suppository the urgency abated. Next day I again endeavoured to pass a catheter, but with the same result. The bladder being greatly distended and patient's sufferings intense, I with Dr. Mara's assistance aspirated it. In twenty minutes after the operation, I introduced a No. 1 catheter with the greatest ease. I have since, by degrees, introduced larger, and patient is happily progressing.

There are few hospital surgeons who have not from time to time met cases where the instrument could not be introduced while the bladder was distended, and yet found it pass easily after that viscus had been evacuated.

Holmes, in his "Principles and Practice of Surgery," recently published, states, in reference to aspiratory puncture of the bladder for retention in stricture of urethra, that he is somewhat sceptical as to its real value, but at the same time acknowledges that its use is perfectly rational. I think in this particular instance the real value of the aspirator has been fully established.

The death-rate in London last week was only 19 per 1,000 of its population. Glasgow in the same period shows 21, Edinburgh 23, and Dublin 31, during the past week. Of the large towns in the second category, Portsmouth returns only 11 per 1,000, and Oldham 29, the two marking the extreme boundaries of the mortality of the week.

Correspondence.

PRIVATE LUNATIC ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I regret that I cannot accept the conclusions of Dr. Forbes Winslow, "that the present system of our lunacy practice works well, and is a sufficient protection against improper incarceration," though they are the opinions of one whose words are entitled to respect from his long connection and acquaintance with questions of insanity.

I am not singular in my views, as I find it stated in the *Lancet*, of May 12, p. 691, "that the whole subject of lunacy is open for investigation and calls for scrutiny." Does not the very existence of a select committee point *primâ facie* to some dissatisfaction with the existing system? Why should Dr. Lockhart Robertson—if there is sufficient protection at present—recommend to the Select Committee on the Lunacy Laws the appointment by the commissioners of a visiting physician to every private asylum, on the ground that such appointment would be a great safeguard against undue detention and improper treatment? (*Brit. Med. Journ.*, May 26, 1877.) Can our lunacy laws be considered perfect, or to work well, when the existing law (8 & 9 Vic., sec. 100, c. 57) requires only a resident medical man for asylums which contain 100 patients, or even more ; and in the 104 private asylums of England and Wales the law requires a resident medical man in only seven, the daily visits of a medical man in only nine, and in the remaining 88 asylums it will be satisfied with the visit of a medical man twice a week (*Brit. Med. Journ.*, May 26, 1877). Can we say in the face of such facts that our lunacy system works well or is satisfactory? It is true that the Commissioners in Lunacy, whose disinterestedness, humanity, and devotion are known and appreciated, visit these institutions six times a year ; but however diligent and expert they may be, such periodical visits do not afford a sufficient safeguard against improper incarceration.

I grant that Dr. Forbes Winslow's experience has been happy, and in thinking of such private asylums as he has been connected with, "the mind naturally reverts to some well-known institution ignoring the far greater number of obscure places, 29 of which are licensed to non-medical persons, 20 to women," and "not more than 25 can, upon the most liberal computation, be said to be licensed to medical men whose names are not much known beyond the precincts of their own walls" *Brit. Med. Journ., loc. cit.*).

As a further instance of the difference of opinion on the lunacy laws, I give another extract from the *Lancet*, May 12, p. 670 :—"The select committee has been told, on high authority, that no case of unjustified incarceration, or undue detention in an asylum has occurred for many years past, that the treatment patients receive is excellent, and, in fact, nothing remains to be desired. On what should be equally trustworthy testimony it has been asserted that something like a third of the inmates of private asylums are not insane, that drugs are administered wilfully or carelessly to their permanent detriment, and that a radical change is urgently necessary."

So much for the general question of the excellence of our present system, and I must leave your readers to draw their own conclusions from the quotations I have given.

I certainly cannot see any harm in discussing such questions as the above, even though the committee have not finished their inquiry ; the more they are ventilated the more light must be thrown upon them, and the experience and opinions of various minds are brought forth, some, perhaps, being worthy of attention, others erroneous. Neither am I inclined to alter my views by Dr. Forbes Winslow's reasoning in reference to lunacy certificates.

I am aware the Commissioners in Lunacy receive such and examine them, and all informalities and mistakes as to exact name, date, signature, place of residence, &c., are very soon noticed, whilst forms are returned for alteration or amendment where insufficient evidence is given, and I believe, as a rule such additional evidence is generally forthcoming.

But what protection is afforded by the Commissioners when they receive two duly attested certificates with, *on paper*, sufficient facts, and all their laws complied with? They necessarily accept them on the faith of the two signatures,

and decide on the facts before them; but if they made a personal examination themselves they might, in some instances, hesitate before they pronounced their verdict of satisfactory. Every system has its abuses, but our object and desire is to remedy such, and to make our lunacy practice so perfect "that cases may *not* be cited in which certificates have been given apparently in a careless or improper manner." I shall look forward with interest to Dr. Winslow's report on "Private Asylums."

A long letter is a great evil, and though I have not half entered into the question, I must conclude, as I do not desire to weary your readers or take up space which may be required by other subjects equal in importance to that which has been started by

Yours faithfully,

July 6, 1877. HUMANITARIAN.

"THE HOMŒOPATHIC SCHISM."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an article entitled "The Homœopathic Schism," which appears in your paper of the 4th inst., you (by omitting three words from a sentence quoted from the leading article in the *Homœopathic Review* for the current month) expose the meaning of the writer of that article to grave misinterpretation. We trust that you will allow us to correct the possibility of such interpretation being put upon it. You write: "Hahnemann is now dethroned from his position as the leader of homœopathy, and we are assured by the monthly *Homœopathic Review* for July 'there are few who have any belief at all in those teachings of Hahnemann which are constantly paraded as true homœopathy.'" In the original this reads, "those teachings of Hahnemann which are constantly paraded *by our adversaries* as true homœopathy." We maintain that the idea of an increment of medicinal power being produced by prolonged perturbation, that the opinion that the best dose in all cases is a globule of the thirtieth dilution, and the theory that a large proportion of chronic diseases originate in a suppressed eruption, have nothing whatever to do with homœopathy.

These views, whether erroneous or sound, are separate and distinct from it. They form pharmaceutic, therapeutic, and pathological ideas propounded by Hahnemann, which have been more or less contested, and by many who avowed their confidence in homœopathy were repudiated, from the earliest period of their enunciation.

Hahnemann undergoes no dethronement by any denial of the truth of these teachings of his. His reputation rests, for the most part, on his having been the first to work out the law of similars, and to show its great importance in therapeutics; in his having been the first to institute, on a large scale, investigations into the action of drugs, by experiments on healthy men and women; on his recognition, forty years in advance of the bulk of the profession, of the detrimental character of the violent methods of dealing with disease prevalent in his time; and in his having substantiated the efficacy of very small doses of drugs in curing disease, *when such drugs were administered in harmony with the principle of drug selection he was the first to elaborate.*

We are, sir, yours, &c.,

EDITORS OF THE "HOMŒOPATHIC REVIEW."

London, July 6th, 1877.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to the observations on this subject in your impression of the 4th instant, will you permit me, as the originator of the present movement in favour of peace between contending medical schools, briefly to repeat that Hippocrates 2,400 years ago, said *some diseases were best treated by similars and some by contraries.*

This axiom has never been seriously disputed by the great body of the profession, nor has the belief in this axiom ever been injurious to the professional position of any man.

Orthodox medicine has mainly interested itself in developing the law of contraries, while the so-called homœopathists have most laboriously devoted themselves to developing the law of similars. The two systems are thus the two factors of the Hippocratic axiom.

At the present day those who have hitherto acted almost exclusively on the law of contraries, are beginning to employ a considerable number of remedies long in use according to the law of similars, and, on the other hand, the more advanced and less sectarian of the homœopathists have always used many remedies outside the law of similars, and some remedies according to contraries.

The question I ask is simply this:—Why should these two schools expend their energies in denouncing or ridiculing each other? Why not meet, as scientific and honest men, desiring beyond all things peace and truth, and quietly and like men of common sense, reason the matter out. No system is so perfect as to be incapable of improvement, and no system is so bad as to contain no good.

Will you not assist in bringing about a true understanding on the basis of mutual regard and respect.

Yours sincerely,

GEORGE WYLD, M.D.

12 Great Cumberland Place, W., July 8, 1877.

HOW IS QUACKERY TO BE REMEDIED?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Although I shall not presume to answer the question you have raised in your able leading article on quackery and its remedy, perhaps you will allow me to make a few remarks on a subject to which you have very properly called the attention of the profession.

And first let me endorse all you have said respecting the laudable object and good work of the Medical Defence Association, and the duties and opportunities of that large class of practitioners which forms the rank and file of the profession. A great deal of credit is due to this Association for the spirit and zeal they have shown in grappling with an evil from which much older and more important bodies have shrunk, and it is to be hoped that they will meet with even more patronage and encouragement than they have hitherto secured.

If we speak of medical quackery in the largest acceptation of that term, I am afraid it will be long before your question receives a satisfactory answer. Quackery has flourished from time immemorial. It is mentioned in the Hippocratic writings; and you will even find it noticed in those Sanskrit works of the ancient Indians, which date further back than the time of Hippocrates. The credulity of mankind, ignorance, the objections which all Governments have to interfere too much with the liberty of the subject, and even the imperfection of medicine as a science and an art, are the conditions which help to foster quackery and imposture; and as a very long period must elapse before some of these conditions cease to operate, I fear there is very little prospect of putting an end to the evils of which you justly complain.

In your article, however, you allude chiefly to those forms of quackery which are respectively represented by prescribing chemists, unlicensed medical practitioners, and unqualified assistants.

With regard to chemists prescribing, I would urge that there are several ways in which this evil either is, or may be, kept down. In proportion to the diffusion of education among the masses, we may expect that the public will see it is to their interest to consult members of the profession, instead of chemists. The habit, too, which a certain class of medical men have of keeping open shops, and which leads the public to make very little distinction between the druggists' shop and the "open surgery," will be gradually given up, *pari passu*, with the entry into the profession of a more respectable and highly educated class of practitioners.

Then, with regard to unqualified assistants, the question is a very important one, but a very difficult one to deal with. I agree with you in thinking that by discountenancing this class of unqualified practitioners, we are really doing them a service, inasmuch as when they find they cannot get employment, they will have a strong incentive to pursue that course which alone enables them to be acknowledged by the profession. Perhaps the reforms that have been recently made in the preliminary education and examination of the student, will be the means of preventing men entering upon their medical studies who are never likely to pass their final examinations. A large number of unqualified assistants are men advanced in life, and who are allowed to commence their professional studies without having been tested as to their general education. Now the case is different, and men who have been compelled, as they now are, to pass a preliminary art-examination before they can be registered as medical students, have

much more chance of pursuing their subsequent studies with success.

I have trespassed so much upon your valuable space, that I must bring my letter to a close, but, perhaps, with your permission, I may on another occasion make some further remarks on the subject.

I am, &c.,
A General Practitioner.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The profession must be indebted to you for taking up this subject. It is a return to an old grievance, agitated by old journals. One reason why we have not been successful is, as stated by the Apothecaries' Company in their first letter to Sir James Graham:—"The attempt to put down illegal practice has never yet been fairly made."

Prosecutions are expensive, the defendant only is mulcted in £20, but the prosecution is mulcted in a very much heavier sum.

The Medical Defence Association must want funds. I trust the profession will support you and this Society.

Yours, &c.,
June 26th, 1877. Salfordiensis.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Thomas Carlyle objects to shams strongly; you do likewise, judging by your articles. The rank and file should feel obliged by your assigning them such an important place in physic, by putting trust in ourselves, and keeping our powder dry.

It is doubtful whether prosecutions alone, or stringent medical laws will suppress quackery.

Education of the public may do good, and teach them to distinguish the true from the false, when they are more Ruskinised and Carlylelised, if I may use such words.

I hope you will preach to the profession in "cannon salvoes," which may react on the public mind.

"Speech is silver, silence golden," but by all means let us have the silver at present, for it is wanted.

Yours faithfully,
June 30, 1877. A General Practitioner.

THE NON-ALCOHOLIC TREATMENT OF DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having read both your leading article and Dr. Williams's letter respecting the London Temperance Hospital, I have pleasure in adding my testimony as to the value which an institution of this kind possesses for the purpose of scientific comparison of different methods of treatment.

Having had over quarter of a century of experience of the hydropathic system, in which alcoholic liquors are rarely used, I was not surprised at the good results which I had observed at the London Temperance Hospital in cases of the greatest severity. It is now many years since I witnessed the failure of the great Mr. Cusack to preserve life in a case of aneurism, for which he tied one of the common carotid arteries, death having taken place at the end of a few days from hæmorrhage. But I find that my friend Dr. Edmunds has been successful in a similar case, and I have seen a case of typhoid fever, which is now in the hospital, and is doing well, on the non-alcoholic system. Not being myself an abstainer, I may be regarded as perfectly impartial in what I now say: and I have no manner of doubt that those who wish to satisfy themselves of the large class of cases which actually do better without alcohol than with it, can easily do so at the London Temperance Hospital, where inquirers invariably receive every courtesy from the resident or visiting staff.

With regard to the difficulty which is often felt of finding a substitute for alcohol in cases where a tendency to intemperance exists, it is plain that when this can be done, much is gained in every way; and there is no reason to believe that any drug in existence (however valuable) is without its analogues, whose physiological properties are in many respects equally available. Under these circumstances, even those who believe in the virtues of alcohol, may regard the experiment now being made at the London Temperance Hospital, not only without "humiliation," but with the greatest satisfaction, as showing that the resources of medicine are by no means dependant upon any individual drug, or even upon any special class of remedies.

I am, Sir, your obedient servant,
Edwd. Haughton, B.A., M.D., M.R.C.S.E.

PAUPER (?) ATTENDANCE AND FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you kindly oblige by giving me your opinion of the following case, which happened to me a week ago. A labouring man was run over by a waggon, and received a fracture of the thigh, besides other injuries. A medical man was sent for, but as he did not see any chance of being paid for his trouble, advised the district medical officer being sent for, and volunteered to call and send him on his way home. I am the district medical attendant, and upon being asked by my brother practitioner to go, I went; but before going called on the relieving officer, and explained the case to him. He informed me he could not give an order, except on the application of one of his friends; but knowing the man, and his circumstances, he had no doubt he would come directly upon the parish. I went and attended to him, and as he was four miles from home, I placed his leg in splints, &c., and put him in a cart on a bed, and sent him home; requesting his brother to go to my surgery to fetch medicine, &c., and also get an order for the parish surgeon, which he did. I went again next morning, as I had the relieving officer's order to attend to him, the man living seven miles from my home, and to my great astonishment found my splints were all taken off, and a labouring man who resides in a neighbouring village, and *calls himself a bone-setter*, had been sent for by some of his friends, and as he said, set the limb. At the same time they wished me to attend him medically, which I declined; I immediately walked out of the house and left him. I consulted the relieving officer about the case, and he said he thought I ought to go and see the man again, and then report the case to the board, which I did. In consequence of such treatment to me, I hear the man is now very bad, and no medical man will go near him. Can I under these circumstances obtain my full extra fee of three pounds from the guardians for attendance, &c.? By answering this question for me you will greatly oblige.

Yours, truly, H. S. W.

*** There can be no question that our correspondent is morally entitled to his full fee, but we fear the guardians, if so disposed, could dispute their legal responsibility for extra fees in this case.

Medico-Parliamentary Intelligence.

IMBECILE, LUNATIC, AND OTHER AFFLICTED PERSONS BILL.

In the House of Lords, on Thursday,

Lord O'Hagan, in moving the second reading of this Bill, observed that the Census Commissioners of 1851 recommended that some steps should be taken to improve the condition of the imbecile, lunatic, and other afflicted classes in Ireland, but nothing had hitherto been done to carry out that recommendation. In the year 1862 an Act was passed for the amelioration of the condition of these diseases in England, but Ireland was entirely excluded from the operation of that measure, and he submitted that the case of these unfortunates was deserving of full consideration.

Lord Stanley of Alderley did not think the noble and learned lord had made out a case for legislation, and he therefore hoped their lordships would not read the Bill a second time. He thought if the 9,000 odd lunatics were to be shut up, as proposed by the Bill, they would be worse off than they were at present. He knew from personal experience the great care which the people of Ireland took of their afflicted ones, or he should have less hesitation in opposing the Bill.

The Duke of Richmond and Gordon said there could be no doubt that the subject which had been brought

before the house by the noble and learned lord was one of great importance; but there were two reasons why he thought it would be inexpedient to press a division on the Bill at the present time. In the first place, the Government, fully alive to the magnitude and interest of the question, proposed to issue a commission to inquire thoroughly into the whole matter; and, in the second place, even if that were not the case, he did not think it would be advisable to embark upon a measure of this kind at so advanced a period of the session, more especially when it was remembered that there was a committee of the other house sitting at the present moment upon the whole of the lunacy laws of the country.

Lord O'Hagan said that after what had just fallen from the noble duke, he was willing to withdraw the Bill, which was accordingly done.

PUBLIC HEALTH (METROPOLIS) BILL.

In the House of Commons, on Thursday,

Mr. Sclater-Booth, in reply to Mr. J. Holms, stated that he had given directions for the preparation of a memorandum showing the clauses in the Public Health (Metropolis) Bill, which were substantially taken from Acts now in force in the metropolis; and also those which were altogether new. The Bill did not propose to give any of the controlling powers and authority now vested in the Secretary of State for the Home Department or Privy Council to the President of the Local Government Board. There was no modification of any of the powers hitherto possessed by the local authorities.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 11, 1877.

THE ARMY MEDICAL WARRANT.

We understand that a new warrant relating to the duties of medical officers under the new scheme will soon be published; and that its chief feature will be the unreserved transfer of the command in all military hospitals, and over all men of the Army Hospital Corps, to the medical officer, subject only to the military officer commanding the camp, or garrison, in which they serve.

In this revolutionary change we of course see the death-blow to regimentalism, and it is now for medical officers to look the situation in the face. We think it will assume an aspect somewhat on this wise.

The comradeship, comfort, and social advantages of a regiment are gone; the independence of an isolated charge which individualised each man's labour, and won for him either confidence or contempt, and which not unfrequently developed the valuable quality of self-reliance, is now merged in collective duty; the distinctions of rank have been abolished, so that the oldest executive officer is interchangeable for duty with the last joined candidate. Horse allowance has been stopped, exchanges done away with, and the future of every medical officer placed unrestrictedly in the hands of the medical department.

On the other hand, medical officers will now be thrown with those of their own service only; they will, while performing like duties, exercise command over each other, according to seniority, and will have complete control over the *materiel* and *personnel* of their hospitals. They will save the subscriptions which they hitherto paid to regimental institutions, and ought to be subject to less frequent moves from place to place.

We do not hesitate to admit that as unification is apparently inevitable, the securing of command to medical officers gives it a backbone which we thought was far distant, nor do we attempt to conceal the fact, that in undertaking the struggle by which it has been won, Sir William Muir has not courted the paths which lead to popularity and preference at the hands of the military authorities.

It is at the same time all the more disheartening that the strong will and indomitable perseverance which bore down so much opposition to attain his object, should direct the same qualities against his own department in such a trifling matter as exchanges, and that he should refuse to conciliate those who have suffered such loss and hardship in the recent alterations by so easy a concession.

If medical officers were to feel that the same hand, whose strength was hitherto shown in the rude demolition of all their cherished belongings, were in future to be raised in their support and championship, they would gather confidence out of the very violence by which they suffered.

THE DEBATE ON VACCINATION.

Many months ago, we remarked that probably it would not be long before the House of Commons would take into consideration the propriety or not of amending the Vaccination Laws, not with the intention of making vaccination less compulsory than it is at present, but with the view of modifying the penalties that are now imposed upon those who infringe the Acts.

Both the amended motion and the debate which followed raised two questions for consideration, first, whether the practice of vaccination could be conducted in a more satisfactory manner, and secondly, whether the law relating to the accumulation or repetition of penalties, does not require amendment.

In reference to the first question, Earl Percy spoke in a remarkably temperate manner, and it would be well if the anti-vaccinators were to follow the excellent example set them by his lordship. He remarked that while he

disapproved of the language and conduct of some of those who were opposed to vaccination, these persons ought not to have the least shadow of foundation for their defiance of the law. Perhaps, however, this was saying too much; for there are few laws for the breaking of which some worthless excuse might not be made. The woman who when almost dying of starvation steals a half-penny loaf from a baker's shop, and the convict who after his release from prison, pursues his former avocation because society will not employ him, and because he cannot starve, might plead at least some shadow of foundation for their crimes. It was also urged, that by constant transmission through various sources the lymph became deteriorated, and became the vehicle of other maladies, and that it was desirable to follow the example set by Belgium, and vaccinate from the calf. That there is a good deal of unsuccessful vaccination throughout the country, few would venture to deny, but this does not arise from the bad quality of the lymph, for as Mr. Sclater-Booth remarked, it was an error to suppose that the lymph in use in this country was worn out by lapse of time, the fact being that it was constantly being renewed. Where the operation failed it was owing, as Sir T. Laurence pointed out, to the carelessness or unskilfulness of the practitioner, or to the use of impure lymph. Considering the millions of persons who are vaccinated, it is no wonder that now and then we should hear of the operation being imperfectly performed, or that here and there a child is vaccinated from another unhealthy child. But this does not often occur. The Government authorities are doing all they can to prevent any abuse of the Vaccination Acts; but with regard to the performance of vaccination, both in respect of the operation itself and the purity of the lymph, a great deal must be left to the medical practitioner, and we hope that few cases will be heard of to show that the profession has abused the confidence which has been reposed in them. There has been much talk of vaccination from the calf, but there are many difficulties in the way of carrying out this system among large populations. It has not been so successful in Belgium as many would have us believe; and we are told that as late as 1875, Belgian physicians had discontinued the use of animal vaccine, finding it defective in the matter of certainty.

But the most important point for discussion was undoubtedly Mr. Pease's amendment, recommending an inquiry for the purpose of ascertaining whether any alteration should be made into the law relating to the accumulation or repetition of penalties for infringement of the Act. Long ago we pointed out that some such alteration was not only desirable, but might be made without in any way weakening the force and compulsory nature of the Acts. And the amendment, with the original motion, appeared to be lost more out of fear of doing anything that might encourage the at present limited agitation against vaccination, than from any objection hon. members had to a few alterations in the law relating to the infliction of penalties. Mr. Sclater-Booth himself said he would be glad if he could see his way to remove the evils attendant upon the imposition of cumulative penalties; and Mr. Forster was glad to find that the President of the Local Government Board was not opposed to the principle of the amendment which he, from his experience in the administration of the vaccination laws, was strongly inclined to support. The repeated and petty prosecutions of parents for their resistance to the Acts, with the repeated infliction of small fines which are in nine cases out of ten paid by the society which encourages their transgression, is neither a very dignified proceeding on the part of the Government, nor a proceeding calculated to infuse into the minds of these misguided people a due respect for the majesty of the law, nor the best way of making vaccination a popular and universal operation. Mr. Forster said he was in favour of letting the people alone who were conscientiously opposed to vaccination; but were this plan to be unconditionally carried out, such a large number of children would remain unvaccinated through the conscientious scruples of their parents, backed and even fostered by the representations of the anti-vaccinators, that, when the next epidemic of small-pox occurred, the mortality would be probably greater than it has ever been before. If fines are altogether remitted, vaccination is no longer compulsory. If the parent is only to be prosecuted once, it would be, as Mr. Walter hinted, equivalent to giving a dispensation against obeying the law. If therefore the abolition of penalties, the imposition of one penalty only, and repeated or cumulative penalties, are all equally objectionable, it may be asked what could be done, short of doing away with compulsory vaccination, in the event of the legislature hereafter deeming it necessary to make some alteration in the punitive clauses of the Acts? We would suggest, as we did when last our attention was directed to the subject, that the accumulation or repetition of penalties should be given up, and that after the first conviction the parent be no further prosecuted, but with this provision that in the event of one of his unvaccinated children contracting and dying from small-pox, he shall be indicted for manslaughter, or shall at least be subject to a very heavy fine and imprisonment.

It is however to be hoped that the expectant policy pursued by the present House of Commons will be justified by the course of future events. It is to be hoped that in proportion as the people become more educated, vaccination more carefully and thoroughly performed, and its prophylactic powers more fully recognised, the prejudices which exist among a few individuals will gradually disappear, and that even the society which has so distinguished itself by its opposition to Jenner's great discovery, will at last see the error of its ways, or for mere lack of converts to its principles, become obsolete and finally extinct.

THE TITLE OF M.D.

THE correspondence columns of our contemporaries overflow with the sophistry of writers who, being College of physician licentiates, exhaust their logical faculties in the endeavour to show that they are entitled to call themselves doctor, and *ergo* to write themselves down M.D. While we are not forgetful of the fact that the upper rank of the profession have no desire to claim distinctions and titles which they don't possess, we think this discussion worthy of notice, because it arises just at

(*Continued on page* 31.)

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the moment when the status of university medical qualifications is in the balance, and when a danger of the utter degradation of the Doctorate of Medicine presents itself as an actual probability.

This question cannot arise upon the use of the word "Doctor" by persons who are not M.D.'s, because that title has come, by use, to signify nothing. Every general practitioner—nay, every medical student—is doctor by courtesy, for there really exists no other single word in our language which implies a general connection with our profession. The public cannot call their family adviser Physician Jones, or Surgeon Robinson; and, if they did, neither title would convey the idea of general medical practice; and there is, therefore, really no misrepresentation in a licentiate of a college of physicians dubbing himself "Doctor," by the ready method of his brass door-plate, or permitting his patients to exalt him to the level which it is the special privilege of university graduates to occupy.

The unauthorised use of the title M.D. has a very different ethical aspect, for it is a deliberate misrepresentation as to the professional rank held by the person who makes use of the title. It does not admit of defence or palliation that a licentiate of a college of physicians should append to his name the distinctive mark of a university graduate; and we feel bound to go the length of saying that such an assumption of title is a discreditable misrepresentation. In the first place, the highest legal authorities have declared from the bench that a college of physicians does not and cannot confer the degree of M.D., and that the license of such a college cannot authorise any one to put himself forward as an M.D. The correspondents of our contemporaries exhaust themselves in the effort to prove that the examinations are as good in a college of physicians as in a university, that the legal rights of each are equivalent, and that etymology makes a doctorate and a license all the same. These arguments may be true or false, but they do not seem to us to touch the point of the misrepresentation. What does the licentiate who appends M.D. to his name expect that the public will infer therefrom? Does he not show perfectly well? Does he not adopt the letters with the hope that he will pass for a university graduate? It is manifest that there is a something in that name which is coveted as a distinction, and no one knows better than the licentiate doctor that that something is the guarantee which the M.D. gives, or did once give, that the holder of the degree had received a gentleman's education. Up to the time when the Queen's University commenced to distribute its doctorate to students who had undergone no arts study, saving a few weeks in a Queen's College, every university doctorate involved a Baccalaureate in Arts and four years academic study, usually with residence in the University; the public and the profession respected a man who had gone out of the way to educate himself to the highest standard, and the time and money expended in the arts education were recouped to the graduate by the position which he enjoyed. It is that position which physician licentiates covet—which the Queen's University professes to offer them at a nominal arts education and the Durham University at none at all. We submit that any M.D. without arts graduation is a pretence, and *à fortiori* that a physician's license gives no claim whatever to such a title, and we deeply regret—in the interests of the profession—that either institutions or individuals should be encouraged to sail under false colours.

If apology be needed for our speaking strongly on this subject it will be found in the following paragraph which we quote from the correspondence of the *British Medical Journal*, and which is seriously recommended to the consideration of the Durham University by the *Student's Journal*:—

"The University of Durham affiliates colleges in arts and theology in different parts of the world. Why should it not affiliate all the London medical schools, giving students M.B. and M.D. after passing a set of fair and reasonable examinations either in London or Durham—not such terrific ordeals as the London University ones?—The way would then be open for admitting qualified men—past students of London hospitals—to modified preliminary and primary examinations, and to a thoroughly good practical and scientific final. No student or practitioner would then have any cause for complaint; and if an Oxford, London, or even a St. Andrew's graduate should despise the Durham man's degree, he could easily show the (supposed) superiority of his own by adding to it the name of his University. Probably, Durham would give honorary degrees to any disgusted London graduates who do not care to share their degrees with medical women."

When it is proposed that London medical students shall be dubbed Doctor of Medicine without arts study or medical qualification whatever, it seems to be time for the Universities to move.

A NEW TREATMENT OF SUNSTROKE.

A FEW days ago *The Daily Telegraph* devoted a long leader to the consideration of a novel method of treating sunstroke, recommended by Mr. Smeaton, an engineer, and the attested success of which is, remarks our contemporary, not unworthy the candid attention of medical practitioners. As, moreover, we are told that if the ground Mr. Smeaton takes be found solid, medical science may be congratulated on having moved a step forward in the path of progress, none the less important because associated with a simple discovery of a layman, it would ill-become us to pass it by altogether unnoticed. In narrating his experience among workmen in brick-fields—which appears to have been considerable—Mr. Smeaton informs *The Telegraph* that it was no uncommon thing in an intensely hot season for some of those "fielders" to be suddenly stricken down and seized with vomiting, violent headache, and delirium. "But I do not recollect," says he, "one individual treated under the method I am accustomed to follow, who suffered any after effect, or had a second sunstroke." The patient when taken was immediately carried to the shady side of the burning kiln, or into an adjacent shed; a pail of water was fetched and a red-hot brick thrown into it. The feet of the sufferer were then placed in the heated water, and more hot bricks were added until the water was raised to a very high point of temperature. Simultaneously, hot bricks were so arranged as to form a pillow for his head and the back of his neck. His face and hands were bathed with hot water, which was afterwards

removed, and fresh hot bricks were then applied under the neck and head. The process resulted in the restoration of the patient to consciousness in fifteen minutes or half-an-hour, when copious perspiration and a tendency to sleep supervened. Spirits were administered at intervals to stimulate circulation, and on the patient waking the cure was found to be complete.

We may smile at the confidence and the complacency with which our contemporary would view this method of treatment, but some of the arguments which Mr. Smeaton urges in favour of his plan are more plausible than the reader would imagine. "Coup de soleil (he says) is a species of heat-bite, strictly analogous to frost-bite, and subject to the same curative laws. It is caused by heat and should be cured by heat, although not by the heat in the precise form which caused sun-stroke." And he is convinced that the proper treatment of this affection "is the immediate application of substances capable of absorbing redundant heat from the system rapidly, and, by counter irritation or otherwise, attracting a portion of it to some organ not so delicately related to the centre of vital force as the brain is."

It may be shown, however, that his treatment is more erroneous in practice than it is in theory. The necessity of reducing the redundant heat of the system in these cases has long been recognised by medical men, but that the best method of fulfilling this intention is the employment of hot applications, as above recommended, we must have much better proof than that afforded by the exposition of Mr. Smeaton. It has, however, been incontestably shown that no plan is so effectual in reducing the temperature of the body in cases of hyperpyrexia as the application of cold. Dr. Wilson Fox has cited many cases in confirmation of this statement. In two cases of recovery under this treatment the temperature in one case reached 110°, and in the other 107·3°; and in the management of cases of sunstroke, Sir Joseph Fayrer, whose experience in India is far more valuable than any that can be obtained in this country, insists upon reducing the temperature of the body as quickly as possible by use of the cold douche to the head and body, mustard poultices, and purgative enemata. Nor is Mr. Smeaton right in saying that the "orthodox treatment has been attended by purely negative success, as in nine bad cases out of ten the result has been mental or physical derangement, or death." The experience of the profession in India would lead to the very opposite conclusion, and the same high authority above mentioned states, that of numbers of soldiers who were struck down in the Burmese war in 1852 by the direct action of the sun, all recovered under the cold water treatment except two, who were bled on the spot where they fell.

Mr. Smeaton's theory that sunstroke is a species of heat-bite, analogous to frost-bite, and that the principles of treatment are the same in both, will not bear a moment's examination. In rubbing (not merely applying), a frozen finger with snow, we have two objects in view, one to restore the circulation by the rubbing, the other to moderate the reaction which is apt to take place when the circulation is restored by the use of snow or ice. In cases of frost-bite we have only to look to the restoration of the natural circulation in the parts affected. In sunstroke the case is very different. The disorder of the cerebral circulation is only a small part of the mischief we have to deal with. The hyperæmia may or may not be a matter of serious consideration. The great danger lies in the paralysing effects of the heat upon the functions of the brain. The nerve centres are overheated and overwhelmed by the intense heat and hyperpyrexia of the system, and until the temperature is lowered they cannot recover from the shock they have received. So far as the hot plan of treatment encourages perspiration, it may do good, as free perspiration assists in carrying off the superabundant heat, but that it will ever be found so efficacious as the method that is now generally adopted by the profession, we do not for a moment believe. At the same time we are not aware that such a plan of treating insolation has ever been thoroughly tested by those who have the best opportunities, and who are most competent, to form an opinion on the matter. At all events the fact that a remedy was recommended by a layman, would never raise in our minds a prejudice against it, provided its value has been proved and not found wanting.

Notes on Current Topics.

Ovariotomy in Dublin.

During the last few weeks ovariotomy has been performed four times in our Dublin hospitals, namely, twice in the Rotunda by Dr. Atthill, once in the Adelaide by Dr. Barton, and once in the House of Industry Hospital by Mr. Stokes. The two former and the last have been perfectly successful; Dr. Barton's, we regret to say, failed. Thus three out of four lives have been saved.

We congratulate Irish surgeons on this satisfactory result. Hitherto the same success has not attended the operation of ovariotomy in Dublin which has been attained elsewhere. We trust that a new era is commencing with us, and that we shall for the future be enabled to publish in respect of Ireland as satisfactory a record as that afforded by the sister kingdom.

We doubt, however, that if the particulars of *all* the cases operated on in England were published they would show better results than those even as yet obtained in Ireland; for we are in a position to say that in several provincial hospitals, and in some of the London ones, the mortality has been very great. But these are not generally known, while those performed by Mr. Spencer Wells and his colleagues are the ones with which Irish surgeons are accustomed to compare themselves. This is hardly just; for beyond doubt, the mortality after ovariotomy is greater in general hospitals than in private practice, or in an hospital set apart (as the Samaritan virtually is) for the special purpose. Nearly all the operations performed in Ireland have been in general hospitals. Thus Dr. Barton's and Mr. Stokes' patients were operated on in wards occupied, till but a day or two before, by patients suffering from various diseases. In the Rotunda special provision is made for these cases. A reference to our "Original Communication" in this day's issue, will show that there "a ward isolated from the rest of the hospital," is set apart for ovarian cases. Nor that alone; the patient

is not admitted into it till the morning of the operation, and on her discharge it is closed, nor again opened till another case is ready for admission. When, after being specially prepared for her reception, the patient is admitted as before, on the morning of the operation. In the Rotunda, too, the ordinary hospital nurses are not admitted, so that the system of a separate hospital for ovariotomy is imitated as closely as possible. There can be no doubt but that the governors of the hospital—acting, probably on the advice of the Master—are carrying out a most judicious course in making this arrangement; and we believe that the care and attention bestowed by Dr. Atthill in the management of these cases will, in no small degree, raise the reputation of the Irish School of Surgery.

Funeral and Mourning Reform.

Respect and reverence for the dead are the universal characteristics of not only civilised, but of barbarous nations, varied of course as to the manner of testifying them. It is a laudable feeling that induces mourners in civilised nations to represent their grief by external signs, as black and crape, and other symbols of sorrow; and we could find little fault with this fashion, if it were restrained within reasonable bounds, and did not too often violate the rules of prudence and common sense.

We are unfortunately led away too much by the force of fashion in the disposal of our dead: there is too much pomp and pageantry, too much of the mockery of woe, in the solemn march of the well-fed, well-groomed, well-bedecked Belgian horses, in the waving plumes surmounting the badly-designed, inartistic hearse; in the massive, ornamented coffin; in the rich and heavy mourning, and too much sad mockery in the accompanying mutes, who, with seemingly doleful countenances, are in reality longing to plunge their noses into a pint of beer at the nearest public house.

When Dives departs this life, we have all the magnificence and solemnity of a fashionable funeral, and we subsequently see its success in the rich mourning and equipages of the relict, which oftentimes indicate the amount of £ s. d. which Dives left to his widow, heirs, and assigns. We have said that the force of fashion is very binding. Dives' estate can well afford the extra expense, but those not so blest with the world's wealth, feel tempted to rival or imitate the foolish expenditure of the rich man's funeral, in order to stand well with the world, and to conform to the all-devouring Moloch of custom.

There has been a feeling of later years to curtail funeral expenses, but we believe that much yet remains to be done in this respect, not only with the actual cost of the funeral itself, but with the habit of wearing mourning, both complimentary and otherwise.

The experience of every medical man will have furnished him with instances of cases, where this fashion of sorrows has caused serious inconvenience, and where the little money left, after the demise of the bread-winner, in place of being applied to better purposes, has been wasted on useless frippery, under the misplaced sentiment of paying respect to the loved departed one.

When death enters the households of certain classes who have limited incomes, and, perhaps, large families, the outlay for mourning is almost ruinous, especially if a long tedious illness has preceded the necessity for its adoption, and more especially if a succession of deaths have occurred.

Leaving the higher and middle classes, we find even amongst the poor who follow the example of those above them, that the funeral and other expenses absorb all their savings, or what they receive from benefit or burial societies, and that in the attempt to appear respectable, they have made themselves paupers, and in too many cases have to apply to boards of guardians for relief. To such an extent is this feeling manifested in Ireland that amongst the lower classes sons, who are content to leave their parents to live and die in the workhouse, will spend every shilling they possess in a wake and funeral afterwards, and widows will leave their children without food to give "a dacent berryin" to their husband.

We need then some reform in this matter. The force of example is very great, and if it were taken in hand by those who have wealth and intelligence and sufficient moral courage to run counter to popular fashion, we feel convinced that a great amount of good might be done and much misery saved.

This might be made woman's work, and as we have at the present time a superabundance of feminine energy seeking an outlet, we believe it could not find better vent than in devising some simpler and cheaper form of mourning, and in thoroughly remodelling the funeral code.

The Discovery of Anæsthesia.

It is a remarkable fact in the history of modern medicine, that many of those discoveries upon which we place most value, owe their origin partly to accident and partly to the perfection of a science which has been of more benefit to mankind, and which has more completely revolutionised the comforts and conveniences of life, than all the other sciences put together. It is indeed impossible to overrate the obligations we are under to chemistry; and judging from the assistance which that science has already rendered to us in our battle with disease, and in the abolition of pain, it should seem as if the remedies it has placed at our disposal will far surpass any that have hitherto been furnished by the vegetable kingdom. The discovery of anæsthesia is one of those happy discoveries in which chemistry, accident, and human ingenuity, each played a conspicuous part. We do not owe the means by which a patient can be made insensible to the severest operations, either to the physiologist, the pathologist, or the physician. To a chemist and to a dentist we are indebted for one of the greatest boons to suffering humanity. Chemistry and dentistry may lay claim to what has been too often regarded as a purely medical discovery. The discovery of anæsthesia has been for a long time associated in the minds of the English public with the name of the late Sir James Simpson. His discovery of the anæsthetic virtues of chloroform, his great reputation as an obstetrician, the success with which he advocated the general employment of that agent, especially in obstetric practice, have led many outside the profession to suppose that the introduction of anæsthesia itself was alike a product of his fertile brain. But the idea that chloroform, which so closely resembled ether in its chemical

constitution and physical properties, probably shared the anæsthetic virtues of that compound, is an idea that might have occurred to many, and a fact which, if Simpson had never lived, would not probably have remained long unknown. It is generally admitted that the "prelude," to this great discovery was the partially successful attempt of Horace Wells, an American dentist, to administer nitrous oxide gas; while the discovery itself is in this country generally allowed to be due to another American dentist of the name of Morton, who showed how complete insensibility to the most painful operations might be produced by the inhalation of ether. It would appear, however, that our American *confrères* have not been very unanimous as to which of their countrymen the honour of having discovered anæsthesia is due. The *Boston Med. and Surg. Journal* remarks that "Dr. Sims, the avowed supporter of Horace Wells, has recently learned that Dr. Long, of Georgia, had given ether for minor operations before Dr. Wells made his memorable failure at Boston." This, if true, of course puts Wells utterly out of the question, but Dr. Sims is apparently too deeply committed to drop him, and is reduced to the necessity of dividing the honour between Long, Wells, Morton, and Jackson. He proposes that the whole profession should ask Congress to appropriate one hundred thousand dollars to be divided between the families of these four gentlemen. It is not improbable that such a motion will be made at the coming meeting of the American Medical Association. That it would have little effect may be considered certain, for Congress is in anything but a "giving vein" at present; but we should be sorry to see the Association commit itself to such a policy.

"We have repeatedly stated what we believe to be the facts of the case, and we see nothing in Dr. Sim's pamphlet to modify our opinion. It is briefly this: the idea of the possibility of anæsthesia is probably very ancient; various persons have had more or less definite ideas of applying it, but the honour belongs to him who made it a reality, and that merit is Morton's."

The Irish Local Government Board and the Press.

THE Dublin press has joined with us, with unanimity, in condemning the course pursued by the Irish Local Government Board in calling for the resignation of a Poor-law medical officer, because he had handed to THE MEDICAL PRESS copies of official documents which had become public property upon their communication to the board of guardians and dispensary committee. The *Evening Mail* says:—

"It is very proper that our contemporary should enter, as we do also, a strong protest against such an attempted mode of dealing with any gentleman standing in the relation to the Board of a medical officer partly only responsible to them, and whose perfect professional and personal independence is in no degree limited by anything in the statutes affecting his position. On all occasions we are anxious to maintain order and discipline, but neither was infringed, as we hold, by the publication in a medical journal of a correspondence relating to medical interests in regard to a Poor-law appointment, the letters not being in any sort of a private nature. We shall not speak of the act of the Board as 'grossly illegal' or as 'audacious;' we prefer to consider it as hasty and ill-advised, and it was so soon repented of and recalled that we can treat it as a mistake acknowledged, and believe that it will not be repeated. The public are justly jealous of any attempt of a department to interfere with the fullest statement of the facts of every case when it has become the property of the public, and all letters of the Local Government Board to the Boards of Guardians are the property of the public. It will never again, we believe, enter into the confused head of any official of the department, far less of a commissioner, to regard as sufficient ground for dismissal the fact that the medical officer gave the conductor of a newspaper a copy of a public document merely because the conductor of the newspaper, in the exercise of his own discretion, and acting within his own right, chose to place over the document when printed a heading which was sharp and displeased the Board. The Poor-law medical officers do not hold their places on a tenure so slight as this; nor has any Board in Ireland been clothed with arbitrary powers over officers of such a class."

"We take the liberty (says *Saunders' News Letter*) of assuring the Local Government Board that they very considerably overrate their power, and underrate the consideration in which the medical profession is held in Ireland, if they think they can adopt this high-handed method of dealing with their medical officers. If the letters of the Board were not fit to see the light, would not bear examination, would reflect discredit on the department from whence they were issued, more shame to the Local Government Board. If, on the other hand, the letters were justifiable and becoming, and fit to bear the criticism applied to them by our medical contemporary, what grievance has the Board to allege against the gentleman who gave their contents to the readers of THE MEDICAL PRESS? The Board have no legal power to dismiss medical officers who commit no offence and neglect no professional duty, and we presume no jury would regard as 'sufficient grounds' the act of self-defence which consists in sending to a public paper an official letter addressed to him by a presumably deliberate and well-advised public body."

The *Freeman's Journal*, writing on the same subject, says:—

"The Local Government Board does not improve. The trio seem to have resolved that they will show how a Board can conduct business in Ireland, and not only defy opinion but soar superior to censure. A couple of cases of blundering extraordinary have been brought to light in the columns of THE MEDICAL PRESS, and we think that more than professional judgment ought to be pronounced upon them. From first to last the policy pursued was weak, foolish, wrong, and illegal. They were made aware of a grave impropriety. They first recognised and pretended to condemn it. Then they ignored it and condoned the proceedings which they had previously censured. In the next place they initiate a system of terror, and when they find themselves boldly met they flounder off in fear. A decision of this sort is calculated to frustrate all attempts to observe the law and preserve order. This Board is the only one whose doings come before the country. And are they not amazing? If we knew the whole truth, or even a little, about the other bureaus which mock and mismanage and muddle the public interests, what a tale might be told to a listening Parliament!"

Enough has been said and done in this matter we hope, to vindicate the independence of Poor-law Medical Officers and the rights of the Press. We shall, therefore, not refer further to the transaction than to say that we distinctly assert the right of journals to publish and criticise the public correspondence of the Local Government Board, and of Poor-law Medical Officers to make public such of it as is in the nature of official pronounce-

ments communicated as such to guardians or committeemen. Furthermore, we repudiate the assumption that the Local Government Board possesses any legal authority to remove a Poor-law Medical Officer except for neglect or incapacity for duty, or for conduct calculated to unfit him for the efficient discharge of his functions.

Chinese Medicinal Plants.

THE Right Hon. the Earl of Derby has recently forwarded to the Society of Apothecaries a collection of articles of Chinese Materia Medica, obtained in 1875-6 in the country traversed by the Yunnan Mission. It was accompanied by a printed copy of an interesting Report by Mr. Davenport "on the trading capabilities" of that part of China. The specimens consist almost entirely of roots, stems, leaves, barks, and woods; and there are no mineral substances. They are neatly put up in paper parcels, of which there are 105, and each of them is inscribed with the name of the contents in Chinese and in English characters, together with the local prices. These parcels are distributed into four packets, but there is also a fifth packet containing specimens of native opium, some samples of which are in the crude and dry state, and others in the state of a soft extract. The botanical specimen appear to be more curious than valuable. Some account of the properties which have been ascribed to them by the Chinese, will be found in the "Contributions to the Materia Medica of China," by F. Porter Smith, M.B.; and in the "Notes on Chinese Materia Medica," by the late Daniel Hanbury.

We are informed, however, that in most cases the properties attributed to these plants are entirely fanciful; and that those natural orders of temperate, which possess active properties are almost absent in this collection. There are no Cruciferæ or Solanaceæ, and scarcely any Compositæ or Umbelliferæ; Labiatæ and Rubiacæ are very few, and there are no Scrophulariaceæ or Euphorbiaceæ. Only one imperfect specimen of rhubarb occurs. This is the more remarkable considering that the region from whence these articles have been obtained is situate in about 25° N. and being much elevated, sometimes rising to 6,000 or 8,000 feet—is very temperate.

The most important part of the collections is the opium, for although in the preparation of the crude opium there is room for improvement, in the samples of soft extract there is evidence of much pharmaceutical skill. The specimens of native opium have been examined and analysed by Mr. A. Stewart, principal chemical operator to the Society, who furnishes a detailed account of their qualities. The results of this analysis show that the crude specimens are far inferior to Turkey opium in the yield of morphia, the highest percentage of which is only 8·05 per cent., whereas from 13 to 14 per cent. is obtained from fine Turkey opium. On the other hand the soft samples yield an amount of morphia nearly equal to three times as much as the dry samples, amounting in one instance to as much as 15 per cent. As, moreover, these soft specimens are procurable in China, at the low price of 8s. per lb. while fine Turkey opium is as much as 23s. to 24s. per lb. in the London market, it is probable that in a commercial point of view, they would enter into successful competition with the best Turkey opium for the manufacture of morphia, and find a ready market in Europe.

We may further state, that all the articles above mentioned will be preserved in the cabinet of materia medica belonging to the Society of Apothecaries.

Prescribing Druggists.

THE evils resulting from the practice of chemists prescribing medicines as well as dispensing them, seem to have been as keenly felt in America as in England. The best way also of putting a stop to the practice has been as much a subject of debate in that country as with us. At a meeting of the Connecticut Medical Society, Dr. C. M. Carleton moved "that we, as physicians, will not allow our prescriptions to be dispensed by any druggist who shall himself prescribe for any disease, or allow any clerk or assistant in his employ to prescribe."

In support of the resolution, he stated that the evil was one of great magnitude, both to the physician, who was thereby defrauded, and to the patient who was made to suffer from the unskilful treatment. The remedy for this lay within the power of the physicians, if they would exercise it.

Dr. Lindsley thought that little could be accomplished by hasty action, or by implied threat, and that it would be difficult to secure concerted action. He spoke of the pharmaceutical associations as composed of honourable men, and suggested a conference with them.

Dr. Carleton said that counter-prescribing had been fully suppressed in Lynn, Mass., by concerted action of the druggists and physicians, and offered the following substitute for his resolution, so that it should read: "Any druggist who shall prescribe, or allow any one in his employ to prescribe, violates the proper and just relations which should exist between the physician and druggist."

After considerable debate, the whole matter was referred to a Committee on the Relations between Physicians and Druggists, who were to act as delegates to the State Pharmaceutical Convention, and report at the next convention.

We have so recently expressed our views of this question that it would be superfluous to make any further remarks on it, and we merely cite the above preceedings at one of the American Medical Societies, to show how widespread is the evil of which the profession has had much reason to complain.

The Formation of Corrosive Sublimate in the System.

CAL. C. SACCH, is one of the commonest prescriptions for children, and we might ask our readers would they be surprised to hear that it was a dangerous one?

Calomel is a valuable, useful and convenient purgative, especially for children, but we are told that it may be changed into the bichloride of mercury by combination with other substances.

When calomel in powder, is mixed with powdered white sugar or magnesia, it forms in 24 hours a corrosive sublimate.

According to the *Osservatore Med. Sicelind*, No. 1. 2.

1877, Dr. Polk, has observed all the effects of poisoning, by corrosive sublimate, produced by the administration of calomel and sugar prepared for a month.

The examination of the remainder established the presence of a notable quantity of the bichloride of mercury.

The same fact, is stated in the *Journ. de Pharm. et de Chem. Turin.* Nov. 1875, where pastilles were used.

The pastilles contained sugar, which acted on the calomel, and transformed it into the bichloride.

On the other hand, Carlo Bernadi, Pharmacian Milan, (*Bulletin Pharm. de Pietro Viscardi* Oct. 1876) has made numerous experiments and concluded: that the poisoning was not due to the formation of corrosive sublimate, but to the impurity of the calomel employed.

Further experiments are necessary to settle this point, and they will not certainly be very difficult.

Calomel fortunately, may be given in various other ways, as by simply putting on the tongue without any mixture.

The Limits of Patent Medicines.

A SOMEWHAT curious case has recently been decided in the Exchequer Court at Westminster, in which the question of what is a medicine when considered in relation to the patent medicine duty, was argued before a full bench of judges. The case was briefly this: Mr. Lamplough, a chemist, and proprietor of a beverage called "Pyretic Saline," having received the usual official notice requiring him to register his preparation and pay the customary stamp duty thereon as a patent medicine, and having for nearly a quarter of a century sold the article in question without the 1½d. Government brand, he not unnaturally resisted the demand, and the question has been decided against him—not unanimously, as the Lord Chief Baron ruled in his favour, but by the majority of the judges, and the case will probably be carried to the highest Court of Appeal. Objecting, as we have always done, to the quack medicine business of the Government, we are more than ever impressed with its wrongfulness by the decision in this case. If this simple preparation is to be dragged into the clutches of her Majesty's stamp officers, we do not see how they can consistently allow a bottle of ginger-beer, soda-water, or mineral water to escape the patent medicine badge. Nay, it should go farther: every street-vendor of halfpenny sherbet drinks should be made to pay his quota towards the quack medicine revenue of the country. To our way of thinking the arguments on the part of the Crown, in order to establish an excuse for issuing licences to quackery in a new line, and thus securing more "grist to the mill," were unworthy of the eminent names engaged, besides entailing a waste of valuable public time. Mr. Lamplough, who must now be looked upon as a scapegoat for a new scheme of Government revenue, has our entire sympathy, and should he carry the question to a higher court, we shall be glad to hear that the decision of the Exchequer judges has been reversed.

PRINCE MILAN of Servia has conferred the gold cross of the Takovo order upon Mr. William Collingridge as an acknowledgment of services rendered during the Turco-Servian war. Mr. Collingridge is said to have been the first English surgeon upon the Servian field.

The Suicide of a Blue-coat Boy.

THE account in the newspapers of this unfortunate occurrence is not a very satisfactory one, especially as regards the proceedings at the coroner's inquest. The subject appears to have attracted very little interest or sympathy, and the usual conventional verdict of the jury, without any word of censure or of recommendation being appended to it, is not the least remarkable feature of the case. This suicide shows the serious consequences that may arise from abuse of the fagging system pursued at some of our public schools, and how necessary it is for the masters to keep a strict watch over the conduct of the monitors towards the boys under them. A great deal has been said lately about the abolition of corporal punishment in schools; but it may be questioned whether corporal punishment inflicted by a responsible teacher, and for some special offence is half so intolerable and so galling to the feelings of a sensitive youth as the petty persecutions and bullying treatment of a boy only 2 or 3 years older than himself. Suicide is by no means of rare occurrence in early youth, and although we have little information as to real character and antecedents of William Gibbs, he was doubtless one of those sensitive, wayward, and impatient characters, by whom such a rash act is most likely to be committed. We know that the fagging system was sanctioned by the celebrated Dr. Arnold, but we doubt whether it is now practised, with as much caution and forbearance as it was in his school.

The Prophylactic Treatment of Placenta Prævia.

THERE are several circumstances under which the induction of premature labour is both lawful and advisable; but we are not aware that it has ever been recommended in cases of placenta prævia. In the *American Practitioner*, however, for March, 1877, the induction of premature delivery is advised by Prof. T. Gaillard Thomas, after the viability of the child is established. As for the objection that a child who has had less than nine months of intra-uterine existence has not as good a prospect of life as one that has arrived at full term, it is urged that such would have a brighter prospect when dependent upon pulmonary respiration for the aëration of its blood than upon a crippled and bleeding placenta. For the mother the safety would be doubtless greater. Dr. Thomas believes that when premature delivery becomes the recognised and universal practice for placenta prævia, the statistics of the present day will be replaced by others of a far more satisfactory kind. Eleven cases are adduced in support of this question of living children being delivered, all of the mothers, with one exception, eventually recovering, while, according to the statistics of Sir James Simpson, based upon the analysis of 399 cases, one-third of the mothers, and over one-half the children were supposed to be lost; and Read computed the mortality as one in four and a-half mothers, while the large majority of the children were lost.

THERE were 12 deaths from bathing accidents in London last week, and 17 from fractures and contusions, chiefly occasioned by vehicles in the public streets.

The Medical Benevolent College.

We observe that a special meeting of the governors and subscribers of the Royal Medical Benevolent College is convened for Wednesday, the 25th inst., at four p.m., to consider the important question of canvassing for votes. The Secretary of the College gives notice that the following resolutions will be proposed :—

"1. That in the opinion of this meeting it is expedient to prohibit the practice of canvassing for votes, and therefore in future no application by the candidate, or parent or guardian of the candidate, for votes shall be allowed; and when it has been satisfactorily proved to the Council that this rule has been infringed the Council shall have the power to remove the name of the applicant from the list of candidates, and if elected to declare the election of such applicant void.

"2. That all voting papers be sent by the voter himself direct to the secretary of the College, and that the signature of the governor, with date and address, be appended in full."

We trust the governors of the Medical Benevolent College will set the good example of abolishing a system which has the effect of withdrawing poor widows from their families and households to go about soliciting votes, and forces them to publish their sorrows and distresses on thousands of cards and circulars, at a ruinous cost, in the hope of attracting attention and justice ; while friends are tempted to traffic in votes to help a special case, but not necessarily the most deserving.

Royal Visit to the College of Surgeons.

On Saturday, their Royal Highnesses the Prince and Princess of Wales paid a visit to the London College of Surgeons, for the purpose of inspecting the Hunterian Museum. Their Royal Highnesses were received by Mr. Prescott Hewett, F.R.S., president, and the professors of the College, and were shown that unique collection, which includes as one of the most recent specimens, a skeleton of the female tiger shot by his Royal Highness at Jeypore, during his tour in India last year. The inspection lasted more than an hour, and appeared to give great pleasure to the royal visitors, who thanked Mr. Hewett on leaving.

Claude Bernard on the Glycogenic Function of the Liver.

At the sitting of the Academy of Science, May 28, M. Bernard contributed some new researches on the sugar forming theory of the liver, and concluded—

1st. That the glycogenic property is inherent in the tissue of the liver.

2nly. That this property manifests itself during life, and a certain time after death.

Small-pox reached the lowest stage of fatality during the past week in London since November last. The deaths from this disease were only 43, gradually declining from a maximum of 140. Of this number 22 occurred in public institutions, the remaining 21 in private dwellings. 9 of this number were certified as vaccinated, 17, not vaccinated the remaining cases being uncertified as to vaccination.

The Election of Councillors at the Irish College of Surgeons

In room of Dr. Cronyn and Professor Wilson deceased, and Dr. Jacob resigned took place on Monday last. The candidates were seven in number—Dr. Madden, Dr. Elliott, Dr. Bennett, Mr. Corley, Dr. B. F. McDowell, Mr. Stokes, and Dr. Collins. The assembly of fellows was small, only eighty-nine having voted, and the provincial element was almost wholly unrepresented. On the declaration of the poll it was ascertained that Mr. Corley, Surgeon to the Richmond Hospital, Mr. Stokes, Surgeon to the same hospital and Professor of Surgery in the College, and Dr. B. F. McDowell, Surgeon to Mercer's Hospital were the successful competitors.

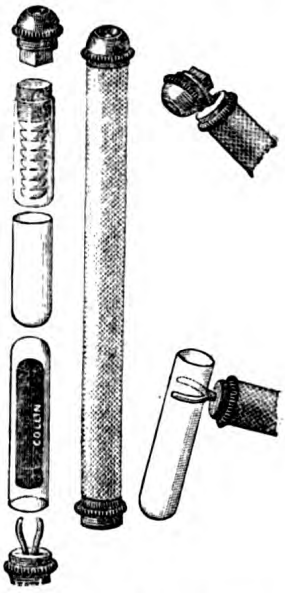
Dr. Guinness Beatty, Ex-Assistant Physician to the Rotunda Hospital, nephew of the late Dr. Thomas Beatty, who occupied the chair of midwifery in the Irish College of Surgeons for many years, has declared himself a candidate for the same professorship, now vacant by the death of Dr. John Cronyn.

We understand that the election of a surgeon to St. Mark's Ophthalmic Hospital, in room of Dr. Rainsford, promoted, has been postponed by the governors until after the recess.

Novelties.

A POCKET CASE UROSCOPE.

In the last number of the *Repertoire de Pharmacie* Mr. Yvon introduces a new apparatus for the examination of urine which takes up little more room than an ordinary clinical thermometer, and can be carried in the vest pocket. The annexed illustration explains this handy little instrument. A metallic tube is divided into two compartments and closed at each end by a screw-stopper. The smaller compartment contains a test-tube for heating urine ; within this tube is a small gutta-percha case with blue or red litmus paper. The stopper fitted to this compartment has an outer and inner space, and bears a clamp in its centre, which is pointed inside when the instrument is closed, but is reversed when using it to form a test-tube holder. The second compartment contains a spare test-tube and another tube, closed with a rubber-stopper, containing pieces of coantis potassa. The metallic stopper of this second compartment contains a small microscope of sufficient power to examine urinary deposits. This part of the instrument is intended to be inserted into the clamp of the other stopper when using it. The operator will be enabled, by means of this convenient arrangement, to



examine the alkalinity or acidity of the urine, to search for albumen or for sugar (by means of the potassa), and to examine the urinary deposits.

Medical News.

Horses in Europe and America.—The editor of the *Veterinary Journal* having investigated the matter, gives the results in the July number of that excellent publication, as follows:—In Russia, 16,160,000; North America, 9,504,200; Germany, 332,231; Great Britain, 2,790,851; France, 2,742,738; Austro-Hungary, 3,569,434 (of which 2,179,981 belong to Hungary); Italy, 657,544; Norway and Sweden, 655,456; Spain, 382,000; Denmark, 216,570; Belgium, 272,163; Holland, 260,056; Switzerland, 100,934; Greece, 98,938; and Portugal, 79,616; making a total in the countries mentioned of 40,854,840. The proportion of horses to each thousand of the population is 227·05 in Russia, 244·16 in America, 175·55 in Denmark, 146·99 in Hungary, 114·88 in Sweden, 86·10 in Great Britain, 81·64 in Germany, and 18·25 only in Portugal. Of mules there are found 1,626 in Germany, 303,775 in France, 214,935 in Austro-Hungary (of which 3,266 are in Hungary proper), 292,868 in Italy, and the large number of 6,665,472 in Spain.

Who was First?—Dr. J. Marion Sims, in a paper in the *Virginia Medical Monthly* for May, denies the claims of Morton, Wells, and Jackson in the discovery of the anæsthetic properties of ether, and brings forward, as the proper person to whom the honour belongs, Dr. Crawford M. Long, of Georgia, who first used ether in the extirpation of a tumour of the neck, on March 30th, 1842. The fact is attested by several gentlemen, medical and lay, who are still living.

Barometrical Improvements.

At the last meeting of the Meteorological Society, Mr. Marriot exhibited and described Bogen's hygrometer and new standard syphon barometer. This instrument is so constructed that it can easily be put together and taken to pieces again. The long leg consists of a tube of the same diameter throughout, and is supplied with a glass stopper, which has a very fine hole bored through its centre, enabling one to fill the tube with mercury in one or two minutes, and to completely exhaust it of air in one or two minutes more. The open end of the long leg is ground air-tight to the short (curved) end, and can be instantaneously put together or separated. The long tube alone is graduated, so as to have only one scale, but by a peculiarly constructed screw of given length placed on the short tube a precise and accurate reading can be easily obtained. The barometer is mounted on a peculiarly-shaped stand, which has three adjusting screws, by means of which the perpendicularity of the instrument can be secured.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Scarce Numbers.—Double price will be given for the following numbers of this Journal if sent to the London office:—October 6, December 22, 29, 1869.

Several Letters are unavoidably held over this week.

The Astley Cooper Prize.—The next Triennial Prize of £300 will be awarded to the author of the best essay "On the Cranial Nerves." Such essays to be sent to Guy's Hospital before January, 1880. Full particulars will be found in our advertising columns.

Army Medical Service.—The next examination of candidates for commissions in the Army Medical Department is announced to be held at the University of London on the 13th August. Applications for admission should be made without delay.

Dr. Drysdale's letter has not been inserted because it is for the most part a repetition of that which appeared in our last, and would be sufficiently answered by the editorial comments attached thereto.

Errata.—On page 17, right hand column of our last number, for Dr. *Rouse* read Dr. *Rorie*, line 10 from top. Line 14 from bottom, same column, for *suspension* read supervision.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

St. George's Hospital Reports. Vol. VIII. London: J. and A. Churchill.

Braithwaite's Retrospect of Medicine. January to June, 1877. London: Simpkin, Marshall, and Co.

Medical and Surgical Reports of the Boston City Hospital. Second Series. 1877.

The British Journal of Dental Science for July.

The Action of Alcohol on the Mind. By B. W. Richardson, F.R.S.

Hospital Mortality. By Lawson Tait, F.R.C.S. London: J. and A. Churchill.

The Pathology of the Pneumogastric Nerve. By S. O. Habershon, M.D. London: J. and A. Churchill.

Analysis of the Record of Yellow Fever in New Orleans, 1876. By J. Holt, M.D.

The Quarterly Journal of Inebriety. Nos. I., II., III.

Our Medical Charities. By Sampson Gamgee, F.R.S.

Annual Report of the Richmond Lunatic Asylum.

Annual Report of the Irish Medical Association.

Three Pamphlets on Hernia, Uterine Fibroids, and Pus in Ovarian Fluids. By J. R. Chadwick, M.D. Boston.

The Medico-Electric Apparatus in Modern Use. By Salt and Son.

APPOINTMENTS.

Bryden, R. T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for No. 13 District of the North Brierly Union, Yorkshire.

Chapman, Dr. J., Resident Physician to the Royal Edinburgh Hospital for Sick Children.

Charles, Dr. D., Medical Officer, Public Vaccinator, &c., for the Bellaghy Dispensary District of the Magherafelt Union.

Davies, J., M.R.C.S., Medical Officer to the Bath Lying-in Charity.

Dickson, J. D., M.D., C.M., Resident House Surgeon to the Buckinghamshire General Infirmary, Aylesbury.

Greenfield, W. S., M.D., M.R.C.P., Assistant Physician to St. Thomas's Hospital.

Harris, V. D., M.D., M.R.C.P., an additional Assistant Physician to the West London Hospital.

James, H. G., L.R.C.P.Ed., Assistant Medical Officer to the East Riding Lunatic Asylum, Beverley.

Martyn, R. J., L.R.C.S.I., Resident Surgeon to the Richmond Hospital, Dublin.

Molony, Henry G., M.D, M.Ch., Medical Officer to the Castletown Dispensary, Croom Union, co. Limerick.

Ottley, W., F.R.C.S.E., M.B., B.Sc., an additional Assistant Surgeon to the West London Hospital.

Pearse, S. F., Physician's Assistant to the Middlesex Hospital.

Playfair, Dr. W., Consulting Physician to the Evelina Hospital for Sick Children.

Roberts, H. W., M.R.C.S.E., Medical Officer to the South Deptford District of the Greenwich Union.

Webber, W. L, F.R.C.S.E., a Surgeon to the Westminster General Dispensary.

Wilding, W. A., M.R.C.S.E., L.K.Q.C.P.I., Resident House Surgeon to the Salop Infirmary, Shrewsbury.

Births.

Grimshaw.—On July 2, at 13 Molesworth Street, Dublin, the wife of Thomas W. Grimshaw, M.D., of a son.

Pairman.—On July 1st, at Robert Street, Hampstead Road, N.W., the wife of Robert Pairman, M.D., of a daughter.

Sharood.—On July 6, at Plymouth, the wife of E. Julian Sharood, M.D., of H.M.S. *Cambridge*, of a daughter.

Stoney.—On June 30, at Abbeyleix, Queen's County, the wife of Hugh B. Stoney, M.B., of a son.

Marriage.

Park—Swayne.—July 4, at Wingfield Park Church, Derby, David Scott Park, F.R.C.S., of Middlesboro', to Frances Adelaide, only daughter of the late Richard Swayne, of Liverpool.

Deaths.

Bridick.—On June 28, at the County Infirmary, Durham, John B. Bridick, aged 59.

Devany.—On June 22, at Sligo, of typhus fever, taken while in discharge of his duty, Patrick Charles Devany, M.D., aged 26.

Gompertz.—On June 23, William F. L. Gompertz, M.R.C.S.E., aged 55.

O'Reilly.—On June 30, at Ballinagh, co. Cavan, Thomas S. O'Reilly, M.R.C.S.E., aged 56.

Scott.—On July 9, at St. Edmund's Villa, London, S.E, Charles Scott, M.D, C.B., Honorary Surgeon to Her Majesty, aged 74.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 18, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On the Diagnosis and Treatment of some Forms of Dyspepsia. By Robert Farquharson, M.D. 39

Abstract of Clinical Lectures on Syphilis. By S. Messenger Bradley, F.R.C.S., Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.—Lecture III. 41

Some Practical Remarks on Aural Affections. By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin., Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.—Instruments Useful in Diagnosis and Treatment 43

PAGE

CLINICAL RECORDS.

West London Hospital.—Unilateral Anæsthesia—Complete Recovery under Treatment by the Electro-Magnetic Current. Under the Care of Dr. Thorowgood. Notes by Mr. White, House Physician .. 45

Homœopathy Past and Present 45
International Congress of Medical Science 47

LEADING ARTICLES.

Relation of State Medicine to Intemperance 48
The Social Status of the Profession in Ireland 49
The Revival of Blood-Letting.—II. .. 49

NOTES ON CURRENT TOPICS.

Coroners' Inquests 50
The Life Cost of Filth in Dublin 51
The Works of Aristotle 51
The Treatment of Small-Pox by Cold Baths 52
Street Nuisances 52
Abscess of the Liver 52
British Pharmaceutical Conference 53
Proposed Dental Diplomas in Ireland 53
The Sanitary Institute of Great Britain .. 53
An Error in Pharmacopœia 53
The Colorado Beetle 53

PAGE

CORRESPONDENCE.

Private Lunatic Asylums and Private Patients 54
The Non-Alcoholic Treatment of Disease.. 54
Midwifery Forceps 55
The Fruits of Philosophy 55

LITERATURE.

Diseases of the Liver 55
Traité des Maladies de la Prostate 57

The Public Health (Ireland) Bill 57

MEDICO-PARLIAMENTARY.

Small-Pox in the Metropolis 58
The Local Medical Department in India .. 58

MEDICAL NEWS.

South London School of Pharmacy, Kennington Cross, S.E. 58
St. Thomas's Hospital 58

Notices to Correspondents, &c. 58
Vacancies 58
Appointments 58
Deaths 58

Original Communications.

ON THE DIAGNOSIS AND TREATMENT OF SOME FORMS OF DYSPEPSIA. (a)

By Robert Farquharson, M.D.

The term dyspepsia, if taken in its widest possible signification, is undoubtedly the most comprehensive in the whole range of medicine. When we consider the complexity of the digestive act, the many ingenious and delicate contrivances by which the various constituents of our food are turned to full nutritive account, no less than the important issues which hinge upon the due absorption and assimilation of our daily meals, we can hardly require much persuasion to appreciate the importance of this theme. The main differences between one man and another, the power of work, the buoyancy of mind, the activity of body which are possessed by those who enjoy full health, contrasted as they too often are with the dull depression and restless irritability which mar the lives of many, may be accounted for, in some considerable degree at least, by the working condition of that portion of our machinery which presides over digestion. Do we eat too much, or too little? Are our secretions up to the mark in quantity and quality? Is our nerve-force keen enough to preside efficiently over the functions of stomach and intestines, of liver and pancreas? These are questions which every man ought to ask himself from time to time, or, still better, to refer to the scientific consideration of medical skill.

Considering the wide, although fortunately lessening, ignorance of all matters physiological which prevail among laymen, and the way in which so many graves have been truly said to be dug by the teeth of their own future occupants, we may well understand how a timely meed of good counsel in season may arrest many a downward career. A little consideration will soon show us the large mass of disease caused by intemperate and ill-arranged feeding. What are gout and rheumatism but the outcome of long-continued excesses in nitrogenous and farinaceous diet? Will not a special addiction to fatty and oily matters produce a bilious diathesis, as among the Jews? Can we not trace rickets and scrofula, and many of the so-called diathetic disorders, to some dietetic deficiencies? May not many of the acuter disorders depend for their due *nidus* and development on constitutional peculiarities resulting from mal-assimilation of some altered article of our food?

Questions such as these open up so wide a vista of complicated considerations, that we may well pause on the threshold of our inquiry, and seek helplessly for the clue which may unravel the mysteries before us. This, however, gentlemen, is not to be my ambitious endeavour. Due regard for your time and patience, no less than for my own limited powers, would induce me to restrict my paper within much narrower grooves, and to merely direct your attention to one or two practical points in the diagnosis and treatment of dyspepsia.

And here, at the outset, I must throw myself upon your kind indulgence, and hope that my many shortcomings may be amply supplied by the discussion which will follow. Naturally attracted towards my subject by its many practical bearings, I anticipated far too considerable results from my inquiries, and have found, to my concern, that my field of observation has yielded but barren results. To make any real progress in such an investigation, we must have full command over our patients in hospital, where all needful restrictions may be maintained, and all proper examinations carried out by well-skilled observers from day to day. A systematic interrogation of the secretions, the effects of varying article of diet, and solution of the numerous unsolved question still before us, could only be satisfactorily made by some one who would eschew for a period the more dazzling arena of acute disease, and fill his wards with commonplace dyspeptics. The out-patients, upon whom my observations have principally been made, present many drawbacks. We cannot diet them in any way. We do

(a) Read before the Harveian Society of London, April, 1877.

not even know for certain whether they take their physic regularly or not. In short, the conditions for due and full inquiry are almost at their worst ; and all I can hope is, to have supplied a text from which others may preach, with greater practical knowledge and observation than I can hope to do.

Now, if full time were allotted to me for the discussion of this subject, and if my paper, like Wagner's latest opera, extended over several evenings, the most complete way of grappling with every detail would be to trace the food from its entrance by the mouth until its final exit through the large intestine. Man has been somewhat ingeniously defined as a moral and intellectual tube, open at both ends, and on the integrity of function of any part of this structure depends much of his moral and intellectual force. If the food be not sufficiently chewed in the mouth, if the loss of teeth, or carelessness, or sheer gluttony prevent complete mastication, the saliva cannot duly penetrate the mass, nor can the gastric juice act upon it with proper effect. The bolus worked into a ball by the churning movements of the stomach is made less amenable to digestive operations by coverings of tenacious mucous, and henceforward acts as a mere foreign body, causing flatulence and discomfort, and frequently proving the starting point of troublesome diarrhœa. This, then, may be said to be the first and most fundamental cause of defective digestion—a failure to place the food under proper conditions to receive the action of the various secretions which convert the bulky and heterogeneous meals of modern life into nutritive fluids. Often overlooked as it undoubtedly is, this should form the starting point of our inquiries, and when we are satisfied of the existence of this cause, common sense will plainly indicate the remedy.

The food has now reached the stomach, and here we find the widest field for the study of our subject. The most important part of digestion being carried on here, here it is that we find the most varied and painful symptoms of distress. The many care-worn women who throng our out-patient rooms, and whose pinched faces display the absence of proper nourishment, no less than their anxious expressions show the suffering which follows each attempt to eat solid food, amply testify to the almost universal existence of dyspeptic conditions among the ranks of our very poor. And what a wide range of symptoms are thereby produced! What a variety of tint and aspect! How the expression of face ranges from the thin, pinched, yellow, irritable aspect, to the florid, bloated, pimply face of the chronic drinker and the victim of the gouty diathesis! How we have pain radiating in almost any direction! How we have nervous disturbances artfully simulating organic disease of other organs! Let us examine a few of these in a little more detail.

Now, it often happens that when the patient comes before us no remark is made indicating the stomach as the organ primarily at fault ; but that pain between the shoulders, shooting in various directions, is more especially complained of. With this are associated dull frontal headache, great depression of spirits, disturbed sleep, and constipation, and it is not until we put direct leading questions that we find that the stomach actually is at fault ; or the patient complains in the first instance of palpitation, and has been persuaded by some of those friends who are so ready to tender their worthless advice under all circumstances, that she is the victim of heart disease ; or she may mention the stomach at first, and here we will find that the pain may be of many classes. Constant gnawing pain may be present, and may be relieved by food. This, in my experience, is rare ; or the act of swallowing may be immediately followed by suffering of greater or less severity, either sharp or dull and aching, and only relieved either by vomiting or by the passage of the food into the small intestine. Nausea is generally present, and vomiting frequently follows each meal.

Or, again, the pain does not come on until two or even three hours after eating, and these cases seem to be the worst, giving rise to great and long-continued agony, and making even the very thought of food a misery to the unfortunate sufferer.

A point of much practical importance is this. What information does inspection of the tongue give us in the diagnosis and comparative discrimination of the various forms of dyspepsia? Does the study of that little sheet of exposed mucous membrane give us any accurate clue to what is going on in the important digestive tract of which it forms the first stage? Can its relation to the stomach be compared, for instance, to that which subsists between the retina and the brain? Now nothing has struck *me* so much when studying the conditions of the tongue under various circumstances, as the comparatively slight indications which it often gives of serious digestive derangement, and the way in which people often present good health, with appearances from that quarter which would seem to indicate very grave disturbance. A deeply cracked and fissured tongue, for instance, frequently seems to mean nothing, and I well remember the exposure of the worst specimen of seamed and coagulated mucous membrane in that quarter from the mouth of one of the healthiest looking men I ever saw. He had consulted me about some trifling digestive derangement, and in reply to my summons, produced a tongue which quite staggered me for the moment. It was scored by deep ruts in a way which would indicate something very serious, but my patient told me with some amusement that this tongue had often been a puzzle to doctors ; that it had been in that condition all his life, and that he believed it to be in some degree hereditary. I have often since met with these cracked and transversely fissured tongues to a lesser degree, and not unfrequently in young children, and have never found them to bear any very essential relation to special digestive disturbance, save in this way, that these patients are rather intolerant of purgatives, and that over-free action of the bowels is in them very readily produced.

Then, again, a white and furred tongue often exists in apparently healthy men. When talking, not long ago, to a specially well-developed specimen of humanity, he asked me to look at his tongue, and I then had the satisfaction of inspecting one of the worst I ever saw. His general health was excellent in every way, and the only way in which I could account for the flabby and furred condition of this portion of his mucous membrane was in the habit of smoking to which he was addicted in some considerable degree.

In my experience, the class of tongue which coincides most commonly with digestive disturbance, is that in which the tongue seems to be covered with a thin, white fur, which on minute inspection, is seen to be composed of a series of minute raised dots, and this usually coincides with pain immediately following meals.

If the tongue is raw and quite stripped of epithelium, with enlarged and prominent papilla, as we often see in phthisis, pain immediately after food and vomiting are usual symptoms, or large red papillæ may stand in bold relief through a pale coating, or the tongue may be simply large and pale and flabby, as though too big for the mouth.

These distinctions will often stand us practically in good stead, and the careful and minute study of the tongue in disease may well be recommended to the systematic study of medical men. Like the pulse, this aid to diagnosis stands somewhat in danger of being overlooked in these days, and we must hope that some one will take it up in a broad scientific spirit, and do as much for it as Broadbent and others have done for the pulse. A good series of drawings of varying conditions of the tongue in dyspepsia, would be a real service to clinical medicine.

Having arrived then, at this stage of our journey, I think I shall act best, and avoid tedious repetition, by leaving altogether the further consideration of symptoms, and going on at once to the question of treatment. It would

be but a mere insult to my audience were I talk to you gravely and sententiously about flatulence, and constipation, and nausea, and diarrhœa, and all those things about which you all know a great deal more than I can pretend to teach you. And although the same remark no doubt applies to the more practical part of my theme, we must remember that we are met together, not to listen to a one-sided monologue like a sermon or lecture, but to interchange ideas and to criticise and examine freely all statements and opinions which come before us for discussion.

Now the treatment of dyspepsia naturally divides itself into two parts—that by drugs, and that by diet; and of these, of course, the latter is by far the most important But unfortunately among the class of patients who come before us for gratuitous relief, any effectual re-arrangement of their daily meals is quite out of the question.

These poor creatures must eat what little they can, and where and when they can, and no more bitter mockery can be conceived than to order for them articles of diet which is utterly out of their power to procure. All we can do, is to correct any very glaring and remediable errors, and to give such drugs as experience has taught us to value, as likely to afford relief to the varying symptoms under which our patients suffer.

And first let us consider pain. Now very violent epigastric pain, with tenderness to deep pressure and vomiting invariably following food, most likely depends on gastric ulcer, and with it we have nothing to do. But the minor forms of suffering, beginning immediately after eating, and causing a worrying and tearing sensation which only thoroughly leaves when the stomach is relieved of its contents, depends probably either on a tender and irritable condition of mucous membrane, which resents both the rough contact of undigested food and the vermicular movements which digestion demands, or are the secretion of a large excess of gastric juice which teazes and worries the unoffending organ. Such cases would, no doubt, be most effectually treated by rest, and could we persuade our patients to lie in bed and derive their nourishment exclusively from the lower bowel, no doubt a speedy cure would be the result. But the severity of the case hardly merits a line of treatment which is so useful in gastric ulceration, and we will generally find soothing remedies to act well. Carbonate of soda, bismuth, hydrocyanic acid, with gentian and calumba, taken immediately after meals, are here of great service, and will frequently restore appetite, cease the headache, palpitation, depression, and wearing special intercostal pains which often coincide to add to our patients' miseries. We all remember the case of the man who was seized with violent pain in his great toe after eating ice, and who only obtained relief by the prompt expulsion of the foreign body; we have often seen severe headaches rapidly removed by a little alkali; and in the protean forms of sympathetic derangement met with in dyspepsia, we will do well to begin, at all events, with this class of drugs, remembering also that small doses of nux vomica are often of great use. It might seem reasonable, however, on purely theoretical principles, granting the correctness of Ringer's teaching, that acids check all secretions, and granting also that many of these cases of pain immediately after food depend on an excess of gastric juice, to prescribe an acid immediately before the meal. But this will not usually be found successful in practice. The mucous membrane of the stomach being usually sore and uncomfortable, is merely worried in additional measure by the new source of irritation, and we may be reduced to give our alkali after all to neutralise the effect of our own treatment. Where acids come into most beneficial operation is where pain is delayed for two or three hours after food, as happened in the following case:—

Lucy L., æt. 25, consulted me on Sept. 8th, 1876, at the Western General Dispensary. She wears an anxious, pained look, face pale, tongue large, white, and flabby, indented by the teeth at the sides, reddish streak down the centre. States that she has very severe pains, coming on about two or three hours after eating, preventing sleep at night, but always so severe as to make the very idea of food a misery to her. Is frequently sick, which gives great relief. Solid food causes most suffering. On Sept. 26th, my notes record that mist. soda and calumba, including ginger and gentian, was ordered. No relief has followed this line of treatment, and I accordingly prescribed the mist. gent. acid, composed of acid sulph. aromat. infus. gentian, to be taken immediately after food. On Oct. 2nd she stated that the pain was nearly gone, and that she could eat solid food; and on the 9th she was entirely free from pain, and with an appetite considerably in excess of the supplies of food which her circumstances enabled her to obtain.

We have here an illustration of Ringer's law. This patient's sufferings, no doubt, depended both on the presence of surplus acid annoying the mucous membrane of the stomach at the close of primary digestion, and on the formation of other acids by a process of premature decomposition of food, both of which were checked by the remedy given prior to the secretion of the gastric juice.

But it seems also reasonable to believe that an excess of acid may act prejudicially, by neutralising the alkaline reaction of the pancreatic and biliary secretions, and thus preventing the full development of their physiological properties.

Pain may also occur after the food has left the stomach, and may be duodenal or intestinal; and in the latter case, but more especially where diarrhœa exists, we will best give relief by sweeping away the offending substance by a purgative dose of castor oil.

(To be continued.)

ABSTRACT OF
CLINICAL LECTURES ON SYPHILIS.

By S. Messenger Bradley, F.R.C.S.,

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owen's College.

Lecture III.—*Tertiary Syphilis—Two Forms of Exudation, diffused and circumscribed—Affections of Skin—Mucous Membrane—Cellular Tissue—Bones—Cartilages—Muscles and Tendons—Blood-vessels—Viscera.*

Tertiary Syphilis.—Syphilis does not always proceed beyond its second stage: be it that it yields to treatment, be it that it dies a natural death, it sometimes happens that by-and-bye the effects of the poison die out of the system and are no more seen; more frequently, however, the influence of the virus continues to be felt interpenetrating with lethal effect every tissue and organ of the body. The effects are universally felt because the cellular tissue, which is now its special *habitat*, is universally present, and on whatever spot it pitches it announces its presence by the same signs—a peculiar form of exudation. This exudation has more than one destiny—it may be entirely absorbed, it may liquefy into pus, it may degenerate into fat, it may harden into calcareous matter, it may be eliminated at the expense of the tissues which hold it; in its most typical form, however, it is of a gummy consistence, and this fact gives its name to the entire epoch, tertiary syphilis being otherwise known as the period of gummy products. Gummy products exhibit themselves under two distinct forms—circumscribed and diffused. In the first-mentioned the material forms a small mass varying from the size of a millet-seed to a walnut, quite easily distinguishable from the surrounding tissues; these formations are termed gummy tumours or gum-

mata; in the last-mentioned, the exudation has no distinct boundary, but forms a gummy layer among the tissues. Clinically, both forms are easy to distinguish from other exudations, and from the exudations of syphilis at an earlier date, and therefore constitute a sufficiently well-marked period; at the same time it must be admitted that, histologically, there is little difference to be made out between these products and the earlier manifestations of syphilis, gummata simply consisting of the elements of cellular tissue in every stage towards imperfect development or perfect retrogression. (*a*) It is during the evolution of tertiary syphilis that the blood is so profoundly affected that a syphilitic cachexia ensues—a condition occasionally accompanied, if not caused, by true leucocytosis. Little or no pyrexia accompanies the products of tertiary syphilis, which are always essentially chronic. Unlike, too, the products of secondary syphilis, tertiary syphilis is rarely symmetrical, and is infinitely less prone to be conveyed from one person to another; indeed, many good observers altogether deny its transmissibility, and regard it as a sequel of syphilis after the disease itself has passed away. On the other hand, there are arguments which are inimical to this doctrine, *e.g.*, gummata sometimes exist side by side with unmistakable evidences of secondary syphilis. Again, there is certainly somewhat strong evidence to show that tertiary syphilis *is* communicable through the blood and other secretions to a second person; histologically, too, the products of the two periods are undistinguishable, and, therapeutically, the disease still yields to the same remedies. It may be added that the want of symmetry is quite a common symptom of syphilitic manifestation during its period of greatest activity. Nor can any conclusion be drawn from the date of the symptoms; sometimes we find but a year or two elapse between the primary lesions and the tertiary symptoms, at others, intervals of ten, fifteen, and twenty years elapse. Very rarely cases occur where the secondary symptoms are altogether wanting; nothing intervening between the primary lesion and the period of gummy products. Leaving the question for the present, as one which has not yet been finally settled, let us proceed to consider further the phenomena of tertiary syphilis. We will notice the lesions of tertiary syphilis in the same order as we observed those of secondary syphilis, and first of all the skin and mucous membrane.

Skin and Mucous Membrane.—In the skin the syphilitic neoplasm, in its tertiary stage, either gives rise to a local sphacelus, whence results a deep ecthymatous ulcer (a form of lesion most common in early life and old age), or becoming imperfectly organised, dry tubercular masses may be produced. Both ulcers and tubercles are generally surrounded by a dark red discoloration which stains the skin for some distance, and in both there is a tendency to the free formation of crusts. Yielding to treatment, both forms of the disease leave deep and indelible scars behind, which often reveal to the observer the history of a bygone attack of syphilis.

In the mucous membrane the lesions are of a much more serious nature; they appear in the circumscribed and diffuse form. In the latter guise the gummatous products of tertiary syphilis are apt so to interfere with the nutrition of the part (the soft palate and neighbourhood are the favourite localities for these effects) that the whole structure dies *en masse*, *melts*, as it were, rapidly away. Laying bare the deeper structures, dissecting around or eating into vessels and even bone, the entire soft palate may disappear, or the carotid artery be opened, or extending to the back of the pharynx, may leave exposed the bodies of the cervical vertebræ. Such terrible catastrophes may ensue with few and slight general evidences of grave mischief, or perhaps with none, except some pain and difficulty in swallowing, owing to a prolapse of the velum pendulum palati. In the circumscribed form of gummata tertiary syphilis makes its presence evident in this region chiefly by the existence of gummy tumours, generally multiple in the substance of the tongue, and should these tumours slough or ulcerate keen observation and close inquiry are necessary to distinguish them from epitheliomatous ulcerations; this care is, indeed, the more called for since undoubted evolution of simple syphilitic ulceration into epithelioma occurs from time to time; thus, it happens that there is a period when anti-syphilitic remedies succeed, and another later period of the same lesion when such remedies must necessarily fail, and other means be resorted to for cure. Beyond the region of the mouth tertiary syphilis, when affecting mucous membranes, generally assumes the diffuse form, and may give rise to ulceration of the œsophagus, stomach, or intestines, or the exudation undergoing imperfect organisation, stricture of any of these parts may result. In the œsophagus and bowels, especially in the rectum, this is the commonest termination—a fair proportion of all strictures of these organs being due to syphilis. In the rectum, when the stricture is two inches or more from the anus, it is, as a rule, due to tertiary syphilis; but when met with lower than this, that is, close to the anus—a condition quite frequent in females—the lesion is associated with the earlier secondary symptoms, and not unusually is accompanied with condylomata.

Subcutaneous Cellular Tissue.—Tertiary syphilis often affects the cellular tissue without further invasion of the skin, and may appear either as a circumscribed or diffused exudation. In the circumscribed form, *i.e.*, as gummata, we meet with small movable tumours, often multiple (I have counted over 100 in the same subject), which, as a rule, are quite painless; they vary in consistence, being soft and semi-fluid when first formed, or when degenerating into fat or pus, hard and elastic when undergoing organisation. They may be absorbed or eliminated, and in the latter case, depressed cicatrices are left. They may be found anywhere, but the head, shoulders, chest, front of forearm, neck, scrotum, and nipples are the favourite situations. The diffused form of gummy exudation is rarer in the cellular tissue than the circumscribed variety: when it occurs large plains of areolar tissue may be invaded and may perish—the constitutional effect is of course excessively poor in such cases.

Under this head may be mentioned the hypertrophic growths of skin and cellular tissue which are occasionally met with in the neighbourhood or attached to the labiæ vaginæ. These formations, which I have seen attain a great size and weight, may develope from condylomata, or may be a true tertiary product; the former is, however, the more usual mode of origin, and in such cases other condylomata and small papillomata will be found associated with the large pendulous growth. In course of time the hypertrophic structure becomes pediculated, and will often continue to increase for years unless excised by the knife.

Bones.—If we limit the term tertiary syphilis, as we should, to the period of gummy products, we shall relegate the more acute cases of osteitis and periostitis to the period of secondary syphilis, reserving only the more chronic diseases for the tertiary stage. Diffuse gummy exudation, as a rule, terminates in necrosis; the low vitality of the product itself is insufficient for developmental purposes, while its presence checks and strangulates the vascular structures around. In this way large masses of bone may die peripherally or centrally, when the further history will be in every way identical with any case of necrosis from other causes. The cranium, the nose, the tibia, the clavicles, and the bones of the elbow are especially prone to be affected in this way. The margins of the necrotic portion generally become thickened, even to a marked degree, by a process of chronic osteitis, superinduced by the irritating presence of the dead portion. At other times the necrosis progresses along with absorption of the material which has caused the necrosis, so that the

(*a*) "Gummata consist of loose fibrous tissue, made up of pale elastic fibres, enclosing in their interspaces a homogenous granular substance, the elements of which are less adherent to each other than in deposits of true tubercle." Note by Lebert to M. Van Oordt's "Des Tumeurs Gommeuses." Thèse de Paris. 1859.

dead portion, when exposed, is dry, and as if worm-eaten (the term "necrosis eccentrica" has been applied to this condition), all the vascular canals being widened by absorption. Or, again, caries may be produced, rather than necrosis, though by an essentially similar chain of events. The circumscribed gummy tumours of bone may either organise into peripheral exostoses, or bony nodes, according as their base is broad or narrow; or if they attack the medullary canal may so interfere with nutrition of the bone as to give rise to a central necrosis, which often runs a singularly protracted course.

Cartilage.—Tertiary syphilitic affections of cartilage are not infrequent; by far the most important site of the poison in this stage is the larynx; the result of the condition we refer to is, as a rule, necrosis of the parts affected, which places the patient's life in extreme jeopardy. Tertiary affections of the larynx differ very widely from secondary affections; the difference may be stated aphoristically thus: Secondary syphilitic laryngitis is a slight affair readily yielding to treatment; tertiary syphilitic laryngitis is one of the gravest diseases, and generally terminates in death.

Muscles, Tendons, and Fasciæ.—Tertiary syphilis is apt to affect all these structures; gummous tumours are more common than diffused gummous exudation. These gummata, which are especially common on the muscles of the forearm, are often multiple, and give rise to few symptoms but pain—they are generally absorbed. Gummata of the tendons are easily made out, and likewise yield to treatment. Gummata of the fasciæ, particularly the palmar fascia, are apt to induce contraction, and the resulting deformity is often only to be remedied by free subcutaneous division of the bands of lymph, combined with general treatment.

Blood-vessels.—The blood-vessels are more subject to the attack of syphilis in its secondary than in its tertiary period; but if a gummous material be poured out it may induce aneurismal dilatation by the molecular death following the presence of the materies morbi.

The Viscera.—All the viscera are subject to the inroads of the syphilitic poison in its tertiary stage, and the symptoms produced are of course dependent upon the exact position of the gummous mass; thus, *e.g.*, in the brain gummata may give rise to any or all the symptoms of cerebral tumours—amaurosis, deafness, optic neuritis, aphasia, mania, paralysis of sensation or motion; in the *kidneys* all the symptoms of Bright's disease may be caused in the same way; in the liver a cirrhosis with sequential ascites, or icterus with scattered gummata may occur; if the blood be affected a true leucocythæmia may ensue, and so on. The *liver* is probably more often than any other viscus the seat of tertiary syphilis, and here the effect of its presence much depends upon the precise form which the exudation takes. If a diffused gummous exudation be poured out, we generally have a deformed and especially contracted liver, with an extraordinary development of cellular tissue in the site of Glisson's capsule. If gummata be the form assumed, they are often very numerous, of varying degrees of consistency, and stud the whole organ like little white turnips. Next to the liver, I should be inclined to place the *brain and spinal cord*. In both situations gummous tumours are commoner than diffuse gummous exudation. The tumours are rarely larger than a walnut, and the symptoms, of course, entirely depend upon their site. As they are met with in every possible situation it will be understood how almost every possible nervous symptom may result from their presence, the diagnosis only being arrived at by a careful historical search and attention to the effect of remedies. A few words must suffice for what further we have to say of tertiary visceral syphilis.

The *kidneys* are often affected by tertiary syphilis, when, as in the liver, an extraordinary development of cellular tissue takes place, which, by pressure, will induce albuminuria; the interstitial nephritis thus caused is always of a very slow and almost symptomless character.

If the *testes* be invaded, as they may be, the functions of the glands are often completely destroyed, and in this respect secondary orchitis, which scarcely ever leaves the glands damaged, differs notably from the tertiary affection—most frequently one gland only is diseased.

The *lymphatic glands* throughout the body are, as would be imagined *à priori*, favourite sites for the poison of tertiary syphilis. Under its influence they slowly and painlessly enlarge, sometimes remaining hard, at others softening into fat or pus. If the lymphatic glandular affection be very extensive, and especially if along with this diseased state the ductless glands suffer, a true leucocythæmia will ensue, which intensifies the syphilitic cachexia commonly seen in the tertiary stage to an extreme degree.

Gummata have also been found in the *heart*, but the diagnosis must always be very obscure, and they can scarcely be regarded otherwise than as pathological curiosities.

The Lungs.—I take the lungs last in order, as I think we have less positive evidence of the alleged syphilitic diseases of these organs being really of this nature. This is more true of the lung-tissue than of the air-passages. In the trachea and in the bronchi we meet with such precisely similar lesions as those in the larynx, which are confessedly syphilitic, that we have little doubt that they are due to the same cause. In such cases the symptoms will be those of a chronic tracheitis or bronchitis, as the case may be, and the real nature of the disease will, probably, only be inferred by its behaviour under treatment, or will be ascertained by post-mortem examination. In the lungs gummy exudations do occur, especially in the gummy form, where they give rise to a syphilitic pneumonia, which may be subdued by treatment, leaving cicatrices behind in the site of the old gummata. More rarely the exudation is of the diffuse form, and this, becoming organised, produces the hypertrophy of cellular tissue which we have mentioned as being so characteristic of the syphilitic cirrhosis of liver and kidney; when this condition obtains, we have what is termed a fibroid or syphilitic phthisis. The disease, however, requires further clinical study for its satisfactory elucidation.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

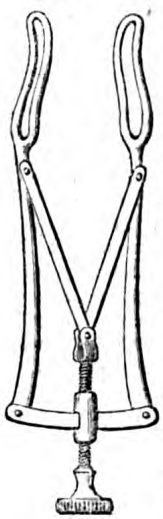
Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page 466, last volume.*)

Instruments useful in Diagnosis and Treatment.

Fig. 35.

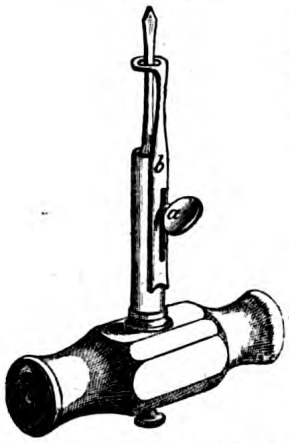
Fig. 36.



Thudichum's nasal speculum (Fig. 35) has been already referred to, but in some cases, especially when the nostril is irritable or tender, that form made by Weiss, shown in Fig. 36, will be found preferable, and gives a good view of the nares and turbinated bones.

To trephine the mastoid process it is necessary to have a guarded trephine. I have used the instrument shown here with satisfaction on a few occa-

Fig. 37.



sions. The guard (*b*) is regulated by a screw (*a*), and the depth to which we desire to pass the blade is thus limited. It is the aural trephine, devised by Mr. Hinton.

Removal of Polypi.

The rectangular forceps of Hinton already figured will be found in some instances a convenient instrument for removing polypi from the meatus and membrane. But the lever ring forceps of Toynbee here figured (Fig. 38) is the instrument I always use for this purpose, especially if the polypus is very small, or of the "mulberry" kind, and growing from the cavity of the tympanum or from the membrana tympani. There is no difficulty in using this forceps. Pressure applied to the lever (*a*) pushes ward the tube (*b*), and closes the serrated rings on the polypus. The patient is made to stand with the head inclined a little to one side; a large-sized speculum is introduced into the meatus, and the light well thrown into it with the spectacle mirror. An assistant may now support the head of the patient, and when a good view of the polypus is obtained, the forceps is carried steadily down to it with the rings slightly apart; the rings being now fairly opened the polypus is grasped by pressure on the lever and removed. The forceps, in the case of two or three polypi growing from the membrane or meatus, may have to be introduced some few times in order to remove the entire of the growth. If bleeding obscures the view, it is well to wash out the meatus and then dry the surface of the membrane or the bleeding part before re-introducing the instrument.

Fig. 38.
Toynbee's.

To illustrate the use of the lever ring forceps I may cite this case, which has recently come under my notice. A boy with complete perforation of the membrane in both ears applied for relief at the hospital. He had been previously subjected to treatment, and was under my care some years since, when he was threatened with brain mischief with severe otorrhœa. On syringing the left ear I perceived in the cavity of the tympanum, which was quite exposed, and growing from its roof anteriorly, a small tumour, quite white, on the surface of which I could distinctly trace vessels. I had never before seen a case of this nature, and at once suspected a cystic tumour growing in the tympanum. I made with a fine lance-headed knife an exploratory incision, and found that it entered easily into the mass. I now passed in a Toynbee's forceps and squeezed out the sebaceous contents, part of which came away with the forceps on withdrawing the latter. In order to ascertain the nature of the growth, I now again introduced the forceps, and closing the rings on the sac completely removed it from the cavity of the tympanum.

Often free syringing will bring away any loose portions of polypus not removed by the forceps. I have never had any hæmorrhage to speak of after removal of any kind of polypus. I generally use a little alum water if the bleeding is severe, and this is usually sufficient to control it. Occasionally it is not possible to remove the entire of one of these vascular polypi at one time, and we have to operate a few turns before the growth is cleanly extirpated. If the polypus is of larger size, globular or pyriform in shape, of the fibrous, gelatinous, or fibro-gelatinous kind, we must resort to other means of removing the mass. It is well in these cases to determine as carefully as possible before operating, the size, mobility, and seat of attachment of the polypus. This, as a rule, can be readily done with a probe. Most of the globular polypi which fill up the meatus are easily removed, with such a forceps as that figured here (Fig. 39); but the best instrument is the polypus snare of Wilde—the only difficulty which we meet with is the careful noosing of the polypus close to its attachment. This, however, is seldom a matter of difficulty, and will be found less so if the wire made for this purpose by Messrs. Weiss is employed. Having tried a variety of means, I have relinquished everything for this wire, which will be found quite strong enough for the removal of the polypus; at the same time that it can be easily moulded so as to encircle the mass.

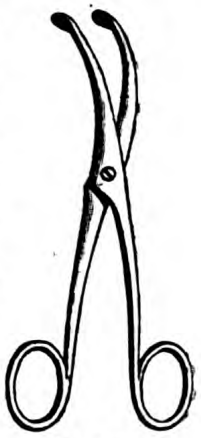
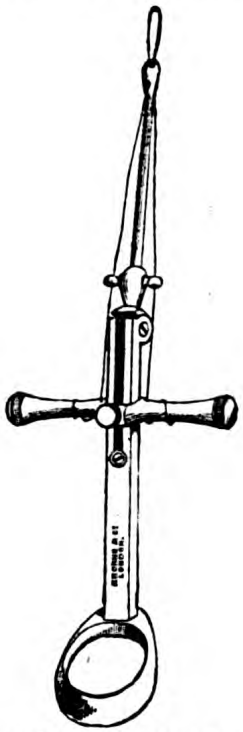


Fig. 39.



(Fig. 40) Durham's Modification of Wilde's Ear and Nose Polypus Snare.

The Use of Politzer's Bag.

In the Report in the Physiological Section of the Otological Congress Dr. Charles Burnett details some important conclusions which Prof. Lucæ has drawn regarding the condition of the pharyngeal orifice of the Eustachian tube during the act of swallowing. Prof. Lucæ does not think that during the act of swallowing the tensor palati opens the tube, but he rather inclines to the belief that "this muscle, right after the completed act of swallowing, participates in the re-opening of the tube, occurring simultaneously with the cessation of the action of the levator palati and the sinking back of the

velum." He explains how "the tubal muscles bring about a physiological ventilation of the ear. This ventilation of the ear is not brought about, according to this observer, by the opening of the usually closed tube at swallowing, but by the fact that the usually patulous mouth of the quite loosely closed membranous-cartilaginous tube is powerfully compressed by swallowing, and after the act is opened again."

Prof. Lucæ has thus found that we may blow air into the middle ear by employing a movement which will cause the velum palati to hermetically close the naso-pharyngeal space. *Such a process may be effected by a prolonged phonation of the vowel a*, which will cause the velum to rise, cut off the upper from the lower pharynx, and during this act air may be blown into the nares and thence into the middle ear by a powerful inflation with the hand-balloon." I have tried this experiment several times, and find that the ear is easily inflated during this act, and in a much simpler manner than by the old process of swallowing water.

Clinical Records.

WEST LONDON HOSPITAL.

Unilateral Anæsthesia—Complete Recovery under Treatment by the Electro-Magnetic Current.

Under the care of Dr. Thorowgood.

Notes by Mr. White, House-Physcian.

Charles F., æt. 30, a healthy looking, well-nourished, sergeant of the Mounted Police, was sent to the West London Hospital, by Mr. T. Holmes, on April 24, 1877.

He has been driving the police van, and during December was much exposed to wet and cold: to this he attributes his present illness. The symptoms commenced on December 29, 1876, with giddiness and pains in the head; there speedily followed gradual and complete loss of sensation over the whole left side, from the top of the head to the sole of the foot, unaccompanied by any loss of motion

On admission to hospital, April 24, he still complains of general headache and aching over the eyes with more or less giddiness; the pupil of the left eye is dilated. Examination of left side by a process of pinching, pricking, and tickling, fails to elicit any sensation whatever; and on putting some ink on the left side of the tongue patient declares himself quite unable to taste it, but on the right side he tastes it at once. There is now and then slight difficulty in swallowing, but the movements of the jaw are strong and normal. Both pulses are similar (72), tongue moist and clean. The 7th nerve seems in no way involved, for motion of face is normal, though sensation is quite lost. Prior to this attack the patient had lived temperately and enjoyed good health. He has never lost consciousness.

℞ Liq. hydrarg. perchloridi., ℥ss.;
Infus. gentian co., ℥j. ℿ t.d.s.

April 26th.—The interrupted current of the electro-magnetic machine was applied to arm and leg; at first no sensation and no reflex movements, but after the poles had been kept applied in one spot sensation gradually began to return.

28th.—Much complaint of pain at back of head and aching of eyes, pupil of left eye still dilated. Vision is dim. Conjunctiva touched without closure of eye—no stimulus being sent by the fibres of the 5th to the motor ones of the 7th.

About this date Mr. Bowater Vernon examined the optic discs, but did not detect any morbid change there.

May 8th.—℞ Liq. strychniæ, ℿiij.;
Acid phosphoric dil., ℿxij.;
Infus. gentian co., ℥j. ℿ t.d.s.

Battery current applied by Mr. White every other day with gradual return of sensation.

May 24th.—Complains much of dizziness of sight and headache; ordered a change of medicine.

℞ Potass. bromidi, gr. x.;
Tr. valerian. ammoniatae, ℥ss.;
Aq. camphoræ, ℥j. ℿ t.d.s.

June 1st.—Head symptoms much improved.

5th.—Sensation almost perfect, the only part where it is not much improved is the calf of the leg. Battery continued.

20th.—Sensation is established all over left side, not yet perfect in calf of leg. Head symptoms gone.

26th.—Ordered citrate of iron and quinine, and made out-patient. He feels quite well, head and eyes comfortable, slight impairment of sensation still in calf of leg. He is going now to return to easy duty.

Remarks.—The anæsthesia, with normal motion, coming on after fatigue and exposure to wet in this case was doubtless peripheral; though the persistent occipital headache tended to show some amount of central disturbance of congestive character. The small doses of perchloride of mercury were given first with a view to relief of congestion, and then the galvanic current, with small doses of strychnine, came in as useful agents in rousing dormant nerve function. In rheumatic anæsthesia from cold and wet, where the patient is young and temperate, a favourable prognosis appears reasonable, and such a prognosis was justified by the result of treatment in the case here reported.

HOMŒOPATHY PAST AND PRESENT.

Various circumstances familiar to our readers have lately directed the attention of the profession to the subject of homœopathy, and we have selected from many others two books published some years ago as pegs to hang some thoughts upon:—

1. "Homœopathy Unveiled." By W. P. Brodribb. London: Highley 1851.

2. "Homœopathy in Manchester contrasted with its alleged Principles." By William Roberts. London and Manchester: Simpkin and Co. 1862.

One deals essentially with Hahnemannism as it was practised and understood in 1851: the other with the same system as it was practised in Manchester in 1862, and in the latter we see foreshadowed the change which was silently taking place amongst the practitioners of the homœopathic school, until it has culminated in 1877 in the eclecticism of such disciples as Dr. Wyld.

It may be asked—What is the use of reviving these works? What is the good of again going over the beaten track of refutation?

It is quite true, as Mr. Brodribb says—

"At the very threshold of our inquiry into the truth of homœopathy we meet with assumptions so gross and pretentious, so extravagant, as to render investigation absolutely puerile and absurd."

The vitality of error and fallacies is very great—the same ground has generally to be gone over, but we believe these books will prove interesting as showing that our profession has devoted some attention to the subject in the past—that the principles of Hahnemann have been studied, weighed in the balance of reason and justice, and found wanting—facts confirmed by the verdict of the present age.

We need not linger long over Mr. Brodribb's pamphlet, as it was confined to the unveiling of pure Hahnemannism; but as this system is now openly abandoned—as the globular, the dynamic, the infinitesimal, the psora theories are ignored by the modern homœopathic school (*vide* homœopathic journals, lectures of this year, *passim*), we mention it, using the words of the second brochure under notice, as—

"*Un memoire pour servir*, that one day will be welcome to Dryasdust when he shall sit down to write the history of homœopathy."

Dr. Roberts' work is of more modern date, and has, as we have said, a deeper interest, as it indicated the wave-thought that was insensibly undermining the weak fabric on which Hahnemannism rested, and as it is a most thorough *exposé* of what then was secretly practised under the guise of homœopathy, The author tells us what Hahnemannism was, what Hahnemann believed when he founded his school, what the tenets are as put forth in guides, working-mens' guides, hand-

books, stepping-stones, text-books; and what the public and our profession imagined was pure homœopathy. He says—

"I have small desire to break a lance with Hahnemann or any of his consistent disciples, but it has come to my knowledge that the practice of homœopathy is as wide as the poles asunder from the teaching of the books, and from the current belief concerning it."

Might we not use similar language at the present day? He was put on the scent by finding an epileptic patient was being *homœopathically* treated with *three grains of phosphate of zinc*, three times a day, and that this was not a solitary instance, but a sample of systematic practice. We think it would be a pity to give our readers too many extracts from this clever, temperate, concise, logical, masterly *exposé*. We must refer them to it, and trust that it may still be obtained, and if not in print it would be well worth reproducing: even without any change it is equal to the requirements of the present day.

We shall give another extract anent our supposed persecution of homœopaths.

"Another delusion is a notion that homœopathists are a persecuted body of scientific men; much dust and clatter has been raised there anent. It is an excellent thing in these days to be even really persecuted, and still better to obtain the credit of it without the *désagremens;* and this the homœopathists have managed to do.

"Homœopathists have wilfully separated themselves from regular practitioners by laying claim—with what justice has been seen in the foregoing pages—to a wholly different and exclusive mode of treating disease; and if we refuse to acknowledge them as professional brethren it is because there is a profound suspicion throughout the profession that what goes under the name of homœpathic practice is a sh——well, an unreality—what men of business would call a 'trick of trade' to catch the breeze of popular favour. To have condoned the movement would certainly have checkmated some who now grow fat on public credulity; it would also have gained for the profession a transient reputation for liberality, but it would have been neither an honest nor a dignified course."

We must mark the following significant and prophetic words—

"And when 'fuit' shall have been written across the history of homœopathy, those who now are ready to charge us with prejudice will then be compelled to approve our constancy."

The British Medical Association will shortly meet in Manchester. The subject of homœopathy will come up, if not in an official form, certainly in social intercourse, and we would advise our readers before that time to obtain the little work of Dr. Roberts. The Wyld-Richardson correspondence presents us with the latest phase of homœopathy.

It originated in a well-meant and benevolent attempt to bring about a reconciliation, but we may fairly express our surprise that any logical minds could entertain the idea of an amalgamation of two such opposite schools, presuming that the basis of their existence was fully understood. It is needless to recapitulate the details, as they must be familiar to every medical man.

The monthly *Homœopathic Review*, July 2nd, 1877, a representative organ, has devoted most of its columns to the correspondence, and a special editorial sets forth the pretentions of the school, and defines what homœopathy really is—a very much wanted and desired piece of information.

The editors assure us "that they are not surprised at the misrepresentations of homœopathy—those cunningly designed fables which emanate from the allopathic medical press—that there are but very few who have any belief at all in those teachings of Hahnemann which are constantly paraded as true homœopathy by their adversaries."

We are thankful for the courteous imputation, and for this candid confession, which we hope will be acceptable to the Laurie's, the Hempels, the Morgans, the Sharps, the Wylds of homœopathy. We were wrong, it seems, in drawing fair deductions from their published writings, and in attributing to them a knowledge of the meaning of words and of the English language.

The medical press and medical writers have examined the literature of homœopathy, have sought for information even at the fountain head Hahnemann, and they found "fables" (we thank the editors for the word)—more than fables—in the language of Hempel (*Organon*, p. 131) "a tissue of fallacies, illusions, misapprehensions, absurdities and childish observations."

The "text-books" designed to popularise this system, written by earnest and *scientific* (?) homœopaths, abound in the most extravagant doctrines, and in directions for the treatment of disease both puerile and dangerous.

We could give instances without end; one from Dr. Laurie's "Homœopathic Guide for Family Use" will suffice—*ex uno disce omnes*:—"Croup. Hepar. sulph. is good in the earliest stage before fever sets in, when the cough is hard and dry, or hoarse, or hollow, and accompanied with wheezing; it is also useful in the more advanced stages, when there is constant rattling of phlegm, excessively quick and laborious breathing, and when the patient frequently grasps at the throat and throws the head back.

"*Dose.*—In the early stage disolve four globules in two tablespoonfuls of water, and give a tablespoonful of the mixture every three hours; in the advanced stage dissolve twelve globules in three tablespoonfuls of water, and give a teaspoonful of this mixture every half-hour."

Could any language too strong be applied to the above? puerile, dangerous, are mild terms. Might we not add the word criminal in application thereto?

But now let us see what homœopathy is, according to the definition of the *Monthly Homœpathic Review;* but we must remember at the onset that it is not the homœopathy of general practice..

"1. True homœopathy consists simply and solely in the prescribing for disease such remedies as are competent to produce a similar disordered state of health in a healthy person. This alone is homœopathy.

2. To carry out homœopathy it is necessary the drugs be proved on persons in health.

3. It is further necessary that the amount of drug given to cure be less than that required to produce disease.

4. And finally it is requisite that medicines should be given singly and uncombined with others.

These are the corollaries of homœopathy. They are inseparable from it; no one can satisfactorily practise homœopathy without seeing their necessity, or availing himself of them, and *so far as we are aware* no one attempts to do so."

We may observe *en passant*, before taking these four points *seriatim*, that the editors must not have read Dr. Wyld's letters, or they would be aware that he does not agree with these conditions, although he is a homœopath and a vice-president of a society to which Drs. Pope and Dyce-Brown belong, so that we have here a difficulty as to whether we can accept the propositions as the fundamental principles of the system. But let that pass and let us assume they are.

We must admire the marvellous coolness and effrontery with which the regular medical press is charged with inventing fables—the open confession of abandonment of pure Hahnemannian doctrines, for which these four propositions are substituted.. We need only briefly dwell on them, as they have been again and again refuted and proved fallacious. The first proposition rests on the very important assumption that medicines given to healthy persons do produce symptoms resembling those of natural disease, and this is a postulate universal in homœopathy. It is an assumption of only very limited truth, and if carried out would be often most disastrous, and when it is true is of very little practical value. For instance, belladonna produces symptoms somewhat resembling scarlatina, and is a homœopathic remedy for the disease, but we know that drug has not the least power to cut short its duration; this has been tested repeatedly and extensively. Again, opium produces lethargy, coma, and insensibility. Ought not opium then be the remedy?

We need not go into this point, but refer our readers to Dr. Robert's Work, page 32.

2. The provings of homœopathy are a mere chimera and fiction, and we may imagine what fertility of imagination must have existed in the minds of homœopathic writers when we are told that natrum muriaticum (common kitchen salt) produces in a healthy person over four hundred symptoms; that silica, calcarea, carbonica, alumina, sulphur, charcoal, and other substances which we are in the habit of taking with our food and the air we breathe have equally injurious influences.

Well might Dr. Charles Julius Hempel, Homœopathic Professor, Author, Translator, and Editor, say—

"The provings are exceedingly unreliable and illusory" (see Hempel's *Organon*, p. 125).

The third proposition depends on the truth and accuracy of the foregoing one, and as we have seen that is unreliable, the corollary must also be unreliable, whilst it also opens out a very wide discretionary limit as to what should be the dose.

This has always been in the past a stumbling block, some, as Dr. Epps, trusting to infinitesimals; others, as the Manchester homœopaths, to palpable quantities.

The fourth law is a pure Hahnemannian one, and we are glad that the father of the sect has not been altogether discarded. We would not object to this if the other propositions on which it is dependent were true; we desire by all means to cure *cito tuto et jucunde*, but unfortunately we cannot. Homœopaths have not adhered to this law in the past, and we feel certain they will do so less in the future. We must here conclude, though we have left many points untouched, but we have pointed out the source whence information may be obtained.

It is a matter of regret that we have to contend with so much ignorance and obstinacy, but there have been men in every age who have believed in the most outrageous, doctrines; visionaries who have secured ardent followers; who for a time have had their brief little day, and then been forgotten, whilst the truths they opposed lived on.

Hahnemannism has had its day; the "FUIT" will surely be written across its history, while scientific and legitimate medicine, wedded to no therapeutic law, but guided by experience, will prosper and flourish in discharge of its great mission, the relief of human suffering.

INTERNATIONAL CONGRESS OF MEDICAL SCIENCE.

THE Fifth Session of the above-named Congress will be held at Geneva from the 9th to the 15th September.

It embraces all the departments of medicine, and the subjects selected for discussion in each section seem well chosen and well worthy of attention, as may be seen from our analysis.

SECTION I.—MEDICINE.

President—Dr. Strœhlin. Vice-Presidents—Drs. Ducellier, Duval, and Revilliod. Secs.—MM. Saloz and Vincent.

1.—The etiology of typhoid fever. Dr. Bouchard.
2.—Resumé of observations and works of simple chronic ulcer of the stomach. Dr. Lebert.
3.—Diphtheria, croup, tracheotomy. Dr. Revilliod.
4.—Universal pharmacopœia. Prof. Gillé, Brussels.

Communications announced:

1.—Parasitic affections of the skin. Dr. Hardy.
2.—Inoculability of various skin affections (ecthyma, impetigo, herpes, epidemic pemphigus of the newly-born). Dr. Vidal.
3.—Diagnosis of meningitis by the ophthalmoscope. Dr. Bouchut.

SECTION II.—SURGERY.

President—Dr. Mayor. Vice-Presidents—Drs. Julliard, Las Kowstri, and Speiss. Secs.—Drs. Hilt and Martin.

1.—On artificial ischemia. Dr. Esmarch, of Kiel.
2.—The influence of traumatism on pregnancy and *vice versa*. Dr. Verneuil.
3.—Treatment of ozæna. Dr. Rouge, Lausanne.
4.—Galvano-cautery. Dr. Julliard, Geneva.

Communications announced:—

1.—The definite results of articular resections. Dr. Ollier, Lyons.
2.—Penian fistula. Dr. Reverdin, Geneva.

SECTION III.—MIDWIFERY.

President—Dr. Gautier. Vice-Presidents—Drs. Badan, Long, and Odier. Secs.—Drs. E. Cheneviere and Pilicier.

1.—On the artificial alimentation of children. Dr. Zweifel, Erlangen.
2.—The employment of anæsthetics during natural labour. Dr. Prachaud, Geneva.
4.—On membranous dysmenorrhœa. Dr. Gautier.

Communications announced:—

1.—Uterine souffle. Dr. Rapin, Lausanne.
2.—On the law regulating the growth of children. Dr. Odier, Geneva.

SECTION IV.—PUBLIC MEDICINE.

President—Dr. H. Cl. Lombard. Vice-Presidents—Drs. Bient, Dunant, Olivet. Secs.—Drs. Lombard and Pétavel.

1.—The influence of alcoholism on mental affections. Dr. Magnan.
The progress of alcoholism, the pernicious influence it exercises on the individual, his descendants, imposes the necessity of its study upon all—the hygienist, the physician, and the surgeon.
2.—Medical geography. On malaria in Europe and Northern America. Dr. H. Cl. Lombard.
3.—On the influence on towns by emigration of the inhabitants of villages. Dr. Dunat.
4.—Tuberculosis treated on the mountains and on the Mediterranean coast. Dr. Thaon, Nice.

Communications announced:—

1.—The influence of the adulteration of alcoholic drinks on the health of the manufacturer and consumer. Dr. Guillaume, Neuchatel.
2.—How epidemics arise and end? Prof. Diday, Lyons.
3.—On the value of hydropathy in the nervous state and anæmia. Dr. Glatz, Geneva.

SECTION V.—BIOLOGY.

President—Dr. Schiff. Vice-Presidents—Drs. H. Fal, Rapin, Vulliet. Secs.—MM. Vogt, Darier, Wartmann.

1.—The physical characters of the electric discharge of the torpille (cramp. Fub), its physiological analogy with muscular contraction. Dr. Marey.
2.—Cerebral localisation. Dr. Broadbent, London.
3.—On the cause of sleep. Dr. W. Preyer, Jena.
4.—The functions of the spleen. Dr. Schiff.
5.—Histology of the ova and the *role* of the zoosperim in fecundation. Dr. H. Fol.
6.—Physiological antagonism. Dr. Prevost.

Communications announced:—

1.—Entozoa in man. Dr. Vogt.
2.—On the tissues in the organism. Dr. Yalsy.
3.—Case of anomaly in conformation of the hand. Dr. Boechat.

SECTION VI.—OPHTHALMOLOGY, OTOLOGY, ETC.

President—Dr. Warlomont. Vice-Presidents—Drs. Barde and Haltenhoff. Secs.—Drs. Ferriere. Ravenel, and Kohler.

1.—Indications for the enucleation of the globe of the eye in its relation with sympathetic ophthalmia. Dr. Warlomont.
2.—The etiology and prophylaxis of myopia. Dr. Haltenhoff.
3.—Tenotomy of the tensor tympani. Dr. Colladon, Geneva.

SECTION VII.—EXHIBITION OF INSTRUMENTS.

Directors—Drs. Julliard and Reverdin.

It will be seen that though this congress is international, yet only one English name is to be found in the list of contributors. The committee have issued a prospectus of the proceedings, with a very interesting analysis of the heads of the various questions under discussion, in French and German.

Would it not have been as well if they had also been set forth in the English language, for though it is presumed that no one would attend the Congress without knowing French, there seems as much reason for having a *resumé* in English as in German. It is not too late to remedy this, and we believe it would add to the success of the meeting.

All particulars connected with the reading of papers may be learnt from the general secretary, Dr. Prevost, No. 8 Rue Eynard, Geneva. Would it not be desirable to appoint an English secretary? This Congress must be also interesting to our American *confrères*. Are there any secretaries there?

THE deaths registered in London last week were 20 per 1,000 of its population. Dublin gave the same death-rate, Edinburgh 18, and Glasgow 22 per 1,000. Brighton was the lowest on the list of large towns with 9, and Salford highest with 25 per 1,000.

A 'CUTE Yankee has succeeded in making sham salmon which finds a ready market in the poorer parts of London. It is put up in tins and branded just like that which is real and good. The fish itself is believed to be cod, or some inferior kind, coloured and flavoured to imitate as far as possible the genuine article.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 18, 1877.

RELATION OF STATE MEDICINE TO INTEMPERANCE.

IN the last part of the *Journal of Psychological Medicine* there is an interesting paper on this subject by Dr. Edward C. Mann, medical superintendent of one of the asylums, New York; from which it would appear that intemperance is on the increase in America, as well as in this country. In New York it is estimated that 33⅓ per cent. of all deaths are due, directly or indirectly, to the abuse of alcoholic stimulants, of which it is supposed that 600,000,000 dols. worth are annually sold in the United States.

We are also reminded that insanity from intemperance is on the increase, especially in England. In one of the largest asylums (the Crichton Royal Institution) the admissions due to intemperance have risen, during the last five years, from 8 per cent. to 35 per cent.

With regard to the remedy, Dr. Mann very judiciously observes that the wisdom and intelligence of the Legislature should be directed towards the diffusion among the masses of the knowledge of sanitary and hygienic laws, and the penalties consequent upon their violation. The public sentiment must be enlightened and changed before prohibitory laws and statutes will avail. When the masses can be made to understand that by intemperance they are not only destroying their own health, but also that of their offspring, then, and only then, will the disease—for disease it is—be abated.

We are glad to see that Dr. Mann agrees with us in thinking that much good may be done by the establishment of inebriate asylums, and by the passing of such laws as would enable the public guardians to put into active operation remedial restraint; but he goes so far as to say that inebriates should be committed in precisely the same manner as are the insane, and held for treatment until the superintendent deemed them fit to take their place in society.

"There should be," he remarks, "no half-way or sentimental measures adopted in the confinement and treatment of inebriates. The public must understand that inebriation is a type of insanity, and that in all cases prompt and effective measures must be taken to prevent such individuals ruining themselves and injuring society. . . . It must be understood that the inebriate is suffering from a physical disease, and that he is committed to an inebriate hospital to stay until cured, whether that cure takes six weeks or six years."

Our own opinion on this point has been given on a previous occasion, and therefore it is scarcely necessary to say that, although we are in favour of the compulsory control of habitual drunkards, we neither regard habitual drunkenness *per se* as a physical disease, nor as a "type of insanity." That it leads to disease and insanity is too well known, but that it is in itself the effect of a physical disease, or a manifestation of insanity, has always appeared to us a proposition that could only be maintained by those psychological physicians who allow their judgment to be biassed by their own peculiar studies. Not only may such teachings be regarded as contrary to the general meaning and acceptation of the term "insanity," but if carried to their logical conclusion, as Dr. Mann would have us do, they would render any legislative attempts to control habitual intemperance quite impracticable.

"For the successful treatment of inebriety," he remarks, "as with insanity, it is necessary to send the patient for treatment in the early and curable stage of the disease." This is perfectly logical, and consistent with Dr. Mann's view of the subject; but what does it amount to? It amounts to this: that the parents of a man who has given way for a short time to intemperate habits are to have the power of sending him to an asylum, to be treated as a lunatic!

Could such a doctrine be for one moment tolerated, much less put into force, by any society whatsoever? It will be long before either the American or the British public will listen to such a proposition as this. The compulsory control of the confirmed inebriate is a proceeding of which the public will, probably before long, take a favourable view; but the compulsory control of the inebriate, who is but in the "early and curable stage of the disease," much less his forcible detention in an asylum as a lunatic, is a measure which the profession would never think of recommending, and a measure to which the public would always entertain the greatest aversion.

If there is one thing more certain than another in the consideration of this great question, it is that no government in this or any other country could base its legislation on a view of the nature and causes of intemperance, which is for the most part purely hypothetical, accepted only by a small majority of the profession, and repudiated by public opinion.

The Bill that will shortly receive the consideration of the English Parliament, is very properly not framed on the presumption that habitual drunkenness is a disease or

a form of insanity, but on the fact, which few will deny, that it is a vice which often leads to insanity, that it is the fruitful parent of much domestic misery, poverty, disease, and crime, and that such an act as that contemplated is very desirable both from a political and social point of view, and would bring relief to many a miserable household, and greatly mitigate and prevent the manifold evils which result from immoderate indulgence in intoxicating liquors.

Nor must it be forgotten that the direct interference of the legislature is only one means of dealing with this great national evil; and that, if we wish to make the people, especially the working classes, more sober, we must endeavour, as we are now doing, to offer them some healthy counter-attractions to the beer-shop and the gin palace, to educate them in such a manner as will foster among them a sense of their own dignity as men, a spirit of self-respect, and, as Dr. Mann well remarks, diffuse among the masses a knowledge of sanitary laws, and of the penalties consequent upon their violation.

THE SOCIAL STATUS OF THE PROFESSION IN IRELAND.

We have read with unmeasured disgust and humiliation the newspaper reports of a fracas between two doctors at Listowel, in the co. Kerry, one of whom has been in danger of his life from an assault worthy in brutality of Stoke-upon-Trent, and one of whom is under bail to stand his trial for being party to said assault. The fight it appears, arose out of a discussion which took place in a common public house, where these members of our profession were drinking side by side with the *canaille* of their own constituencies.

We deeply regret to be obliged to say that the presence of medical men in such places is neither unusual nor considered dishonourable, and we are, furthermore, obliged to express our belief that the low social disposition which our profession has come to occupy in some districts in Ireland is mainly owing to the admission of persons to its ranks who have never occupied the position of gentlemen.

By the agency of the cheap universities, and by the facility which government grants afford for giving a cheap and low class medical education, doctoring has been brought within the easy reach of the sons of cotter farmers, small shop-keepers, and even of working artisans and thus it happens that boys who have been brought up in association with the public house are to be found there only too often when they have reached the age of men and the rank of doctors. It was, on a recent occasion, publicly stated by a provincial medical practitioner, whose name carries respect with it throughout Ireland, that there were but two of his professional brethren in the Poor-law service within his district, whom he would desire to see as guests in his house, and we were entertained on the same day with a description by a medical man, of his attendance on a sick medical student, of one of the provincial colleges, who lay in fever in the loft of a small farmhouse which he shared as a bed room with two of his fellows. We are far from implying that most or many of the Irish provincial practitioners are of the social rank to which we refer. It is not so now; but, if the remedy for the present state of things does not come soon, if the selling of university degrees at the same rate as druggists licenses is not put a stop to, the practice of medicine in the Irish provinces will, before the century ends, be a pursuit unsuited for a gentleman.

THE REVIVAL OF BLOOD-LETTING.—II.

We should have stated a fortnight ago our reasons for writing on a subject to which the profession has for many years past given very little attention. We shall now, however, proceed to do so, and shall mention as briefly as possible the circumstances that have led us to give expression to opinions which we have long entertained.

In the first place, readers of our periodical literature cannot have failed to notice how many cases have been recently reported in which more or less benefit was derived from the employment of local or even general depletion.

Several cases have been reported in the Medical Press in which venesection proved of the greatest service; and many more will be found scattered through the columns of other medical journals. The same may be said in respect of some of the medical works that have recently issued from the press. The very last that came under our notice was one in which the application of leeches or venesection was more than once recommended for the disease which formed the subject of the work.

But what has chiefly attracted our attention is an interesting and suggestive paper in *The Glasgow Medical Journal*, by Dr. Robert Kirk, of Glasgow, on uræmia, with cases of scarlatinal dropsy, treated by blood-letting. The first case was that of a young man who, after a slight attack of scarlatina, was attacked with frequent convulsions. The attacks became very strong, and nearly continuous, with tonic and clonic spasms, and occasional stertorous breathing. In one of these there were violent convulsions, unconsciousness, foaming at the mouth, with dilated pupils. He was at once bled from the arm to sixteen ounces, three men holding the patient during the operation. The fits ceased almost immediately, a sort of comatose sleep alone remaining. This was about eight p.m. Next morning, at six, he awoke, said he felt well, and took some food. The wound, moreover, had burst open, and he lost a good deal more blood, but his pulse was of the natural standard, and he was not the worse for the loss he had undergone. Diuretics were then administered, which brought away plenty of albuminous urine, loaded with lithates; he was discharged at the end of six days, and when seen six months afterwards, he was in the best of health, and not at all anæmic. Another case—a very bad one—appeared to show the good effect of local blood-letting in acute pulmonary œdema. Again, a boy at ten, is seized with violent convulsions, with only brief intermissions. Ordinary treatment is of no avail. He is bled from the arm to twelve ounces. The fits immediately cease, and sleep supervenes, from which he wakes up apparently well, the urinary secretion is restored, and his health rapidly established.

In another case twelve ounces of blood was abstracted before it assumed a serious aspect. There had been dropsy for eight days, with albuminous urine. In a few days

after the venesection the albumen and smoky colour left the urine, and at the end of ten days he was quite well. Lastly, a girl, aged nine, was comatose after scarlatina, with puffed, pallid face, teeth clenched, a little foaming at the mouth, pulse 140, pupils moderately contracted and insensible, rapid oscillation of the eye-balls. The case appeared a very unfavourable one, but about twelve ounces of blood were drawn from the arm, and in four or five hours after the pulse had fallen from 160 to 80; she fell into a natural sleep, and ultimately recovered. In every case in which Dr. Kirk has tried blood-letting in scarlatinal dropsy, it has proved eminently successful; and he would not hesitate to try the remedy again, "in preference to a farrago of sudorifics, diuretics, and purgatives, having always the lancet in reserve in case of danger." Nor is he quite singular in his practice, for it appears that Dr. Bramwell of Perth, published in the *Edinburgh Medical Journal*, for July, 1875, a notice of 32 cases of scarlatinal dropsy, in which he frequently had recourse to general abstraction of blood, with the result of only one death out of the 32 cases, and that a case which was seen too late for treatment to be of any service. Amongst his cases were some of both pulmonary œdema and convulsions, in the treatment of which he resorted to depletion with unequivocal success, whether it was practised at any early stage, or not until those complications set in. He also generally found, as did Dr. Kirk, that free diuresis set in 48 hours or less after blood-letting.

But the discussion which took place on the subject at a meeting of the Glasgow Medico-Chirurgical Society, was still more significant of the change that is taking place in the opinion of the profession with regard to the efficacy of blood-letting as a therapeutic agent, while at the same time valuable evidence was adduced by some of the members of this society in support of their opinions, and in favour of this method of treatment. In one case of scarlatinal dropsy, said Dr. Richmond, of Paisley, in a child two years old, there was a total suppression of urine, with great dyspnœa, &c., and the case seemed hopeless. Bleeding eased the respiration, but the secretion of urine did not return. A second bleeding, however, not only gave additional relief, but restored the secretion, and the child made a good recovery. In another case he gave the ordinary treatment for scarlatinal dropsy, but being sent for in great haste, and finding the child in convulsions, he bled him "very copiously, with immmediate relief to the convulsions." In his opinion these patients stood depletion uncommonly well; no mode of relief was so certain as copious bleeding in these cases, and attended with so little bad effects afterwards. Dr. Hugh Thomson related a case of scarlatinal dropsy, during the treatment of which the child became suddenly worse. He was gasping for breath from congestion of the lungs, and he seemed at the point of death. He at once opened a vein from which the blood came away freely, and the result was, that the secretion of the kidneys was well established, and the child made a good recovery. Dr. Morton said he had seen several forms of modern "revival," but he believed that one of the most sensible would be the resuscitation of the practice of venesection in several acute maladies. The President, Dr. Watson, referred to the successful employment of blood-letting by his father, and to the fact that he himself was a living example of the utility of this mode of treatment in scarlet-fever. There was no doubt that they had too thoroughly given up blood-letting. In proper cases, and within proper limits, the treatment was most effective. Into the general theory of the matter he could not enter; but he thought that the arguments of Dr. Bennet being founded on a view far too limited, were essentially fallacious. Several other members gave similar testimony, and even Dr. Gairdner, although more guarded in his praise of this remedy, admitted that Dr. Kirk was fully entitled to claim for the bleeding treatment some of the results in his cases. There was, he said, quite a catena of evidence that in a great many cases bleeding proved more successful than any other remedy.

Notes on Current Topics.

Coroners' Inquests.

At the last quarterly meeting of the Scarborough Town Council it was resolved that a committee be appointed to consider how far the law regulating the holding of inquests in this borough necessitates such inquests and sanctions such customs as are now in vogue, and to recommend such action for their future holding as may seem to them wise and practical. Considering, however, it is the intention of the Government to introduce into Parliament a measure dealing with the subject of coroners' inquests, and proposing an important amendment in the existing law, the committee very properly refrained from submitting any lengthy report on the matters referred to them. They thought, however, that the present proceedings in connection with the holding of inquests might be considerably improved, and in accordance with this opinion they submitted the following suggestions:— 1. That the Coroner should submit to the Council in his quarterly accounts the names of all medical and other professional witnesses attending inquests. 2. That jurors should be summoned by precept from the constable instead of *viva voce* as is at present the practice. 3. That as far as practicable inquests should be held away from public houses, and that a reasonable sum should be allowed by the Council for the hire of the necessary rooms and for lighting and heating the same. 4. That the Coroner's office should be paid by salary in lieu of fees. 5. That the Coroner's officer should give notice of all inquests to the representatives of the press. They also expressed the opinion that due care should be observed by all concerned in order that inquests may be obviated except in cases where circumstances imperatively demand an inquiry. There is not much fault to be found with these recommendations, the most important of which—the third and fourth—have been often urged before by the medical press. That the coroner's office will be paid by an annual salary in lieu of fees will no doubt be eventually the case. The original intention of the Legislature, in paying the coroner by fees, was that he should be tempted to hold rather too many than too few inquests;

and it is questionable whether, if the salary system be adopted, he may not, on the principle of not doing more work than he is obliged, be occasionally induced to pass over some cases in which an inquest is highly desirable. He knows that his salary will be the same whether he holds many or very few inquests, and strong would be his integrity if he were never lax in the performance of his duties. On the whole, however, the salary system is the better of the two, as any abuse to which it is liable would be counteracted by the action taken by the medical men, whose interest it is not to give a certificate of death where there is any doubt or suspicion as to its cause ; at least, so the above committee would have the public suppose, for, alluding to the large increase in the costs, Mr. Whittaker remarked that these costs were not so much to be attributed to the action of the coroner as to the action of the medical men. There had been, he said, many cases in which medical men might have justly and honestly given certificates of burial, but did not do so. We are afraid that this insinuation is not wholly unfounded, for when we hear of practitioners attending patients for sixpence per visit, could we wonder if we heard of their urging the holding of coroners' inquests, more for the sake of getting one or two guineas than for any desire they have to satisfy the ends of justice? We must, however, take a hint from the Scarborough committee, and say no more about the subject until it comes up for discussion in the House of Commons.

The Life Cost of Filth in Dublin.

THE filth of the City of Dublin, the want of proper drainage, the disgusting condition of the river Liffey, and the poisonous condition of the houses of the poor—for all of which the Corporation are mainly responsible—has caused the death-rate of the last quarter to exceed by nearly one-fourth that of any of the large English towns. The proportion stands as follows :—

Dublin	30·0 per 1,000 of population.	
Glasgow	26·6	,, ,,
Edinburgh	22·5	,, ,,
London	22·1	,, ,,

The average death-rate of the other English cities was, therefore, 23·75 per 1,000, or 6·25 below the Dublin rate. The Dublin mortality, it should be remembered, is calculated upon a district which includes Kingstown and the other suburban districts, and would be considerably higher than 30·0 per 1,000 if calculated for the city proper. Taking it, however, at the least estimation, and counting the deaths at 2,361, as stated in the Registrar-General's Report, a simple calculation enables us to state that the citizens of Dublin have paid for the incapacity of the sanitary authority, a fine of about 500 (495) deaths over and above those which must inevitably occur in such a city as Dublin. These 500 lives occurring mainly amongst the working-classes, one of whose deaths represents usually the pauperism of their families, may be taken to signify the creation of very many widows and of innumerable pauper children—grave reinforcements of the workhouse population, and further increase of misery and poverty. Space does not permit us to go further into the calculation, but common sense enables us to say that the incompetency of the Dublin Public Health Committee is directly and unmistakably responsible for a fearful annual loss of life and money, even if misery and the discomforts of poverty be disregarded. The largest outlay on sanitation which could be conceived to be necessary would, undoubtedly, be repaid to the citizens cent. per cent. in hard cash, if only it could be made certain that the expenditure would be rightly applied. This is exactly what cannot be made certain as long as the Corporation and the public health section of it are what they are, and, therefore, no alternative presents itself but to continue to pay the annual toll in death, disease, and discomfort until the citizens can be awakened to the necessity of reforming the Town Council.

At the last meeting of the Executive Committee of the Dublin Sanitary Association, it was stated that two cases of typhus and a case of cerebro-spinal meningitis were under treatment at present from a house which was reported by the Association to the Public Health Committee of the Corporation in July, 1873, as being unfit for human habitation, having always been a hotbed of disease. It was severely visited by cholera in the year 1866, furnished three cases of fever to hospital in 1869-70, seven cases of small-pox in 1871-2, and at that time (1873), had two cases of enteric fever. Three members of the Public Health Committee then visited the house and reported that the complaint of the Association was unwarranted by facts. Notwithstanding, it is still allowed to remain ; although once, unfortunately, it narrowly escaped being burned down—a plague-spot in the city and a disgrace to the sanitary authority.

The Works of Aristotle.

SOME very curious revelations were brought out last week, in an action for the recovery of indenture money by William Nicholson and Sons, printers and publishers, of Wakefield, Yorkshire, who sued the father of an apprentice for £50 damages, alleged to have been sustained by the plaintiffs in consequence of the defendant's son having absconded.

Most of our readers are no doubt acquainted with the genuine works of Aristotle, but we now learn that his name is prostituted on the title page of another book of an obscene and disgusting nature, and that this book is published by a firm (Nicholson and Sons) priding itself on its reputation for the production of theological works?

We have in our recent articles on the "Fruits of Philosophy" said enough about the evils arising from the dissemination of such literature, and would hardly advise another prosecution, although to our minds the publishers of such obscene books thoroughly deserve it. Of course, the defendant had rendered himself liable for the cancelling of his son's indenture, but the grounds of his defence were, bad treatment, the publication of obscene books by the plaintiffs, and the consequence corruption of his son's morals. Upon this count plaintiffs pleaded the reputation of their firm as a guarantee against obscenity. But they admitted that the work was not by Aristotle, that it was not written by any medical man, that they could neither keep their apprentices nor the women folders from reading it, and that they didn't put their names to the book although thousands of copies had been sold. In further justification of their conduct, they had the

audacity to state that every bookseller in Paternoster Row sold the book in question; which statement is as far from the truth as it could well be. Holywell Street, the place *par excellence* for obscene literature, would have been nearer the truth, as we do not believe such a work would be found in any booksellers in Paternoster Row, which is the great literary thoroughfare of the metropolis, and occupied by the most respectable firms, who are much too jealous of their honour and of the public trust imposed upon them to degrade their calling with such filth.

The case has created considerable interest amongst the profession in Yorkshire, and we much regret that we have not space to give a fuller *resumé* of the trial. But from the foregoing epitome, our readers will be able to gather the nature of the work thus brought to light, and the justification for it by a firm of *theological publishers*. Fortunately, the judge took them at his value, not their own, and discharged the case with some not very complimentary remarks to the publishers of "The Sham Works of Aristotle."

Treatment of Small-pox by Cold Baths.

It appears from a translation, contributed to the *Glasgow Med. Journal*, by Dr. Samson Gemmell, that M. le Dr. Clement, of Lyon, has successfully treated some bad cases of small-pox in the above manner. Curschmann in Ziemssen's recent "Cyclopædia" maintains that baths are only useful in the premonitory and eruptive stages. But considering that the greatest danger in small-pox is during the fever suppuration, Dr. Clement thinks that it is to this period of the disease that treatment should be directed. Before the employment of these baths, this physician had treated ten unvaccinated cases, eight of which had died. Of the seven cases treated by baths, details of which are given in the journal above mentioned, only two died, and these were both of a hæmorrhagic type. Those that recovered were very severe cases, while one of them was of the hæmorrhagic type, and another complicated with pneumonia. The most noticeable effects produced by baths on small-pox patients are, a fall in the temperature, often sudden and of some degrees; cessation of the delirium soon after the first bath; and a great reduction of the pulse-rate and of the respirations. Moreover, the eruption was in all the cases favourably modified. Dr. Clement states, that after the second bath he has generally seen the vesicles become larger and fuller, and during the eruptive stage, more opaline and of a better nature. The number of baths given in these cases varied from seven to eighteen.

The first baths should always be of a temperature from 25° to 28° C. The effect of the bath must be carefully gauged by the thermometer. The patients should be submerged beneath the water up to his shoulders; and when he is put to bed he should be enveloped in a sheet, and covered only with a simple woollen covering. Two or three baths may be given in the 24 hours.

Street Nuisances.

We understand that the Metropolitan Board of Works intend to apply for parliamentary powers to prohibit bill-posters from pursuing their trade in the public streets. We think that the most ardent cockney would scarcely like to commit himself to the opinion that the streets of London, even its leading thoroughfares, are distinguished either for architectural beauty or symmetry of design; when to their ugliness and sooty appearance are added the huge placards of enterprising tradesmen, and theatricals, posted upon innumerable hoardings; and almost every brick, in certain localities, is made to contribute its quota of income to the owner for the privilege accorded to bill-stickers; London is made hideous indeed. "They do these things better in France," is so perpetually sounded in one's ears, that its import has ceased to be noticed, and its repetition annoys rather than encourages to right action. The sentence is, however, in the present case significantly appropriate, as in Paris, which is probably the most beautiful city in the world, placarding in the streets is absolutely prohibited. Why should it not be in London? London can never be turned into Paris it is true, on account of its climate and its smoke, but London has been wonderfully improved of late by the pulling down of rookeries and other nuisances, the widening of streets, and the planting of trees in open places. In this fresh scheme of improvement, the Metropolitan Board of Works has our every sympathy, and if at the same time they will include that other and greater nuisance in their programme, the distribution of hand bills and filthy pamphlets by quack doctors, they will have earned a debt of public gratitude, and set an example which will not be lost upon other large towns.

Abscess of the Liver.

In the *Practitioner* for the current month, there is a good practical paper on this subject, by Sir J. Fayrer, K.C.S.I., M.D., in which the author draws attention to the insidious manner in which these abscessss are often developed. As a rule, the early symptoms of suppuration are those of congestion, with bulging of the side, either between or below the ribs, with chills or well marked rigors, high temperature and sweating; but sometimes none of these symptoms are well pronounced, and yet an abscess may have formed and escape detection until the bulging and fluctuation, or until the sudden evacuation of its contents through the bowels, the lung, or stomach, or into the peritonæum reveals the true state of matters. Several cases are quoted in illustration of the insidious invasion of this affection, while attention is also drawn to the fact, not so generally understood, that a man may have an abscess of the liver, which is not evacuated, and yet recover after its removal by absorption, or by its remaining in a state of quiescence for the remainder of his life.

With regard to the vexed question of the priority of hepatic abscess, or of dysentery, in those cases where these affections occur together, Sir J. Fayrer, is inclined to regard them as independent of each other, though often co-existent, and due to the same climatic causes.

As to the treatment of liver abscess, the author advises at the outset local depletion by leeches on the side, when the symptoms are acute, the pain great, and the fever high. Also free purgation by mercurials, salines, and ipecacuanha, with hot fomentations, rest, and a light diet. When it is obvious that pus is formed, the evacuation of the matter must be favoured by such channels as may

seem most favourable. The strength must be supported, and irritation allayed; and when the abscess is sufficiently near the surface to justify exploration or puncture, it should be evacuated.

British Pharmaceutical Conference.

THE following are the titles of papers already announced to the Secretaries for reading at the approaching meeting at Plymouth on Tuesday and Wednesday, the 14th and 15th of August:—

1. The Supply of Cinchona Bark as connected with the Price of Quinine. John Eliot Howard, F.R.S. 2. Report of the Committee on the Extraction and Investigation of the Aconitines of *Aconitum Napellus*. Dr. Wright, F.C.S., J. Williams, F.C.S., and T. B. Groves. F.C.S. 3. Report on the Active Principle of Capsicum Fruit. J. C. Thresh, F.C.S. 4. The Fats in Capsicum Fruit. J. C. Thresh, F.C.S. 5. Report of Continued Researches on Essential Oils. Dr. Tilden, F.C.S. 6. On a Product of the Oxidation of Barbaloin and Socaloin. Dr. Tilden, F.C.S. 7. Report on the Proximate Constituents of Ivy Berries. R. H. Davies, F.C.S. 8. Report of a Research (part 2) on Essential Oil of Sage. M. M. P. Muir, F.C.S., and Mr. Siguira. 9. An Impurity in Oxide of Zinc. W. W. Stoddart, F.C.S. 10. An Improved Preparation of Ergot. Mr. A. W. Postans. 11. The Microscope in Pharmacy. Mr. J. Cooke. 12. Additional Notes on the Assay of Opium. 13. Tincture of Acetate of Iron. Dr. C. R. C. Tichborne, F.C.S. 14. Sugar in Pharmacy. Dr. C. Symes. 15. A Point in Pharmaceutical Ethics. Mr. S. R. Atkins. 16. A Paper on Brucia will probably be read by W. A. Shenstone, F.C.S..

The Secretaries state that eight or ten other papers are expected.

Proposed Dental Diplomas in Ireland.

ON Saturday afternoon a meeting of dentists representing the five northern counties of England, was held in the Queen's Hotel, Leeds, for the purpose of assisting the dentists in Ireland to obtain a diploma from the Royal College of Surgeons of Ireland. Mr. J. S. Turner M.R.C.S., of London, was called upon to preside. A report was presented from a committee appointed at Manchester, and the following resolutions were adopted:—"1. That we hail with satisfaction the efforts that are being made by the dentists in Ireland to induce the council of the Royal College of Surgeons in Ireland to institute a dental diploma, and we pledge ourselves to give them our cordial support. 2. That this meeting has heard with satisfaction the statement of the committee appointed at the meeting of dentists, held in Manchester, on May 12th, and pledges itself to support the committee in the course which it has adopted."

The Sanitary Institute of Great Britain.

WE understand that an invitation has been sent from Scarborough, and accepted by this newly-formed Association, to hold the first provincial session in that town. The date is fixed for August 21, and three following days. Dr. Richardson, F.R.S., has consented to deliver an address, and Mr. R. Brudenell Carter, F.R.C.S., will deliver an evening lecture. Papers on "Sanitary Science" will be read by Surgeon-Major F. D. Chaumont, of Netley; Mr. H. C. Bartlett, F.C.S., Mr. Wm. Eassie, C.E., Mr. John Towel, J.P., Oxford; Mr. Ernest Turner, F.R.I.B.A., and most probably one by Dr. Corfield, of London.

Mr. Hawksley, C.E., is also expected to contribute a paper on Sanitary Engineering. Altogether the meeting promises to be a great success.

An Error in the Pharmacopœia.

WE believe the last issue of *The British Pharmacopœia* has been as carefully edited, and that it is as free of errors as a book can well be. A rather important mistake, however, occurs at page 180, and as it embraces the difference between ounces and drachms, we draw attention to it in order that our readers may alter it in their own copies of the work. Liquor arsenicalis is printed thus:—"Take of

Arsenious acid, in powder Carbonate of potash . .	of each 80 grains
Compound tincture of lavender .	5 fluid drachms
Distilled water	a sufficiency."

The 5 fluid drachms of comp. tinc. lav. should read 5 fluid ounces.

The Colorado Beetle.

THE report which has appeared in our contemporaries of the appearance of the dreaded Colorado beetle in the vicinity of the Docks, Dublin, has, we are happy to announce, no foundation in fact. The specimen from which the report originated was shown on examination by Mr. Kirby of the Royal Dublin Society, to be one of the sea wood-louse tribe, and not at all like the genuine Colorado beetle, which has coloured stripes running horizontally along its back. At the same time our friends the Germans were terrified by similar reports that this insect had effected a lodgment at Vlotho; this also turns out to be untrue, and an official denial has been issued in the *Berlin Gazette*.

AT the last meeting of the Limerick Board of Guardians, the clerk read a letter from the Local Government Board in reference to the recent investigation held by Mr. Bourke into the case of John Madigan, and charges against the medical officers preferred by Dr. O'Sullivan. It appears to the board on the whole, that there is no ground for censure on the conduct of the two medical men concerned, and the proceedings connected with John Madigan's admission and attendance on the first night, appear to have been unobjectionable. This decision communicates to our readers the upshot of a most discreditable persecution of the resident medical officers of the Limerick Workhouse, by one of their own profession, Dr. O'Sullivan, who is also a guardian of the union. Month after month the board has been occupied with accusations and attacks made by this gentleman against the medical officers, all of which have proved on inquiry to be unwarranted. At length matters have come to such a condition that the guardians have unanimously refused to entertain any more complaints, or to print upon their notice paper any further motions of Dr. O'Sullivan on the subject, and he is unsupported even by the sypmathy of any one of his brother guardians. We hope that this verdict of the Local Government Board will be the last

that we shall hear of these onslaughts on the medical officers of the workhouse. We have been unable to discover any reason or propriety in Dr. O'Sullivan's proceedings, and a persecution such as he has carried on is discreditable and unprofessional, unless dictated by a regard for principle, and on a good foundation.

THE will of the late Professor Wilson, of Dublin, devises eighty shares in the Civil Service Building Society of Ireland to St Mark's Ophthalmic Hospital, after the decease of the survivor of the two persons to whom the dividends thereon are payable for life. He also devised a reversion in one undivided moiety of the lands of Illaunroe, county of Galway, to the same institution, £50 each to the Masonic Male and Female Orphan Schools in Dublin, and £50 to the Molyneux Asylum for the Blind, Leeson Park, Dublin. And the residue of his personal property after payment of his debts, legacies, and bequests, testator directed to be placed to the credit of St. Mark's Ophthalmic Hospital aforesaid, either as a building or permanent endowment fund as the governors shall think best.

SMALL-POX caused but 23 deaths in London, against 43 the week previous. This is the smallest number since the commencement of the epidemic in November last. Of this number eight only died in private dwellings, three of whom were children in the same house, *all unvaccinated.* Perhaps our anti-vaccination friends will kindly swallow this pill!

Correspondence.

PRIVATE LUNATIC ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Answering an anonymous correspondent I regard in the same light as I do fighting in the dark, I regret, therefore, that "Humanitarian" has not come forward in his true light, and so enabled me to see whether his statements are entitled to the weight to which he would no doubt lay claim. I make it a practice never to write anything to which I do not affix my name. The letter of "Humanitarian" is an excellent one, and I regret the more that I am in ignorance of my antagonist. I am asked, in the first place, why Dr. Lockhart Robertson should recommend to the Select Committee the appointment of a visiting physician to be attached to private asylums. I will answer this statement, provided "Humanitarian" will answer me the following questions, which are also connected with Dr. L. Robertson's evidence before the Lunacy Committee: Why did Dr. Robertson, in reply to a question from the chairman whether he knew of any cases which had been improperly detained in private asylums, select one asylum to vent his feelings against, and in the following way: He informed the Committee that there were three patients improperly detained in this asylum; the first case was that of a physician detained "long after recovery," the real facts, however, transpiring from the second evidence given by him, that this patient was *really* detained as a lunatic for three years after leaving the asylum, deprived of his property, and under the actual supervision of Dr. Robertson. The second case was that of a gentleman who, Dr. Robertson stated, but without proof, was detained on a false report of using threatening language against his wife. This patient was proved by other witnesses a dangerous lunatic, and was even detained as *non compos mentis* for eleven months after leaving the asylum. The other case was that of a captain in the army alleged to have been detained twenty years longer than he ought to have been, but it appears that he is at the present moment under two lunacy certificates, and under Dr. Robertson's visitation. In this case it may be well to mention that the patient was never seen by Dr. Robertson until he had been in the asylum for twenty years, and he has made this statement upon mere assumption, appearing, therefore, to entirely ignore the opinion of his colleagues and the Commissioners in Lunacy who had seen the case six times a year for the twenty years referred to. Each of these persons, although discharged from the asylum at Dr. Robertson's request, remained lunatics for a long period after. Yet, he made the extraordinary statement to the Committee that there were three patients improperly detained at this asylum—*mirabile dictu.* On a future occasion I shall revert to this visitor's evidence *in extenso,* but I mention these facts to show that your readers must not attach too great weight to the opinion of Dr. Robertson on private asylums, especially as he confessed to the committee that he had written against private asylums before he had even visited them.

I maintain, most emphatically, that the six visits of the Commissioners afford a sufficient safeguard against improper detention. I say this after a lengthy and practical experience of the visitation of licensed houses by the Commissioners in Lunacy. It might be interesting to know whether "Humanitarian" has ever accompanied the Commissioners on their visits. Is he aware that, as a rule, they spend from four to five hours even at one of our smallest asylums, that they see every case and examine them minutely, granting lengthy private interviews to all who require such? There are no body of officials who so thoroughly perform their duties as the Commissioners in Lunacy. I am perfectly aware that some persons are adverse to private asylums, and express their opinions freely in the medical papers; but the generality of these are lamentably ignorant on the subject of which they are writing. I deny the statement alluded to by "Humanitarian" that a third of the inmates of private asylums are not insane, also the preposterous assertion which, however, appears to be on the minds of some of the Committee, that drugs are administered wilfully or carelessly to the permanent detriment of patients. This absurd nonsense must have been gathered from a lunatic's note-book, or from his insane imagination; I cannot conceive how such an idea could have originated in a sane person.

I am asked what protection is afforded by the Commissioners? Two duly attested certificates. The medical profession is acknowledged to be an honourable one, the Commissioners, no doubt, agree in this, and, consequently, they are not disposed to doubt the testimony of qualified persons. Moreover, the medical officer of the asylum must send to the Commissioners his opinion of the case within seven days of the admission, and some person must have signed the order for the patient's admission. Thus we see a gigantic conspiracy must take place to illegally incarcerate a patient in an asylum; and to properly detain him there this conspiracy must be increased by the addition of the Commissioners in Lunacy to the number. Does "Humanitarian," when he receives a letter, generally doubt the truth of its contents? I maintain that there are many persons at large who ought to be confined in asylums, but that under our existing lunacy laws no one can either be illegally admitted or detained in a private licensed house.

Your obedient servant,

London, July 14, 1877. L. S. FORBES WINSLOW.

THE NON-ALCOHOLIC TREATMENT OF DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a letter from Dr. Edward Haughton in the MEDICAL PRESS AND CIRCULAR relative to the non-alcoholic treatment of disease, he remarks, "It is now many years since I witnessed the failure of the great Mr. Cusack to preserve life in a case of aneurism for which he tied one of the common carotid arteries, death having taken place at the end of a few days from hæmorrhage. But I find that my friend, Dr. Edmunds, has been successful in a similar case, and I have seen a case of typhoid fever, which is now in hospital, and is doing well on the non-alcoholic system." I would ask Dr. Haughton what is the connection between Mr. Cusack's failure and alcohol? Does Dr. Haughton think alcohol is usually employed in the treatment of aneurism? I believe not. Does Dr. Haughton not show that numbers of cases of

typhoid fever are, and always have been, treated without alcohol? I put these questions knowing that a great deal of capital is being made by fanatical teetotallers out of the *non-alcoholic treatment*, and I know well that Mr. Cusack's failure will be attributed by them to the use of alcohol, and that Dr. Edmunds will be acknowledged as a physician who *can* treat fever successfully without alcohol. I should say that there are a great many more cases of enteric fever treated without the use of alcohol than with it by the hospital physicians of the United Kingdom.

Yours obediently,

T. W. GRIMSHAW, M.A., M.D.,
Physician to Steeven's and Cork Street
July 12th, 1877. Hospitals, Dublin.

MIDWIFERY PORCEPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a letter headed as above, which appeared in your columns of the 20th ult., Dr. Christie claims the credit of having fulfilled all the advantages of Tarnier's forceps by some modification he *suggests* of Knight's forceps.

By giving any ordinary forceps the proper curves he may no doubt do away with the injurious pressure caused by the handles on the posterior edge of the fourchette, perhaps nearly as perfectly as is done by Tarnier with his new forceps; that is not, however, the essential difference between these forceps and those in general use. Tarnier lays great stress on the advantage of a guide for the operator to show in what direction at each moment traction should be made.

The traction-rods in his forceps are jointed to the prehensile handles at the fixed centre-point of contact with the child's head by a universal joint, so drawn as these does not in any degree alter the direction of the handles of prehension, which are then permitted to act freely as an accurate guide of the direction which the traction-rods should follow as the head advances. A cross-bar attached to the blunt hooks at the extreme ends of the handles of Knight's forceps, no matter how freely it may be jointed, can in no way accomplish the result obtained by Tarnier's rods; the handles cannot guide the operator, being always under his own control and easily made to point in a wrong direction each moment by any traction he makes not exactly in the axis of the pelvis.

Yours, &c.,

WM. HUME HART, M.B., M.Ch.,
July 2, 1877. Rotunda Hospital.

THE FRUITS OF PHILOSOPHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an age which may very properly be called *nihilistic*—that is, when almost everybody believes nothing—you deserve some praise for possessing the boldness to adhere to "worn-out" principles, and for publishing your views upon the new "philosophy" as a THEIST and a CHRISTIAN.

Liberty is a fine-sounding word, and freethought, free-speech, free-writing are all very good things in their way; but if they are to "land" us into "free love" (for that is really the flower and the "fruit" of this new "philosophy") there are still some few people in Britain who would pray earnestly for the *freedom* to live under a despotism, and who would prefer the "civilisation" of Brigham Young, or of the Grand Turk himself, to that of this new gospel.

If it be true after all, as some old-fashioned and foolish people believe it is, that "God created man in his own image . . . male and female created He them. And God blessed them, saying, 'Increase and multiply, and fill the earth,'" there is nothing, in my humble opinion, so subversive of all law, Divine and human, as the teaching of this modern "philosophy." But with the "philosophers" who deny this (*i.e.*, the old revelation) I will not press the argument, but am content to take much lower ground; and for this purpose shall only refer them to the example to be gathered from the study of the "lower orders" of animated nature in the abstract—to "our ancestors," the Chimpanzee, or the great gorilla himself if they so choose.

After "self-preservation, the first law of nature," the *instinct* of the whole "irrational creation" is *the propagation of their species*. Man alone, the only reasoning animal, created at the beginning only "a little lower than the angels," is the poor creature who is not content to destroy his kind after the orthodox fashion of murder—call it war, if you like—but, to gratify his lusts, he must needs invent a new process or performance which aims at the entire "suppression" of the race!

Human nature at best is bad enough, and needs but few promptings to become worse; but once take away from sexual commerce its natural consequence, reproduction, and then farewell law, morality, and religion. The young girl unmarried or the young wife temporarily separated from her husband who now are restrained from vice not by love of virtue solely, but by fear and shame for the consequences of an "imprudence" (how delicate in expression have we become!) would, under the new system, know or fear no restraint whatever; and thus *charity of any kind*, while still met with, perhaps, in books, would be a word unknown, "unhonoured, and unsung" throughout the world! Marriage, civil or canonical, would become in a little time a thing equally unknown, and in its place we should have a promiscuous herding together of the sexes, in which state no man would be certain of who his mother, sister, or wife might be, *to leave out of the account altogether his male relations, including, as formerly, his father!* "Society" might be benefited by this return to the primitive state of "our ancestors," but I, for one, have my doubts upon it.

Our neighbours, the French, whom Dr. Drysdale and others of the Malthus-Bradlaugh School, are so fond of quoting on this weary question, appear to have realised very unpleasantly for themselves the "fruits of *conjugal prudence*," for, if I mistake not, a Commission of Inquiry sat in France not many years ago to devise a remedy for an alarming and continued decrease of the population (*i.e.*, a relative, not absolute, decrease); and, if my memory is not astray, it strikes me that I read, a few months back, in your Journal, that in 1870 or '71 the deaths in France exceeded the births by something more than four hundred thousand! As a military nation, France has found these consequences of "*conjugal prudence*" to be so *imprudent* that very lately she has improved her laws for the protection of infant life as a commencement, and other reforms are hoped for.

So long as the gold of England could purchase the hireling warriors of the Continent to fight her battles, she did not feel the destruction of "a bold peasantry" to be either a loss or an *imprudence*. But as times have changed now, and when battles are fought between half-a-million of combatants, every nation in Europe—England included—will want her own "bold peasantry" to take the field, as soldiers—*if required*. In view of all this they are poor political economists who would counsel check of any kind—*positive or preventive*—to the normal increase of population of this *rich* Empire.

I apologise for troubling you at such length, and

I am, Sir, yours faithfully,

J. O'FLANAGAN, L.R.C.P.Edin.

Houghton-le-Spring, Durham,
7th July, 1877.

Literature.

DISEASES OF THE LIVER. (*a*)

DR. MURCHISON'S name has been for some time before the profession, as an authority on the affections of the liver. He has had unusual opportunities of studying these important maladies, having been at one time on the staff of the Bengal army. The first edition of this work was published in 1868, and was regarded with much favour at the time. This edition is really a new work, for what there is of the first edition is re-written, and much which is perfectly new is added to what may be termed the old portion of the work; whilst the addition of the substance of the author's Croonian lectures constitutes it a new work entirely. In the preface the

(*a*) "Diseases of the Liver," including the Croonian Lectures delivered before the Royal College of Physicians of London in 1874. By Charles Murchison, M.D., F.R.S., Physician to, and Lecturer on Practice of Physic, St. Thomas's Hospital. Longmar, Green, and Co. 1877. Pp. 634.

author disclaims for his work any pretensions to being a systematic treatise on the diseases of the liver. Nevertheless, the reader will find in this volume most of what he wishes to know, in an excellent and succinct form.

The relations of the liver, its position, form, and the modifications wrought by disease, engage the introductory chapters. After giving the normal position, he says "But it must not be forgotten that, even in the same individual, the liver is constantly liable to slight alterations in its position consistently with health."

As to the spurious enlargements of the liver: "Apparent enlargements from tight-lacing are far more common than is generally believed. You cannot pay many visits to the *post-mortem* room without observing examples of this malformation, which accounts for not a few movable tumours in the abdomen, that are a source of anxiety both to the patient and the medical student."

The genuine enlargements of the liver are divided into two sections—the "painless" and the "painful;" a division which he prefers to Dr. Bright's arrangement of them into "smooth" and "irregular." Of the painless enlargements, the waxy, lardaceous, or amyloid liver comes first. It sometimes attains so large a size as to fill the abdominal cavity almost itself. Some good cases illustrate this form of disease.

Next comes the fatty liver, where the enlargement is due to the accumulation of oil. There is never any ascites or enlargement of the superficial veins of the abdomen in this form of disease. It is often co-existent with a fatty heart, and such sufferers not uncommonly die of rupture of the structurally-weakened heart. Simple hypertrophy of the liver has been seen.

Then comes hydatid tumour. Unlike the enlargements so far considered, it is not uniform in every direction, but usually follows one direction in particular. The surface is smooth, and free from irregularities of every sort. Jaundice is an exceptional occurrence; its diagnosis from other abdominal tumours is carefully given.

Then follow the painful enlargements, and first congestion. This is to be distinguished from passing conditions of temporary fulness. The temporary increase of blood in the liver after a meal may become morbid in degree and permanent, if the ingesta be habitually of an irritating character. As to the treatment, bland articles of diet alone are admissible. "In modern practice much mischief is often done by compelling patients with heart disease and congestion of the liver to swallow large quantities of brandy." Purgatives are to be freely used.

Then comes the consideration of interstitial hepatitis, or cirrhosis, after which stands inflammation of the bile-ducts, often found along with cirrhosis, This catarrh is most common in elderly persons of the gouty diathesis, and when so associated is often persistent enough to raise the suspicion of cancer. Obstruction of the common bile-duct by calculi, tumours, &c., leads to enlargement of the liver in two ways—1, By causing dilatation of the biliary passages, and 2, By inducing inflammation of them, with increase of connective tissue in the liver.

Lecture V. is devoted to suppurative inflammation of the liver, as pyæmic abscesses, of which some illustrative cases are given. Tropical abscess is then discussed very thoroughly. The question of operative procedures is gone into at length, and the pros and cons given in detail.

The next chapter is devoted to cancer of the liver. Here the enlargement is usually irregular, and simulates a multilocular hydatid tumour. Then follow spindle-cell sarcoma, myxoma, tubercle, &c., and enlargements of the gall-bladder, which finish the diseases of the liver accompanied by enlargement of its bulk.

The contractions of the liver are next considered, the chapter commencing with the spurious contractions—*i.e.*, with apparent diminution of the size of the organ. Simple atrophy is caused by diminution of the size of the different lobules. It occurs with old age and inanition. Acute, or yellow, atrophy of the liver is a rare but very remarkable disease. It has been otherwise termed "malignant," "typhoid," or "hæmorrhagic jaundice." It is not attended by pyrexia. Chronic atrophy of the liver may be found as a primary cirrhosis, as gin-drinker's liver, or as hyperæmia, from obstruction to the circulation, from disease of the heart or lungs. It is commonly accompanied by ascites and enlargement of the spleen. Hæmorrhoids, hæmorrhage from the mucous surfaces of the stomach and bowels, and, in less severe conditions, catarrh of these organs are common. Pain and jaundice are not common.

Then comes jaundice, spurious and genuine. The means of distinguishing spurious jaundice are carefully given. When arising from obstruction to common bile-duct, the liver itself is the organ most deeply stained. The symptoms connected with jaundice are clearly given. The causes of jaundice are gone into at great length, and this section of the work will repay careful perusal but is scarcely adapted either for quotation or condensation.

Lecture XII. is devoted to the consideration of the causes of the accumulation of fluids in the peritonæum. At first sight it does not seem likely that a distended bladder could be mistaken for ascites, but even John Hunter once made this mistake, and tapped the bladder. Such mistakes are all the more likely to occur from the fact that the patient often passes a fair amount of normal urine. A number of cases, illustrating the different forms of fluid accumulation in the peritonæal cavity, are given in detail.

Pain in the liver, its causes, and the maladies for which it may be mistaken, are then gone into. Gall-stones, their consequences and symptoms, follow. With this the old, or first portion of the work is finished, and the portion known as the Croomian Lectures follows. This portion is even more interesting than that already surveyed. Of the function of the liver in health, Dr. Murchison writes: "The liver has the power of making, and storing up for a time within its cells, glycogen ($C^6 H^{10} O^5$), a substance resembling dextrine ($C^6 H^{10} O^5$) in its chemical composition and reactions, and, like it, convertible into sugar by the action of albuminoid ferments. This substance always exists in the liver in larger amount during digestion than during fasting, attaining its maximum usually about four or five hours after a meal. It does not yet seem certain what the materials are from which it is mainly formed, but there can be no doubt that its amount is increased by the use of starchy or saccharine food. The circumstance, however, of glycogen being formed in considerable quantity in the livers of animals who have been fed for a month or more on flesh alone, and the fact that its quantity in the liver of a dog is always increased after a meal of flesh, show that it can also be produced from albuminous matter. The albumen of the food is converted by the gastric juice into peptone, which is also absorbed by the intestinal veins and carried to the liver, where it is believed to be decomposed into glycogen and nitrogenous products, such as leucin and tyrosin, which are ultimately resolved into urea. The glycogen derived from these two sources does not long remain in the liver, for the large quantity formed after a meal is quickly diminished on fasting. It is not got rid of by the bile ducts, for bile contains neither glycogen nor sugar. But either as glycogen, or more probably as sugar, into which it is believed by Bernard and most other physiologists to be reconverted by the action of an albuminoid ferment in the liver or in the blood, or transformed in some other way, it enters the blood by the hepatic veins." This glycogen is not only the source of our body heat, but "there are good grounds for believing that it assists in cell-growth; for, just as in plants the presence of sugar seems to be necessary for the most rapid development of cells, so in animals, glycogen can be found wherever cell-growth is actively going on." This glycogen is also capable of being converted into fat in the body, and so of constituting a more permanent form of storage for the wants of the system when the daily supply of food is insufficient. The liver, too, is the organ by which albuminoid matters

derived from the blood, the textures, or the food are broken up and converted into urea and uric acid, and subsequently eliminated by the kidneys. This latter function is the one which supplies the connection, so well known clinically, betwixt a bilious attack, so-called, and the presence of lithates in excess in the urine; they are imperfectly oxidised matters from hepatic inefficiency. When the liver is largely destroyed by cancer, the amount of urea is remarkably diminished. In acute atrophy of the liver, urea may disappear from the urine, and leucin and tyrosine take its place.

The third function of the liver is the secretion of bile. The bile-acids in human bile are two—glycocholic acid (C^{26} H^{43} NO^6), and tauro-chloric acid (C^{26} H^{45} NO^7 S). Both acids are derivates of albumen, and contain nitrogen; and tauro-cholic acid, to which the bitter taste of bile is due, contains all the sulphur of the bile. The amount of bile excreted daily in a person of average weight is about forty ounces, a large portion of which is absorbed. Bile assists in the assimilation of the different forms of food, fat, albumen, and glycogen, the excrementitious portion exciting movement in the bowels and preventing decomposition.

In consequence of its functions, then, various maladies are produced by disturbance of the liver. Diabetes, or glycosuria is the result of disturbances in the glycogenic processes, and may be serious, or of little moment, according to circumstances. There are many uncomfortable conditions connected with the bile-secreting processes, when disturbed, of which a good account will be found in these pages. But the most important disturbances of health are found associated with the second function of the liver, viz., the disintegration of waste albuminoid matters. These are mainly the result of indulgence in food in excess of the wants of the body, and imperfect oxidisation from insufficient exercise being taken. If more food be taken than is required, and it be not stored up as fat, then the work of the liver must be increased, and disturbance of it with lithates in the water are the consequences. The biliary disturbances and thick urine which follow a good dinner, or repletion, are the results of the assimilation of food far in excess of the needs of the body. The respired oxygen is neutralised by the readily oxidisable matters in the system, and the albuminoid matters are left unoxidised, or but partially oxidised, and consequently there is an excess of bile acids and of lithates in the water. It may be quite true that saccharine or oleaginous food will most readily excite such biliary disturbance, but it is evident that none of these waste products can be produced if albuminoids be not taken. Dr. Murchison fails to see this as clearly as he ought, or perhaps fails to put it clearly, in speaking of diet in the treatment of functional disturbance of the liver. As a fact, a non-nitrogenous diet, with alkaline purgatives, especially in the morning, persisted in steadily, will give great relief to persons suffering from chronic and persistent biliousness, contrary to what is ordinarily held. Rest, functional rest of an organ, is a great matter when it is disordered, and the greatest relief which can be furnished to a disordered liver is to reduce to a minimum the amount of albuminoid material it has to break up: a fact we recommend to Dr. Murchison for his consideration. The maladies which arise from lithæmia, the different symptoms thereof, the method by which they are to be relieved, and the remarks on treatment, are excellent, and well worthy of perusal. Dr. Murchison's thoughtful work will be an acceptable addition to the library of every earnest practitioner.

TRAITE DES MALADIES DE LA PROSTATE.(a)

PERHAPS there is no class of diseases more entitled to special study and consideration than diseases of the urinary organs. Certain social and moral considerations become entangled in their train so frequently, and to such an extent do these involve the psychical, as well as the physical constitution, that the specialty of urinary diseases may well be regarded as one of the most justifiable. This seems to be admitted on the continent and in America, while with us urinary affections are relegated to the background to an extent not compatible with their importance. To the French literature of this department of study we are particularly indebted. The works of Rayer and Civiale have been long regarded, and will no doubt long continue to be recognised, as standard and exhaustive works on the subjects of which they treat, and abreast of scientific restarch as then existing. We are indebted besides to French literature, since the publication of these standard works, to numerous other excellent works on the subject in this department of study. The work before us is limited to the diseases of the prostate gland. It forms the substance of a course of lectures delivered at the Ecole Pratique. It is divided into twelve chapters. In the first the surgical anatomy of the gland is considered, and the works of Senne, Sappy, Dolbeau, and Richet are examined. In considering the structure of the gland the researches of Ch. Robin are specially referred to. In the second chapter the author deals with "General Considerations," under which head are examined the influences of diseases of the prostate on the bladder, the kidneys, and the heart, congenital malformations, wounds, and contusions of the organ.

Chapter V. is devoted to inflammation of the prostate; and the author coincides with M. Robin that true prostatorrhœa had no existence; that is to say, that the discharge in cases of prostatitis, is not composed simply of the prostatic fluid, but is a compound of this secretion, and that from the glands of Littre, Mery, and of true seminal fluid. The question of spermatorrhœa is then considered in a scientific manner, and its treatment rationally indicated. The treatment of chronic prostatitis is exhaustively discussed.

Chapter VI. is devoted to ulcerations of the prostate; its various causes are duly indicated and examined. Cancer of the prostate is discussed in the succeeding chapter; and tubercle and its complications form the subject of the next. Prostatic calculi are discussed in Chapter IX., and their surgical treatment passed in review. Chapter X. comprises an epitome of the various forms of cysts. Chapter XI. the deviations from the normal size, and Chapter XII., the last, the various forms and causes of atrophy.

Such is an outline of the contents of this volume. An exhaustive knowledge of the literature of his subject is manifested by the author. The book is numerously illustrated, clearly written, and altogether forms an excellent epitome of the subject of diseases of the prostate, and as such will, no doubt, prove highly acceptable to many engaged in this department of study.

(a) "Traité des Maladies de la Prostate." Par Le Dr. Henri Picard, Professor Libre de Pathologie des boies Urinaires à L'Ecole Pratique. Paris and London: Baillière and Co.

THE PUBLIC HEALTH (IRELAND) BILL

Has at length, after many postponements, received its second reading unopposed on Thursday last, and was referred to a Select Committee. The members have not yet been named, and it is not known whether it will receive verbal evidence. It is to be hoped that it will, because, otherwise, the questions which arise may be dealt with without due consideration of the views of the sanitary officers. The Irish Medical Asssociation is, however, on the alert, and has already written to the Chief Secretary to tender its co-operation and counsel in the reconstruction of the Irish sanitary system, and we hope next week to be able to state what is likely to be done in reference to the subject.

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS, MONDAY, JULY 16th.

SMALL-POX IN THE METROPOLIS.

Mr. SCLATER-BOOTH, in reply to Dr. Lush, said, according to the latest information, there were in the Metropolitan Asylums Hospitals at the present time 621 patients, against 850 and 950 in the hospitals in May and June last. There were also, at this moment 483 vacant beds, so that it might be said that the epidemic was fast abating. There was greater accommodation, greater attention paid to the patients, and better means of holding the present epidemic in check than had been the case in former years.

THE LOCAL MEDICAL DEPARTMENT IN INDIA.

Lord G. HAMILTON, in answer to Dr. Lush, said that for some time past the whole question of the Local Medical Department in India had been under the consideration of the Indian Government, but they had not yet come to any definite conclusion thereon, and therefore he was not in a position to state whether or not the administration of the army medical service in India was to be in future in the hands of the Indian government only, or what alterations, if any, would be made.

Medical News.

South London School of Pharmacy, Kennington Cross, S.E.—The distribution of prizes at this school for the past session took place on Saturday last. Prize list:—*Majors Senior Chemistry Certificates:* Messrs Longman and Mortlock (equal). *Do. (special)* for practical chemistry, Mr. Simpson. *Minors (Junior Chemistry)* Medal, Mr. Lister. Certificates, Middleton and Roberts (equal). *(Botany)* Medal, Mr. Perry; Certificate, Singleton. *(Materia Medica)* Medal, Wilkerson, Certificate, Perry. *(Pharmacy and Practical Dispensiny)* Medal, Middleton, Certificate, Balcombe. *Extra Certificates of Merit*—Messrs. Cobb (Pharmacy), Cliff (Chemistry and Materia Medica), Lister (Chemistry and Materia Medica), Morgan Smith (Chemistry and Materia Medica), Oldershaw (Pharmacy), Shone (Chemistry and Materia Medica).

St. Thomas's Hospital.—On Monday, July 16th, the prizes to the students of the College attached to this Hospital were distributed by the Lord Bishop of London. The following is a list of the principal prizes:—*Summer Session*, 1876.—First Year's Students—H. A. H. Fenton, College prize £15, Takaki Kanehiro, College prize £10, T. D. Savill, College prize £5. Second Year's Students—W. F. Haslam, College prize £15, R. P. Smith, College prize £10. *Winter Session*, 1876-77. Entrance Science Scholarships—R. J. Williamson, Scholarship £60, H. N. Holberton, Scholarship £40. First Year's Students—W. A. Duncan, the Wm. Tite Scholarship £30, H. N. Holberton, College prize £20, W. W. Webber, College prize £10, A. B. Carpenter, Certificate of Honour. Second Year's Students—A. Newsholme, College scholarship 40 guineas, Takaki Kanehiro, College prize £20, C. A. Ballance, College prize £10. Third Year's Students—S. J. Taylor, Musgrove scholarship 40 guineas, S. J. Taylor, College prize £20, S. A. Crick, College prize £15. Prosectors—T. L. Laxton, prize, G. S. Hatton, prize. Solly Medal and Prizes—W. H. Battle, medal and prize £15. C. W. de Lacy Evans, medal and prize £5. Surgery and Surgical Anatomy—H. U. Smith, the Cheselden medal. Practical Medicine—G. B. Longstaff, the Mead medal. For General Proficiency and Good Conduct—C. E. Sheppard, the Treasurer's gold medal. In addition to the above, a certificate of honour was awarded to each of the prize takers, and to the house surgeons, house physicians, &c.

NOTICES TO CORRESPONDENTS.

SCARCE NUMBERS.—Double price will be given for the following numbers of this Journal if sent to the London office:—October 6, December 22, 29, 1869

CROWDED OUT.—We are told of an editor at a dinner-party who, on being asked if he would take some ice-pudding, replied in a fit of abstraction, "Owing to a press of more important matter we are unable to find room for it." We must ask our correspondents to accept a similar excuse from us for the delay in the insertion of original communications, letters, &c., during the past few weeks. As the societies are not now sitting we shall have more space for other matter, and shall be glad to find room for any interesting clinical cases hospital, or private, practice our readers may send us.

AQUERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would one of your staff be kind enough to tell me in your "Answers to Correspondents'" column, where I could find an account of a place in Italy, or Island of Mediterranean (I fancy), where, when it was drained and cleared of ague, that phthisis followed, and where the people petitioned the authorities to restore the ague and marshes.

I have read this in authentic works, but, for my life, I can't remember where. I should be very much obliged if you can put me on the track of this fact. I am, Sir, yours truly,

WILLIAM H. PEARSE.

DR. W. T. G.—Your interpretation is perfectly correct, and the "prudential" methods of the Malthus school are sufficiently contemptible without our publishing your "plain English" of them, which would offend many eyes and would edify none.

DR. S.—Next week if possible.

DR. O'FLANAGAN, Durham.—We shall be glad to receive the case mentioned in your note for our "Clinical Records."

ARMY OR NAVY?

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly inform undersigned in your next "Notices to Correspondents" which of the two services—Army Medical Department or Naval ditto—is *at present the easier to get into*; also which is the more particular regarding the physical examination?

Yours truly,

"DISPENSARY MEDICAL OFFICER."

[Try the Navy, the authorities are at present in want of candidates, and are not so particular as to the physical examination.—ED. M. P. & C.]

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Two Assistant Physicians. Honorary. (See Advt.)

Central London Throat Hospital, Gray's Inn Road.—Two Clinical Assistants. Honorary. Applications to the Secretary.

Wolverhampton General Hospital.—Physician's Assistant and Pathologist. Salary, £50, with board and lodging. Applications to the Chairman of the Medical Committee.

Charing Cross Hospital.—Assistant Physician. Honorary. Applications, under cover, to the Secretary.

Bristol General Hospital.—Assistant House Surgeon. Salary, £50, with board and lodging. Applications to the Secretary.

Cavan Union. Ballananagh Dispensary.—Medical Officer. Salary, £100 per annum. Election, 21st inst.

Celbridge Union Workhouse.—Medical Officer. Salary, £100 per annum, Election, 25th inst.

Lurgan Union, Tartaraghan Dispensary.—Medical Officer. Salary, £100 per annum. Election, 21st inst.

Wilts County Asylum.—Assistant Medical Officer. Salary, £110, with board and residence. Applications to the Clerk, at Devizes.

Township of Manchester.—Resident Assistant Medical Officer for the Workhouse at Crumpsall. Salary, £140. Apply to the Clerk of the Guardians, New Bridge Street, Manchester.

Farringdon Union.—Medical Officer for the Shrivenham District. Salary, £70, with fees extra, and £10 additional as Health Officer. Address the Clerk to Guardians, Farringdon, Berks.

APPOINTMENTS.

BARNES, R. S. F., M.B., C.M., M.R.C.P.L., a Physician to the British Lying-in Hospital.

CHARLES, D. A. M., Medical Officer, &c., for the Bellaghy Dispensary District of the Magherafelt Union, and Medical Attendant to the Royal Irish Constabulary, Bellaghy and Castledawson.

CLIPPINGDALE, S. D., M.B., Resident Accoucheur to the London Hospital.

DORAN, Alban H. G., F.R.C.S., Pathological Assistant to the Museum of the Royal College of Surgeons, vice J. F. Goodhart, M.D., resigned.

HAYES, P. J., L.R.C.P.Ed., L.R.C.S.Ed., a Medical Officer for the Cork Dispensary District of the Cork Union.

HENDERSON, A., M.D., Medical Officer for the Central District of the Parish of Brighton.

MAHOMED, F. A, M.D., Medical Registrar to Guy's Hospital.

MAYNE, N., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the County Longford Infirmary and to the County Gaol.

O'FLAHERTY, R. G., M.B., L.R.C.S.I., a Medical Officer, &c., for the Kingstown Dispensary District of the Rathdown Union, co. Dublin.

OXLEY, A. R., M.R.C.S.E., House Physician to the Radcliffe Infirmary, Oxford.

SMITH, W. H., M.R.C.S.E., L.S.A.L., House Surgeon to the Beckett Hospital and Dispensary, Barnsley.

Deaths.

HEBERDEN.—On July 8, at Park Street, Grosvenor Square, Thomas Heberden, M.D., aged 75.

MCCORMICK.—On July 13, George Mark McCormick, M.D., T.C., of 5 Usher's Island, Dublin, and Westbrook, co. Wicklow.

O'BRIEN.—On July 6, at Bray, Robert O'Brien, L.K.Q.C.P.I., formerly of Lower Leeson Street, Dublin, aged 71.

PRIGG.—On July 7, at Notting Hill, Frederick Prigg, M.R.C.S.E., aged 29.

SCARRY.—On April 29, at Calcutta, John William Scarry, L.R.C.S.I., Surgeon of the British India Company's mail steamer *Dorunda*.

SMITHSON.—On July 5, at Southcoates, York, John Smithson, L.S.A.L., aged 48.

WALLIS.—On July 5, at Dorchester, John Wallis, M.R.C.S.E., aged 93.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 25, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On the Diagnosis and Treatment of some Forms of Dyspepsia. By Robert Farquharson, M.D. 59
Maternal Impressions. By John G. K. Synnott, L.F.P.S., L.S.A., Sowerby Bridge, Yorkshire..... 61

CLINICAL RECORDS.

Chronic Meningo-Myelitis (Rheumatic) Incipient Softening—Cure. Under the Care of Thomas Stretch Dowse, M.D., F.R.C.P. Edin., late Physician Superintendent of the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Diseases of the Chest 61
On a Case of Chorea. By Octavius Sturges, M.D., F.R.C.P., Physician to the Westminster Hospital; Assistant-Physician Hospital for Sick Children, Great Ormond Street 62
Mercer's Hospital, Dublin.—Under the Care of Mr. O'Grady, M.B., F.R.C.S.I. .. 64

PAGE

TRANSACTIONS OF SOCIETIES.

Dublin Obstetrical Society—
A Case of Inversion of the Uterus..... 66

LEADING ARTICLES.

The Title of M.D. 67
The Fourth Annual Report of the London Temperance Hospital..... 68
The Sale of Food and Drugs Act in Ireland 69

NOTES ON CURRENT TOPICS.

Mr. Forster on Vivisection 71
The Law of Counter-Prescribing 71
Deaths from Hydrophobia..... 72
On Her Majesty's Staff 72
The Malthusian League 73
Cardinal Manning on Drink 73
Prevention of Small-Pox 73
The Fruits of Philosophy 74
The Consolidation of Provident Dispensaries..... 74
Impure Water 74
Social Science Congress 74
Adulterated Sweet Spirit of Nitre 74

CORRESPONDENCE.

International Congress of Medical Science 75

PAGE

Over-Population and Immorality 75
Private Lunatic Asylums and Private Patients 76
"The Non-Alcoholic Treatment of Disease"..... 76

OBITUARY.

Frederic Ticehurst, M.R.C.S., J.P. 76

The Public Health (Ireland) Bill..... 77

LITERATURE.

Practical Histology 77

MEDICAL NEWS.

Royal College of Surgeons of England 77
King and Queens' College of Physicians .. 78
The London Hospital 78
Court Appointment 78

Notices to Correspondents, &c. 78
Vacancies..... 78
Marriage 78
Deaths 78

Original Communications.

ON THE DIAGNOSIS AND TREATMENT OF SOME FORMS OF DYSPEPSIA. (a)

By Robert Farquharson, M.D.

Nausea and vomiting come next for consideration, and the sensation of sickness, with weight and distension after food, may simply be a protest on the part of the stomach against a greater amount of work than it can successfully accomplish. Perhaps the patient eats too much or too often, or the constituents of his diet are harsh and deficient of digestion, or the stomach itself is weak, or, what is a very common cause of dyspepsia, a deficiency of nervous energy exists. Probably some source of nervous exhaustion may be at work, or most of the available nerve-force has been directed into other channels by continuous hard work, mental anxiety, or the like, and may not be available for digestive purposes. Secretion then goes on badly, and more especially if we direct our attention strongly in other directions, as by reading or thinking deeply at meals; a too scanty amount of gastric juice will be thrown out to meet the necessities of the case, and ill-digested food will then set up intestinal disturbance.

Now we shall not have much difficulty in recognising this class of cases. Our patient complains of feeling nervous, depressed, and out of sorts, and is readily tired by comparatively slight exertion. He sleeps heavily, but wakes unrefreshed, his head feels confused, and he has some difficulty in focussing his ideas on a given point. After meals he becomes dull and drowsy, and his appetite, at first preternaturally keen, is satisfied with a few mouthfuls of food, after which nausea sets in. Nervine tonics and, more especially, nux vomica and strychnia, will here do us good service; and in conjunction with mineral acids, cinchona and capsicum will often go far towards restoring our patient; whilst a little alkali taken before his food may tend, on Ringer's principle, to augment the secretion of gastric juice. But suppose that vomiting sets in, and continues with such severity as to constitute itself a special symptom, and threaten serious weakening by exhaustion. What shall we do? See, in the first place, that the bowels are thoroughly unloaded, and then prescribe some effervescing medicine, with or without prussic acid; for, although I cannot withhold the conviction that this useful drug has been excessively over-praised as a remedy for sickness, and that its actual power in checking this condition is comparatively trifling, still the force of routine is so strong that it is still almost indispensable in these cases. But supposing this treatment fails, as it often will, we must try something else, and in ipecac. (whose marvellous power of checking the vomiting of pregnancy we all know and appreciate) we will find our sheet anchor.

Hannah Crow consulted me at the Western General Dispensary, for pain after food, with sickness and vomiting, and frequent distressing retching. Loses flesh rapidly, and is much weakened by the fact that every meal is brought up soon after being swallowed. Tongue red, and quite stripped of epithelium; papillæ much enlarged. After seven days' treatment by a drop of vin. ipecac. every hour, all nausea and sickness entirely left her, and only epigastric uneasiness remained, which was speedily cured by an alkaline mist.

Or, in case ipecac. disappoints us, we may try nux vomica also in small doses; and armed with these two remedies, and the judicious use of counter-irritation, we will generally succeed in relieving any ordinary case of pure stomach vomiting, recollecting of course the many pathological conditions of which this act may be the sympathetic indication. Flatulence, also, is a symptom which gives much annoyance, and which frequently arises from a deficiency of those secretions which have an antiseptic action over the contents of the intestinal canal, more especially the bile; and under these circumstances a little nitro-hydrochloric acid will have a good effect. But it often also results from the condition of nervous debility just described, and in which a generally flabby condition of mucous mem-

(a) Read before the Harveian Society of London, April, 1877.

brane concurs with deficient secretion, these tonics, and more especially nux vomica, and the more astringent forms of iron will give relief. For the mere relief of the symptom itself, we will find some benefit from nitro-muriatic acid, some from charcoal, but most of all from sulphurous acid, in half-drachm doses.

The opposite conditions of constipation and diarrhœa would deserve and repay very careful attention, but time will only enable us to direct brief attention to one phase of the question, and that is a condition in which looseness of the bowels comes on immediately after eating. "Everything," to use the patient's own words, "seems to pass through me." Now this consists no doubt in some irritable condition of the intestines, which prompts them to bring on the digestive act, and ordinary astringents will only make matters worse, but if we adopt Ringer's hint, and give small doses of liq. hyd. bichlorid., we will often obtain success, as in the following case :

S. C., æt. 28, consulted me on July 15, looking very pale, ill, and anxious, with a raised temperature, much epigastric pain and diarrhœa immediately following food ; states that she was quite well a week ago, and her general aspect almost suggested the possibility of typhoid, but 5 ℥ doses every four hours of liq. hyd. bichlorid. completely removed all her symptoms in three days.

Many more drugs might be enumerated which are indispensable in certain varieties of digestive derangement, but my object not being to supply a catalogue *resumé* of every member of the Pharmacopœia which has been summoned to our aid in these cases, but to furnish some suggestive hints from my own experience, I refrain from further detail ; and having done for our cases all that mere prescribing permits, we have now to consider what special dietetic rules we must lay down, and what points are of special importance as regards the limitation of excess, the supplement of deficiencies, and the correction of errors.

But this topic is of vast width and extent. Commonsense and the application of ordinary physiological principles will often prove sufficient to lead us on the right track, and there is assuredly no lack of carefully-constructed dietaries adapted for every age and condition and emergency of health and disease. We must, of course, beware how we turn our patients into mere hypochondriacs by impressing upon them too many regulations, and directing their mind so forcibly upon their digestive organs, that severe functional derangement may possibly run at last into organic disease. We know, or ought to know, the influence of what has been well called expectant attention upon the organs of the body, and how running the heart or brain or stomach perpetually into prominent mental consideration almost certainly sets something wrong. Therefore, we may not infrequently let people prescribe the main features of their diet-scale for themselves ; but on several points, when derangements of nutrition supervene, we must interfere, and I will only venture to refer to three points.

First, the indigestibility, under certain conditions, of fluid forms of diet. We shall often make a good hit in private practice by remembering this, and stopping the supplies of milk and beef-tea and nutritious slops, with which the victims of weak digestion are often drenched. Cut all this away, and allow only compact and moderate allowances of dry solid food, and we will find marvellous improvement and great development of faith. We will find that the nausea and flatulence and want of appetite will disappear, and a fresh era of health set in.

Secondly, we have to consider in how far dyspeptic symptoms are originated or kept up, by an intemperate use of meat. The experience of several eminent vegetarians, who recently favoured a sister society with a sketch of their principles and practice, show that the highest development both of brains and body, is thoroughly consistent with total abstinence from flesh. We know that the blood overloaded with nitrogenous products is liable to engender the development of gout and rheumatism, and other disorders, and Parkes has shown how an exclusively flesh diet will give rise to peculiar dyspeptic symptoms, with a tendency to papular and pustular eruption, foul tongue, intensely acid urine, and great mental depression. We see cases approaching to this in the servants of the wealthy, who are allowed to eat meat four and even five times a day, and in whom we observe a peculiar, pasty, greasy complexion, a dull eye, loaded tongue, sluggish bowels, and great inaptitude for exertion.

An eminent surgeon recently gave an interesting sketch of his own experience in this direction. About a year ago, he told his audience in St. George's Hall one Sunday afternoon, he felt himself breaking down, his sleep impaired, his energy of body and mind lessened, he was easily tired, and could no longer do a long stretch of work with ease. His friends thought him overworked, and counselled him to live well, but the more closely he followed this advice the worse he grew, and he began to fear that his best days had indeed gone by.

Coming now under the hands of an eminent physician, quite a different aspect was given to the case. You are eating, said he, a great deal too much. Your nervous energy is largely used up in your work, and is not sufficient for the additional strain placed upon it for your present digestive purposes. Eat much less, and especially much less meat ; and on complying with these instructions, the patient speedily lost his bad symptoms, regained even more than his old power of work, and since that time, as he graphically expressed it, he has never even known that he has a body.

Now, even although we may not absolutely accept the physiological explanation here given, there can be no doubt about the fact that too much meat was being here consumed, and that a reduction in the diet scale was speedily followed by the best results. Surplus nitrogenised material merely undergoes retrograde metamorphosis, becoming transformed into various secondary products, and injuriously oppressing liver and kidneys. In such cases we generally find the urine very acid, of high sp. gr., and either containing a large excess of urea, as pointed out by Dr. Fuller, or loaded with crystals of oxalate of lime, and this will be another aid to diagnosis, and another hint that too much animal food is being consumed.

But the other dietetic extreme may also be productive of derangement, and the great bulk and somewhat heating and irritating quality of such a diet as oatmeal is often productive more especially of flatulence and tendency to diarrhœa. It is a mere truism to say that a proper blending of both these classes of food is requisite to sustain large masses of men under the ordinary conditions of life in full health and complete efficiency.

Thirdly, and to conclude, one word about tea. Now a brief visit to any of our out-patient rooms will convince us of the full extent to which the evils of this substance are recognised, and we see physicians and clerks vying with one other in their efforts to stamp out the perilous practice of tea drinking. Now many patients will tell us quite spontaneously that tea causes pain and flatulence, but to others, again, its sudden withdrawal is a real and serious deprivation. We all know its marvellous restorative powers ; how it removes fatigue and stimulates nervous energy, and even seems to supply the want of food, or at least deadens the cravings of appetite. Are we then to deprive many poor half-starved women of their only solace, and will not the remedy or the remedial necessity, prove worse than the disease itself. Now in considering this question we are at once met by the undoubted fact that we know very little about the action of tea itself. Physiological inquiry has elicited some experimental results of the administration of the alkaloid to the lower animals, and we know that strong tea will prevent sleep and cause palpitation and many uncomfortable nervous sensations. But in the case of the poor, who suffer most from excessive tea drinking, the active principle of the plant may practically be left out of conside-

ration. A weak infusion of tannin and other vegetable constituents drank hot, and in large quantity, and at frequent intervals, must necessarily spoil appetite and impair digestion, by precipitating and unduly diluting the gastric juice. So we must check the habit altogether, if necessary, and at all events, keep it within moderate limits; and in the case of the more wealthy we may have cause to remonstrate against those modified meals which, under the familiar name of afternoon tea, too often seriously imperil the prospects of a good dinner later on.

And now, gentlemen, I have come to the end of my somewhat discursive remarks, and leave the subject without further apology or comment in your hands. The practical experience of many of my hearers will, no doubt, supply many instructive and suggestive points for future consideration, and to facilitate discussion, I will conclude with a very brief *resumé* of my paper, under the following headings:—

1st. The condition of the tongue in dyspepsia.
2nd. Varieties and treatment of pain.
3rd. Treatment of nausea and vomiting.
4th. The dyspepsia of fluids.
5th. The influence of an over-nitrogenised diet.
6th. The influence of tea.

MATERNAL IMPRESSIONS.

By John G. K. Synnott, L.F.P.S., L.S.A.,
Sowerby Bridge, Yorkshire.

The influence of external impressions in arresting the development of the fœtus, has been often recognised, and however difficult of explanation it may be, and however much we may differ as to the relative bearing of the supposed cause in the modification of the embryo, it must be agreed there is something singular in the cases already recorded, to which I add a contribution.

On Monday, July 2nd, 1877, I attended Mrs. G., æt. 26, Cote Hill, Warley, in her second confinement.

There was nothing particular about the process of labour, either as regards presentation, progress, or delivery, and a fine child was born; but though a fine child it had only one hand, the left being absent—development arrested at the wrist.

It presented the appearance of having been taken off, and subsequently healing: there was a perfect flap.

She informed me that when she was pregnant about two months she was working in a mill at Dewsbury, and her left hand was caught and crushed in some machinery, and she experienced at the time a considerable shock to her system. The child may be seen by any one interested in such inquiries, or who may desire to trace the influence of cause and effect in the production of such *lusus naturæ*.

I may observe if the stump had been the presenting part, it would have afforded the accoucheur a very good subject for speculation as to what part of the body it really was; and unless he bore in mind the possibility of a monstrosity, he would have some difficulty in deciding on its anatomical relations.

This brings to my mind two other cases. One, Mrs. S., London, who was delivered of a child, minus its arm; she assigned as the cause her having been annoyed by a man who had lost his arm.

The other was more singular, and was seen by me on board one of the American boats, on my passage to England.

It was the case of a little boy who had on the calf of his leg the outline of the form of a rat, with hair, head, body, and tail well marked and stamped thereon. When the mother was *enceinte*, she was alarmed by a rat jumping upon her leg, and the child was born with the above-mentioned mark upon its leg.

Nervous influence has, we know, an important part to play in the process of conception. It is not easy to understand the *modus operandi* in such cases, but there are too many of them to be lightly passed over, amongst which not the least interesting or extraordinary are the three here recorded.

Clinical Records.

CHRONIC MENINGO-MYELITIS (RHEUMATIC) INCIPIENT SOFTENING—CURE.

Under the Care of Thomas Stretch Dowse, M.D., F.R.C.P. Edin.,
Late Physician-Superintendent of the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Diseases of the Chest.

C. C., æt. 47, came under Dr. Dowse's care, with general paralysis of the extremities, but more especially of the lower limbs; states that his health was good until two years ago, is a strongly built man of temperate habits and free from syphilitic history. At this time his health began to fail, he lost appetite, and was unable to hold his water; "he remarked that when in the street if he made an attempt to micturate he was unable, but when he moved on it would come from him with full force and he was unable to retain it." This continued for some time and was associated with mere weakness of the lower limbs, cramps of the muscles of the calves, and absence of power of the exigent nerves. In the month of February, 1876, he suffered from what was considered to be an attack of rheumatic fever, after which he sweated profusely upon the least exertion, and whenever he became excited he trembled violently as well as suffered from voluntary jerkings of the legs. When he came under Dr. Dowse's care, the following points were noted. Of fair florid complexion, looks quite young for his age, and at times seems confused; the memory is not so good as formerly, there is no pain in the head or feeling of giddiness, the bowels act regularly with normal control over anal sphincter, but not over vesical; he walks fairly well, but complains of feeling weak in the joints; no defect of cranial nerves, complete absence of the signs associated with locomotor ataxy, and except flying muscular pains, the arms are weak and at times feel stiff. There is great loss of temperature in the lower limbs. Reflex movements are readily engendered upon tickling the soles of the feet. Automatic movements are at times very troublesome, but more especially at night when going to sleep. Voluntary power co-ordinate but defective. He can raise (whilst lying on his back) only sixteen pounds with the left and twelve pounds with the right leg. Cutaneous sense and sensibility normal. Subjective sense as though the legs were wooden. Muscular development impaired, no fibrillation. Muscular sense, normal. Cutaneous sensibility became appreciable to twelve cells, v. Stohrer's battery, in sixty seconds on the left leg, and to twelve cells in thirty seconds on the right. Electro-muscular movement to thirty cells of the left, and to twenty cells of the right. The urine was acid, gravity 1020, and free from albumen. The spinal column straight, and free from pain upon percussion.

The treatment first adopted was phosphorus in pills, and the ammoniated solution of strychnine, the continuous current to the legs every other morning, and an injection of 1-12th gr. of strychnine into the muscles daily. This was continued for three weeks with some improvement, but the reflex excitability of the cord was so greatly increased that it was found necessary to inject at the same time with the strychnine the 1-20 grain of atropine. At the end of a month he was decidedly stronger, he could raise twenty-eight pounds with the right leg and eighteen pounds with the left, yet it was

apparent that some blood condition existed which kept in action the moist condition of the cord, and which was not controlled by either strychnine or phosphorus. He was then ordered the following draught three times a day, with four grains of grey powder and three of quinine every other night.

℞ Salicine, gr. x.;
Potass. bromidi, ʒj.;
Potass. iodidi, gr. xx.;
Tinc. gelsemin, ʒjs.;
Aqua, ʒj.

with entire absence of stimulants. In a week after this he could raise thirty pounds with each leg, and improved gradually in every way. At the end of June he was discharged quite well.

ON A CASE OF CHOREA.

By Octavius Sturges, M.D., F.R.C.P.,
Physician to the Westminster Hospital; Assistant-Physician Hospital for Sick Children, Great Ormond Street.

Rebecca N., æt. 5, the youngest and weakest of five children, was admitted into Westminster Hospital, May 5th, 1877. She is very intelligent and sensitive. A year ago she had whooping-cough badly, the other children escaping. Two weeks ago she complained of headache, and objected to go to school; on the way thither she suddenly screamed, in the mother's words, "as though a dog had bit her, although no dog was there." On the following day it was observed that she moved the right hand restlessly. The mother attributes the attack to "too much study." The child has not been frightened nor complained of pain, except on the occasion just referred to.

The patient is somewhat anæmic, fairly nourished, with very mobile features and emotional temperament. The tongue is protruded steadily; there is no sign of ill-health. When placed in bed, however, the child's right hand and forearm and, to a less extent, the right foot are found to be restless, the disorder being strictly confined to these parts; the face movements, also considerable, are yet not in excess of those often observed in sensitive and self-conscious individuals. The choreic movements are to some extent under control and are most when under observation, but by no effort of will, although this is evidently exerted, can the child keep the right hand still. In her attempts to do so she will rest it upon some support or clench the fist or let the hand droop from the wrist, and in these positions it is nearest to stillness. Extended and without support it is the most restless. The movements of the foot, and in a measure of the whole leg, though obvious enough, are much less marked than of the upper limb. The child at first had imperfect command of the right leg, and was apt to fall; soon, however, she could run about with no noticeable defect in gait. There was no chorea whatever of the other limbs.

At first it was noted that the heart sounds were natural, but subsequently, during the time of listening, a distinct regurgitant mitral brûit became audible, which continued for a few beats and then disappeared. This condition of things was verified on many occasions by several observers, though the murmur was more often absent than present. It was the more striking because, unlike the soft and so-called "hæmic" or "anæmic" bruit common in chorea, this blowing sound made its presence at once obvious, and would suddenly break in upon the ear whilst listening to what seemed a quite normal first sound, and then as suddenly disappear. It was thought that muscular exercise tended to develop the morbid sound, but of this I was by no means certain.

This case is quoted as possessing interest on the following grounds:—

1st. The affection began in the right arm and hand, whence it extended to the leg and foot of the same side.

2nd. Mitral regurgitation was an occasional phenomenon, the heart's action as a rule being normal.

3rd. In its full development the disorder was confined to the right side, the arm and hand suffering most and longest.

I. As regards the first point, information is often wanting in reported cases of chorea as to the limbs or muscles first attacked. It is notorious, indeed, that the upper limbs suffer more than the lower, and that a very common mode of extension is from one hand or arm to the other. It is further certain that the limbs which yield earliest and oftenest to chorea are those which are most easily affected in ordinary emotion. Now, assuming the movements of chorea to be due to mental impression, or rather selecting those instances of it which are most certainly of that origin, it is of interest to inquire whether the starting-place of the disorder is at all determined or modified by the particular character of the injurious impression.

When *pain* is the immediate precursor of chorea the painful limb is often the first to become unsteady. When also a particular set of muscles are fatigued these are apt to suffer more than the rest. Upon the same principle it is possible that chorea may be right or left, according as the limbs of one side or the other are the more tried. In a case like the present, for instance, due, as the mother believes, to "over-study" (study in this particular instance meaning the training of the right hand to write and do needlework), the unequal exercise of the hands may be the cause of chorea beginning in the right. If this be so we should have for children of this sort a large preponderance of right-handed chorea. But there is certainly no such preponderance on the whole. It is asserted, on the contrary (I know not on what evidence), that left-handed chorea is somewhat the more common. The facts would therefore require that, except for school discipline (which contributes largely to chorea), the left hand should be much more prone to the disorder than the right. This, too, might be accounted for on the supposition that children mentally or emotionally over-taxed, yet so young as not to know right from left, but using both alike, should suffer disorder of that side which by long inheritance was the least subject to control—that is the left. Left-handed chorea would thus be the rule of commencement; yet special circumstances would often interfere, and especially the overtaxing of the right hand in schooling or any nervous strain which appealed to the one side rather than the other. The offended member would be the first to suffer, whether right or left; or, if there were no special offence to one limb more than another, the limbs would suffer either all together or in the order of their instability.

Now the various sources of terror, according to their nature, bring into sudden and unexpected exercise various groups of muscles—where the terror is such as to suggest escape the legs are thus tried, not only by their action in flight, but by the sense of fear which stimulates that action to the utmost, and gets mentally associated with it afterwards. In other cases it is the upper limbs that are most engaged, one or both, as where the act of grasping, or shielding or striking can save the threatened catastrophe; and here too there is more than the mere muscular effort—there is the sudden shock which, in an instant, before the arrival of alarm, stimulates certain muscles to an extraordinary exertion. The movements to avoid a blow or recall a step (as in the precipice-walking of some dreamers), or to escape some disgusting contact, are of this kind. They communicate a shock of their own, and so much do they anticipate any conscious volition that they will save from danger which the mind does not realize till afterwards, as though separate territories of the muscular system kept a watch of their own for the common preservation. And not only so, but the muscles thus suddenly called into action will be agitated apart from the rest, both at the time and afterwards. The recollection of the incident will recall the muscular no less than the mental part of it, and often so powerfully as again to produce actual movement. Even when there is no grave disaster, but only some pleasurable act to recall, the face will resume the expression of the moment, the hand will repeat its past performance, the

fingers will itch for their former employment, the feet move to the old measure.

If the reader will but recall the common causes of chorea (and I need speak now only of that which is admitted to be of mental origin) or read some tabular enumeration of them, as, for example, that appended to Dr. Dickinson's article upon chorea (*Med.-Chir. Trans.*, vol lix., pp. 30, 31), he will find a list of terrors calculated to produce particular muscular movements—"frightened by a dog," "butted at by a goat," "chased by a cow," "nearly run over," &c., &c. My conjecture is that the manner of the chorea in these several instances would be in accordance with its mode of origin (other things not interfering); that certain groups of muscles would be mentally impressed more than others, and become choreic in consequence.

I have had charge of some cases lately which help to bear out this view—which have, indeed, suggested it. A boy of eleven was much alarmed by an explosion of gunpowder which slightly scorched his face. He got choreic twitching of the eyelids which ceased after a course of shower-baths. A boy of six was frightened by a dog suddenly jumping up at him; he got chorea of the hand on the side of the dog's approach. A girl of eleven, stooping to pick up, as she thought, her brother's cap, found to her great alarm that she had seized a dead rat. She became choreic in the offended hand (the right), and so violently that, although the general chorea which followed was not severe, the hand that had been used was so affected that by no effort could it be kept still.

A very large number of cases would, of course, be needed to verify the hypothesis which I am now assuming to be thus illustrated. To vindicate the principle, however, it is not necessary that the muscles chiefly assailed should *always* be the first to suffer, or, indeed (failing any such local assault), that the natural order of muscular surrender should *always* be followed. There are many interfering circumstances to modify the law, if law it be. Thus, the presence of danger may fail to excite a suitable muscular movement, and produce instead a general paralysis, and presently a general chorea; or the muscular act that would seem the most appropriate may not be that actually suggested to the patient, or the chorea which the fright excites may be but the revival of a former attack, and, as such, obedient to its old form. In such circumstances the law is not broken, but superseded. When the fullest allowance has been made for such exceptions there will still remain material enough upon which the principle may be tested.

II. A word may be said as to the intermittent character of the heart-murmur in the present case. This is no new observation. For the heart's action to be uneven or irregular, for its bruit to come and go, or be present in one attack and absent in the next, these are common features in the chorea of childhood. What is unusual is this: that the mitral valve should permit regurgitation for a moment or two, and then revert to its normal action, and that it should be in the habit of faltering in this way. This phenomenon, rendered the more obvious in this instance by the distinctly blowing character of the murmur, lends support to the view that in chorea the earliest defect of the heart is due to muscular disorder, and not to any structural change; "that," as Dr. Dickinson expresses it, "the collection of fibrin is the consequence, and not the cause of the regurgitation."

It has been fancifully supposed that unevenness of rhythm, which is often the earliest signal of heart disturbance in chorea, might be in some measure due to the irregularity (which is sometimes extreme) of respiration and unequal delivery of blood from the lungs. It is enough to say that facts do not support such a doctrine. It so happened that, along with the child in question, whose breathing was little disturbed, was a boy of nine, in his third attack of severe and general chorea, affecting very markedly the muscles of respiration. He had no irregularity of heart and no murmur. The liability to heart implication in chorea is not to be estimated by its severity, or seat, or class of subject. It appears, however, to depend somewhat upon age. As the patients grow towards puberty and chorea becomes rarer—representing, for the most part, the out-lasting or revival of the child's disorder—so does the heart affection become rarer too, and with adults this liability seems to disappear.

III. However we may account for chorea commencing in a single member and spreading thence to the others, we have yet to account for its remaining strictly one-sided, as in the present instance. It cannot be supposed that the limbs of one side of the body are naturally less stable than of the other, nor yet that the whole of one side should be subjected to the kind of strain I have been speaking of as applicable to particular limbs. Both the principle of successive surrender of muscles, and the principle of some localised offence (so to call them) fail us, therefore, when we come to consider what has been called *hemi-chorea*. And we are in this dilemma, that while some explanation is required for such cases, none will serve which does not both account for the fact and account also for its being exceptional.

In the present instance, although the disordered movement was confined (so far as the limbs were concerned) to one side of the body, the chorea in other respects was not exceptional. It spread from limb to limb as usual. The hand and arm suffered first, and afterwards the foot and leg. It is very rare, I believe, for hemi-chorea to happen in any other way than this. The comparison with hemiplegia, which the term suggests, is apt, therefore, to mislead. There is no such thing as a "stroke" of chorea where the whole of one side is stricken at once, the face as well as the limbs. Nor does it ever happen in one-sided chorea, so far as I know, that the face-muscles are choreic on one side only. It may be added that rheumatism and valvular disease are not more common with this than with other forms of chorea. What has to be explained, therefore, is not the sudden seizure of one side of the body, for no such thing happens; it is the fact that chorea, spreading as usual from limb to limb, is yet confined to the muscles of one side.

Now, inasmuch as chorea is often partial, why, it may be asked, should it not happen sometimes that the limbs chosen belong to the same side of the body? The reason has been given. The arms and hands yield naturally to chorea with much greater readiness than the feet and legs; so that unless both arm and leg of one side have been subjected to overstrain—an event which can seldom happen, and which, in most instances of the kind, is known not to have happened—one-sided chorea is an anomaly.

May it not be in these exceptional cases that the leg suffers in sympathy with the arm because the brain lesion which the arms' over-exercise has induced implicates a region whence both arm and leg derive their motor functions. In such a case as the present, for instance, the leg becomes choreic (later than the arm and for a shorter time), not because it has shared in the overstrain of the arm—for this is clearly not so—but because both arm and leg depend for their motility upon the integrity of a common centre. Some exceptional irritability on the part of this latter permits the disorder of the upper limb to be reflected forthwith to the lower. The rule by which chorea spreads from side to side in obedience to the same law which makes the several muscles responsive to ordinary emotion in a certain order is thus interrupted, and the disorder spreads, not from one arm to the other as usual, but from the arm first affected directly to the nervous centre, whence it is next communicated to the leg of the same side.

Whether this or any similar hypothesis can be maintained must depend, of course, upon the analysis of many cases where the mode of commencement and order of progress of the muscular disorder have been carefully observed. Unfortunately, examples of one-sided chorea, quoted for the most part in support of an antecedent conclusion, are not always related in such detail as to be of service for this purpose. With the comparative rarity of the event, therefore, the material at hand is far too scanty at present for any conclusion.

MERCER'S HOSPITAL, DUBLIN.

Under the care of MR. O'GRADY, M.B., F.R.C.S.I.

DURING the second quarter of the year (April to June), amongst the late patients who had been under Mr. O'Grady's care in this institution, and whose cases having concluded were "discharged," the following, illustrative of various conditions of pathological and traumatic surgery are briefly noted.

Amputation of Thigh (two cases); ditto of Breast, with removal of several Axillary Glands. Extirpation of Eye for Injury; ditto for extreme displacement, together with removal of large Orbital Tumour connected with the Lachrymal Gland. Two cases of Cleft Palate operated on. Broken Leg which had united with much deformity operated on by division of the bone by the chisel and refracture. Immobility of the Tempero-Maxillary Articulations. Strangulated Hernia. Calculus, with Stone adherent to Wall of the Bladder. Lithotomy. Removal of large Tumour of Face, with excision of Left Malar and Superior Maxillary Bones and part of Right ditto. Necrosis of Tibia. Cancer Lip. Complicated Stricture of Urethra. Fracture of both Forearms, one being compound. Compound fracture both bones Forearm. Wound, Penis, from bite of a dog. Successful application of "Elastic Ligature" for removal of a sloughing and bleeding prepuce in a "Bleeder." Consolidation of a large Ilio-Femoral Aneurism.

In the two cases in which amputation of the thigh had to be resorted to both recovered, though in one of them after the patient had been fairly convalescent with healed stump, having been for some time going about on crutches, and on the verge of leaving the hospital, peritonitis suddenly occurred, its course becoming complicated with hæmaturia and gastritis, under which the patient, a delicate, strumous lad, whose thigh had been amputated for chronic knee disease, eventually succumbed, more than two months after the operation. The other thigh amputation was in a middle-aged, unhealthy-looking man—a working jeweller. He had met with an accident twenty years previously; this resulted in permanent deformity of the joint and atrophy of the leg. More recent injury, consequent on a fall, lit up further mischief, and necessitated the removal of the limb. This man made an excellent recovery, leaving the hospital in a month, and speedily regained good health. In both cases the mode of operation selected was the long square cut, anterior flap, short posterior ditto. The vessels being secured by carbolised cat-gut, and adequate provision made for draining the stumps from the centre.

The breast amputation occurred in the person of a spare but healthy-looking single woman, 35 years of age. The morbid part, though adherent to the skin and muscular fibres beneath, with several of the axillary glands also affected, was of limited extent, and it was determined in consultation to accede to the patient's desire for operation. Irregularly elliptical incisions above and below with a straight cut prolonged from their outer angle of junction readily enabled the breast and other morbid parts to be got at and removed. The wound healed kindly, the mammary portion mostly by first intention, the axillary prolongation by healthy granulation, the patient being able to leave the hospital in three weeks.

The two cases of eye extirpation occurred under widely different conditions. In one, a delicate looking lad, aged 14, was admitted for severe wound of right eye and upper lid occasioned by the bursting of a soda water bottle in the factory he was employed at. After enucleation he progressed favourably. The other patient, a girl of the same age, was admitted at the end of May for a very hideous deformity, the result of a large orbital growth, distending the lids and pushing the eye forward, the projecting mass equalling in size half a large orange, sight utterly lost. According to the girl's account, she had given herself a slight knock on the nose a month previously; in a week after, the tumour began to be observed and rapidly increased; it proved to be partially encapsuled and was inseparably connected with the lachrymal gland, which likewise had to be taken away. In removal, the outer canthus had to be slit far back to the posterior limits of the projecting mass; this incision was brought together by twisted sutures, and the wound simply dressed. Progress was very satisfactory, the cut healed without appreciable mark, the deep chasm the while filling nicely, the patient being sent home in less than a month apparently well. The microscopic report as to the structure of the removed growth has not yet been obtained.

Some interesting instances of reparative surgery offered in the two cleft palates, and a mal-united leg. This last was in the person of a pretty and intelligent girl, seven years old. Two and a-half years previously when with relatives in the country, she broke the left leg, both bones, and was allowed to lie without professional aid. The resulting deformity was very great, a "knee" (the angle of the broken bones, which were fairly consolidated with deposit of exuberant callus, was about two-thirds of a right one) in the inferior fourth of the leg. On the 10th of May, the tense and curved tendo-Achilles was first divided, and the tibia then nearly cut through by a specially designed chisel, the fracture of the bone being completed by a screw-clamp. The deformed fibula was easily broken by the mallet, when the limb was got into good position, of full length, free from deformity, and was so put up—one of the hospital fracture boxes, slightly modified for the special purpose, answered to perfection for the subsequent treatment. Nothing could be more gratifying than the after progress, the wound healed rapidly, in less than a month the little patient was up on crutches. She left the hospital on the thiry-fourth day with her leg perfectly restored to its natural length and appearance. It was only after careful examination one could tell which had been the damaged limb.

Of the two cleft palate cases, one resulted in perfect success, the other only partially so. The subject of the former was a girl eight years of age, operated on June 1st. The cleft was a large one, involving the entire length of a deep soft palate; the resistance of the little patient made it a matter of no small trouble to get the edges properly pared and the sutures adjusted. Excellent union took place, the patient being able to return home in a few days freed from her trouble, the time of union being scarcely perceptible. The other palate case was that of a delicate looking young woman, a dress maker, twenty-one years old. The fissure here, too, occupied the entire soft palate, the structures of which were exceptionally scant and stretched, the hard palate being high and arched. The first couple of days appearances were most promising, but the upper part of the wound opened afterwards, though the lower healed well. Business engagements prevented the patient remaining at the time for further operative measures for which, however, she promised to return some latter date, when probably with the vantage ground already gained, there will be fair prospects of success. In both cases the flat muscles of the palate-veil together, with the palato-glossus, and palato-pharyngeus, on both sides were divided so that the freshly pared edges of the clefts were held together, without any tension, by the sutures.

Connected with the surgery of the mouth another interesting case was under observation during the major part of this quarter. A healthy active lad, now nine years of age, was said to have fractured his skull by a fall some five years previously. At that time he was for a long period under the care of the late Prof. Morgan. This accident was followed by stiffness, gradually running into fixed immobility of both tempero-maxillary articulations; the lad's lower jaw seeming to be absolutely locked. Whilst profoundly under the influence of chloroform a little separation was gained by a screw-dilating gag, the points of which were introduced where a gap existed in the teeth, and whilst it was still *in situ* a fine hickory-wood wedge was inserted. This proceeding was frequently repeated with progressive use of larger wedges,

a gradually enlarged opening being obtained with increasing power of mobility. After a time the lad was able to leave the hospital, and attend occasionally as an extern patient, improvement continuing, and there being a good prospect of eventually securing a fairly moveable lower jaw.

In three cases death followed operative procedures. In one of these cases, however, the fatal issue was from a cause quite unconnected with the malady which had called for the operation, and which, as such, seemed likely to have been successful. This case was that of a man, stated to be 67 years of age, but looking far older, admitted for a large inguino-scrotal hernia of the right side—on this occasion only a day "down." The symptoms being very urgent and calling for immediate interference, the operation was proceeded with without delay. The man suffered severely from chronic bronchitis, the wheezing and râles were audible throughout the large ward. Prostration was very great. His state was such that it was considered inadmissible to give any anæsthetic, and the operation was performed as he lay in bed warmly clothed. It was necessary to open the sac; some difficulty was experienced in returning the large mass of protruded gut, different bands and strictured points having to be first divided. Ere the dressings were completed, the patient fell into a sound sleep. As regards the hernia trouble, progress from the first continued to be all that could be desired. The chest symptoms, however, became worse and worse, the patient succumbing after three days. A complication, fortunately of very exceptional occurrence, was followed by death in a case of lithotomy. A healthy-looking man, aged 67, was admitted for stone—having suffered severely from urinary trouble for four years. Examination showed the stone to be of a large size, and the case generally not one for lithotrity. Lateral lithotomy was performed on the 21st April. The calculus proved to be adherent to the bladder behind the pubes, and so intimately, that spite of every care in its detachment it carried away with it a small portion of the mucous coat. The old man soon complained of belly-pain, got severe peritoneal attack which carried him off in forty hours. Urine came abundantly by the wound throughout.

The other unsuccessful case was that of removal of malar and upper jaw-bones of left side, together with part of the alveolar and palate portions of the right one, for a huge growth which extensively invaded these bones, and had caused much displacement of the eye. The patient was aged 46 years, but looked fully ten years older. An incision running beneath the orbit, carried well back to over the posterior limit of the growth, and continued from its front extremity along the side of the nose into the nostril, and through the upper lip, gave, on reflection of the flap, ample room for dealing with the deeper parts. The integument had so thinned from excessive over-distension that uneasiness was felt as to its retaining vitality. The operation being completed the wound was closed as usual in such cases. During the first two days the progress of the case seemed re-assuring; on the third he fell off, grew comatose, sank, and died in the evening. The external appearance of the wound after death, all pins and sutures having been removed, showed that the integuments had everywhere resumed a healthy appearance. The entire wound, except a quarter of an inch at the ala of the nose, had united well—the line of union being in places almost indistinguishable, and so soundly were the parts united that traction with the fingers failed to separate them. The eye, too, had resumed its normal position, and regained a healthy appearance, so that had the patient lived the result would likely have been one remarkably free from deformity. The foregoing case presented an interesting contrast with one which had been but lately in the hospital, and where the happiest results had followed the operation on the jaw. (*a*) Of this patient's present condition "good accounts" were lately received.

(*a*) *Vide* issue of MEDICAL PRESS AND CIRCULAR for 14th of February.

An interesting example of extensive stripping of the tibia in connection with syphilitic ulceration was dismissed from the hospital early in April, in the person of a girl, aged 15, who had been under treatment there for several months. A minor operation so long previously as the preceding November for the removal of some scales of bone showing through the ulcer demonstrated the tibia to be completely isolated from its periosteum throughout the entire circumference for more than seven inches of its length. On this occasion some diseased surface was gouged away. The interspace suppurating profusely the girl became so reduced that the propriety of amputation, which she herself desired, was anxiously considered. After a severe attack of erysipelas rapid amendment followed by complete healing (without any fresh exfoliation of bone, other than the portions alluded to as having been removed) took place. The girl was lately seen with a healthy limb.

A very extensive cancer of lips involving right angle of mouth was operated on. Caustic potash being applied to the site of a slight adhesion to the periosteum of the jaw, the upper part of the wound, that nearest the mouth, healed by direct union—but the delay consequent on the complete separation of the caustic slough, and the subsequent healing of its site by granulation, necessitated the detention of the patient in hospital for nearly a month, when he left well pleased with his state.

Amongst other cases of stricture of the urethra was one where a multiple stricture was complicated by a canal or passage starting from the urethra, deep down, running over to the left. This extended far enough to receive to their full length the various instruments passed. For a considerable time the existence of this channel baulked all attempts to get an instrument into the bladder, which was only accomplished by dilating a stricture situate anterior to the opening of this canal sufficiently to allow of an instrument large enough to fill its orifice being introduced therein; and whilst the abnormal passage was so occupied, a fine guide was got into the bladder, and over it a small catheter slipped in. Without much further difficulty, the case was treated to the admission of a No. 10.

The somewhat unusual occurrence of fracture of both fore-arms—presented in the person of a feeble, unhealthy-looking woman, æt. 50, who had fallen down a ladder-stairs, and, besides a scalp wound and several contusions, had also got double Colles fracture, the injury on the left side being compound—both limbs were treated on the "pistol splint" with good result. Three days after admission she had a severe attack of erysipelas of head, face, and extending to upper part of the trunk, which she slowly and with difficulty pulled through—eventually, however, recovering perfectly. No erysipeloid manifestation whatever showed in connection with the compound fracture.

Another compound fracture of the fore-arm was also at the same time an inmate of the hospital. The patient, a woman, æt. 35, whilst driving a dairy-cart, was pitched out, fracturing the left arm some inches above the wrist, the lesion to the ulna being badly compound. Severe diffuse inflammatory mischief supervened, as a sequence of which the radial fracture also became compound. The soft parts were much infiltrated, and repair was slow, union being long delayed; but eventually a good result was obtained.

A somewhat peculiar case of injury of penis presented. A man, æt. 29, was admitted for a lacerated wound of the glans, which had just been caused by the bite of a large dog. The hæmorrhage was free, but once a full-sized instrument was got in (a somewhat troublesome matter to effect, owing to the puckered condition of the orifice) it was easily commanded. The man was seen some time after leaving the hospital; the parts had now healed, a depressed cicatrix partly occupying the face of the glans. The man said the existing loss of substance was solely due to the injury, and that he had never had

syphilis. The urethral orifice was then free, easily admitting a full-sized instrument.

There was also another case of hæmorrhage from this organ in the person of an intelligent young man, a sailor, who had a sloughing sore of prepuce; when he came under observation, the glans having ulcerated through. The edges of opening constantly wept blood. Nitric acid and other means failed to check the hæmorrhage. From the man's statement, it would seem he was a "bleeder." The diseased and pendant portion of the prepuce being made tense, the thick ulcerated "neck" was surrounded, as near the penis as possible, with a piece of "elastic ligature" tightly tied. This stopped the bleeding, and in three days the morbid part fell off and the sore healed kindly, the appearance of the penis being quite comely.

Illustrative of how surgical aneurisms may occasionally become consolidated under the most unfavourable and unpromising conditions, there was a notable example:—A cooper, aged 28, came to the dispensary on the 8th of March, complaining of fistula in ano. He incidentally alluded to a "vein in the groin," which examination proved to be an ilio-femoral aneurism. It was crossed at the centre by Poupart's ligament, the surface being covered with a number of flattened glands; numerous glands were also in the other groin. The man was a habitual drinker. There was a doubtful history of syphilis. He laboured also under bronchitis of the most aggravated form. Internal treatment and dietary arrangements were carefully attended to; the strictest repose in the horizontal posture being also enjoined. A "shot-bag," the weight of which was gradually increased, was kept as constantly as possible over the aneurismal tumour. In the middle of the month there was a diarrhœaic attack. Against the 20th much relief had been obtained as regards the chest trouble, the aneurism, too, being rather better. On two occasions an "Esmarch's bandage" was applied—once for half-an-hour, the other time for an hour, having at each time to be removed on account of the pain, which was so severe that patient would not allow its use again. The tumour, however, seemed now to be becoming firmer. Though in feeble health the patient left hospital on the 23rd. Whilst at home he is understood to have treated himself by a leaden weight, and to have improved further. After a time he got tired of nursing himself, and went in for a spell of work—cutting barrel heads [the pressure of which on the groin he described as very severe, and had blamed it for causing the aneurismal disease]. In a week he thus earned £4, which was spent on drink during the ensuing five days, when he presented himself at the hospital one afternoon at the end of April in a state of threatening *delirium tremens*. The aneurism was now perfectly consolidated and cured. After a very short stay he was again able to leave the house.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE Seventh Meeting of this Society was held on Saturday, May 12th, 1877, Dr. T. MORE MADDEN, Vice-President, in the Chair.

There was an unusually large attendance of members. After some discussion a resolution was—by 19 to 9 votes, on the motion of Dr. KIDD, seconded by Dr. ATTHILL,—adopted to the effect that the subscription of the members to the Society should be raised from 10s. to £1, and that that rate of subscription should come into force from the commencement of the next session.

Dr. ATTHILL exhibited a recent specimen consisting of an ovarian cyst which he removed on Wednesday last in the Rotundo Hospital. The patient was a young woman, æt. 19, and her history was that somewhere about a year previously, although her health was good and menstruation normal, she perceived her abdomen enlarged. About October last, she was tapped by Dr. Rawson, of Carlow, and on two subsequent occasions she was tapped by another medical practitioner, the last time about three months ago. Since the last tapping the patient's abdomen had enlarged very rapidly, and on admission to the Hospital about a fortnight since, she measured over forty-eight inches round the abdomen. Her general health remained good, and menstruation continued normal. The uterus was small and moveable, and an examination of the abdomen clearly indicated the existence of a large ovarian cyst, which was diagnosed as unilocular. After consultation it was decided to remove the tumour. The operation was performed on Wednesday last, and proved to be one which presented no great difficulty. The cyst was exposed and tapped, and the fluid evacuated without the escape of one drop of fluid into the abdomen. He did not think that from first to last the patient lost two ounces of blood, if so much. Ether was the anæsthetic used, and was administered by Mr. Ormsby in his new apparatus with the greatest possible success. Two ounces of ether were consumed; there was no vomiting, and the patient had had no unpleasant symptom since; nor had she had any pain or discomfort. The sutures were removed that morning. Dr. Atthill believed the case would have a very favourable issue indeed. The cyst was now in reality very much smaller than it was previous to the operation, and the members would see that it was unilocular. He should mention that there were no adhesions anywhere except slight adhesions to the omentum which were cut off.

Dr. MACAN read a paper on

A CASE OF INVERSION OF THE UTERUS.

The patient was forty-six years of age and unmarried. Menorrhagia first appeared fourteen years previously, but for the last six years she had enjoyed very good health. Sometime previously she had taken a long walk, and on her return home a tumour appeared at the vulvæ. She was then seen by Dr. Ryan, of Emly, co. Tipperary, who diagnosed inversion, and tried on two occasions to reduce it. When Dr. Macan saw the case the tumour was sloughing, and the woman showed some symptoms of septicæmia. Having removed the tumour with the wire *écraseur*, Dr. Macan brought the edges of the wound in the uterus together with three silk sutures in order to stop the hæmorrhage. He then made an attempt to reduce the uterus, but failed, and it was then determined in consultation to remove the organ. This was done with the wire *écraseur*, and the two lips of the inverted cervix brought together with three silk sutures, which prevented either primary or secondary hæmorrhage, and which Dr. M. thinks probably lessened the chance of subsequent general peritonitis. The patient's convalescence was tedious from the occurrence of frequent attacks of diarrhœa, but she was removed to her own home within a month, and from that time improved steadily. The suture did not come away for two months. Dr. Macan also drew the attention of the Society to a new method of removing the inverted uterus, viz., by the elastic ligature. The account of a case in which it was thus removed by M. Courty may be found in the *Obstetric Journal* for March, 1877. He also quoted a case related by Dr. Dibardier in the *Annales de Gynécologie*, for Jan., 1877, in which a widow is said to have been cured of inversion of the uterus of thirteen years' standing by getting married a second time and becoming pregnant.

The VICE-PRESIDENT said the Society were very much indebted to Dr. Macan for the paper he had read. The operation was one of the boldest it gynæcological surgery, and the fact that cases of the kind were so rarely met with, enhanced the interest of the paper. He (Dr. More Madden) had seen but three cases of inversion of the uterus, in one of which he succeeded in the attempt to replace the organ, and in the other he did not succeed in doing so, but he had not had the courage, which Dr. Macan had, to remove the organ. He thought they ought to be very cautious with regard to removing the sutures.

Dr. KIDD had seen four cases of complete inversion of the uterus. The first was a case which Dr. M'Clintock had placed upon record, and which he had allowed him to see; in fact, he might say he had seen five cases. The first one to which he alluded was where there was a tumour growing from the fundus of the uterus, and the uterus was inverted by the dragging of the tumour. He saw another case with Dr. M'Clintock, where inversion had followed labour; there was no tumour in the case. Dr. M'Clintock amputated the uterus, and the patient made a very good recovery. In both of those cases Dr. M'Clintock amputated the uterus. The next case he (Dr. Kidd) saw was one under his own care, that

of a woman who came into the Coombe Hospital, with a completely inverted uterus. He thought it had been inverted for fourteen years, and the patient had suffered a great deal from a hæmorrhagic mucous discharge, and was greatly exhausted by it. He attempted to reduce the tumour in that case, but he adopted the plan of making his efforts at reduction by pressure on the fundus, but he failed completely. That woman left the hospital suffering very much from the attempt at reduction; he was very sorry to say she went out no better than when she came. The next case he saw of complete inversion of the uterus following labour was of about six months' duration. He placed that woman under the influence of chloroform, and introduced his hand into the vagina, but instead of attempting to reduce the tumour by making pressure on the fundus, as in the previous case, he began reduction by pushing up the highest portion of the tumour, the portion that last came through. In the course of some seven or eight minutes he reduced the uterus into its normal position, followed it up with his finger, and the woman made a complete recovery. The next case that came under his observation was one of fibrous polypus growing from the fundus of the uterus, which he saw in St. Vincent's Hospital. An examination of that case made it evident that there was complete inversion of the uterus. In that case it was very plain where the polypus began and where the uterus ended. It was completely inverted. He was not sure that inversion of the uterus was becoming less frequent now they had adopted the expedient of pressing out the placenta. It seemed a very reasonable supposition at first sight that the uterus might be inverted by dragging at the cord, but they certainly had cases on record to prove that it was not always that which was the cause of inversion. Dr. George Johnston had put a case on record where there was inversion of the uterus by irregular contraction of the fibres of the uterus itself, and where there was no traction by the cord. It was quite possible the uterus might be dragged down by drawing the cord, but he was inclined to think that the cord would give way before the uterus would give way.

Dr. DENHAM did not agree with the statement put forth by the writer of the paper, that pressure on the fundus was a common cause of inversion; in fact, the occurrence was so rare that if pressure or traction induced inversion, they would have it much more frequently. The case alluded to as Dr. M'Clintock's, occurred during the first year of his (Dr. Denham's) mastership of the Rotundo Hospital while he was ill, and Dr. M'Clintock was temporarily in charge of that institution. The tumour was very small and inversion seemed to be a voluntary operation, as the tumour could not have dragged down the uterus. The woman made an admirable reeovery. He had another case of recent inversion where a poor woman was attended by a midwife, apparently anxious to anticipate the labours of the physician who was engaged to attend the case, who made powerful traction on the cord, pulled down the placenta and inverted the uterus, but she very adroitly took away the placenta and pushed back the uterus. There was severe hæmorrhage subsequently. The nature of the case was easily diagnosed by them, and after about one or two hours' endeavour to resuscitate the poor woman's strength, which was greatly exhausted, she was put under chloroform, and with considerable difficulty and anxiously slow manipulation, they were enabled to get up almost the entire body of the uterus. Strange to say, a small portion would not yield to any force, and so they left the patient for the night, but on the following morning they found that Nature seemed to have accomplished all that they wished. That woman conceived again, but died, he believed, of puerperal fever in her confinement.

Dr. MACAN, in reply, said he did not say that pressure on the fundus of the uterus was a common cause of inversion of the uterus, but that it sometimes was a cause. That pulling on the cord did cause inversion of the uterus, the history of a large number of cases showed. He simply recognised the possibility of pressure over the fundus causing inversion. His chief object in bringing the case before the Society was to elicit the opinion of some of the older members as to whether they thought the use of the sutures did not entirely prevent any danger of secondary hæmorrhage, and also by bringing the two peritoneal surfaces into close contact, lessen the chance of the operation being followed by general peritonitis.

The Society shortly afterwards adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 25, 1877.

THE TITLE OF M.D.

IN our issue of July 11 we spoke of the unauthorised use of the title of Doctor of Medicine, and of the misrepresentation which such use involves on the part of universities which profess to confer the Doctorate without the course of academic study in Arts which has hitherto been considered an essential accompaniment of the M.D. degree. We deprecated emphatically the employment of the title by physician-licentiates, not only because it was a pretence but because it was an intentional misrepresentation.

The subject has received a forcible illustration in the Dublin law courts some weeks since in the case of a general practitioner who claimed a larger sum for attendance on a deceased patient than the executors were ready to pay. He demanded 10s. a visit, and produced evidence that a physician's fee was a guinea—the executors tendered him a general practitioner's fee which, they mentioned, was 5s. Thus the question arose as to the professional qualification of the claimant, and it was shown that, though only a licentiate apothecary, he had habitually styled himself "doctor" and attached M.D. to his name in furnishing accounts. There was a verdict against the medical man, and the learned judge in his charge to the jury, said:—

"The conduct he (the plaintiff) had pursued for years in affixing the letters 'M.D.' to his name, when he had no more right to do so than any other person in the community, was deserving of the strongest disapprobation. It was not only a legal offence, but an offence against morality and integrity, and he was sorry to see a man in ——'s position insensible to that fact, and holding himself forth to his customers as a doctor of medicine, when he was no more a doctor of medicine than the patients themselves."

A more emphatic condemnation of the misuse of the title of doctor than this, coming as it did from the highest legal authority, could not be conceived. The newspapers, however, go even further in censure, for we find the following passage in the *Daily Express*:—

"He (the practitioner) made a damaging admission, to the effect that he was not legally authorised to annex 'M.D.' to his name, and only used the letters because he was a general practitioner, which he has been for forty-three years. The plaintiff has been taught a severe lesson, but there is still an important question for the profession and the public. Why should a practitioner be allowed with impunity to violate the law, and deceive the community by the false representation that he is fully qualified by a medical degree? The Act of Parliament imposes penalties for such offences. Of what use is it to the profession, and what protection to the public, if the law is allowed to remain a dead letter?"

We are not disposed to stand upon the strictness of right in such a matter, and would not think the occasional use of the name of "Doctor" to be anything more than a courtesy title but, as we have already said, it seems to us that there is an immediate danger of the profession being deprived of its highest professional distinction, and the licenses of corporate bodies being lowered in estimation in consequence of the facilities afforded to practitioners deficient in education to enrol themselves in the list hitherto occupied only by University Art graduates. A correspondent of a medical contemporary puts the case plainly in the following sentences:—

"Formerly, the degree of M.D. was almost the exclusive mark of the teacher of medicine and the consulting physician, and it was properly kept to its legitimate uses; now it has become a licence for general practice. Swarms of young men holding it are entering into the already too full field of competition, and openly vie with general practitioners in open shops, club, dispensary, and provident work at a price of remuneration which some respectable tradesmen would despise, and even assume, by reason of the possession of these degrees, airs of superiority over their older and riper brethren which neither the practical knowledge nor the standing of these youthful graduates justify. The highest honours which any University can bestow have been placed upon such youthful and inexperienced recipients chiefly and unconditionally because they have resided for two (?) years at some University far remote from the best metropolitan and provincial schools, at a time of life when, as already shown, time can be of little value—eighteen to twenty-one years of age, a period, probably, when such youths would have a great difficulty in earning the wages of a good mechanic, say £100 *per annum*. But for the power possessed in granting these degrees, these Universities would probably be nearly abandoned by students in the severe competition with the better metropolitan and other schools."

THE FOURTH ANNUAL REPORT OF THE LONDON TEMPERANCE HOSPITAL.

A SHORT time back we made a few remarks in reference to this hospital and the system of treatment adopted by its medical staff. Our observations were not prompted by the least prejudice or ill feeling on the subject, but were made purely in the interests of medical science, and of the patients who profit by its advancement. The annual public meeting in connection with the institution had been held with some degree of *éclat*. An eminent dignitary of the Roman Catholic Church, wrote to say that while others only made speeches, the hospital demonstrates that alcohol is neither necessary in health nor in sickness, and that the practice there followed cannot but affect the science and practice of medicine. We were also informed, that in the judgment of the medical staff the fullest benefit possible had been secured to every patient without resort to alcohol, even as a drug in a single case. We ventured to question the truth of these opinions. It was pointed out that the therapeutic value of alcohol in the treatment of disease is a question that cannot be determined so easily as some may imagine, even in a hospital especially adapted for the experiment. It was, moreover, urged that too much reliance must not be placed in the statistics that will doubtless be adduced in favour of the non-alcoholic treatment, that the hospital's reports must be most carefully drawn up, and the clinical evidence be of the most unimpeachable nature, if this method of treatment is to meet with general approval, and that as a matter of fact, such evidence had not been as yet forthcoming.

Since we last wrote on this important subject, we have received the Fourth Annual Report of the hospital, and before going any further we may at once say that, although we have given careful attention to the criticism which our remarks have called forth there is not a single fact mentioned in this Report which could induce us to alter our opinion. From the cases cited in the Report, it may be presumed that the medical staff have sanctioned their publication as some evidence in favour of their system of treatment. If that be the case, more worthless evidence, as respects the question under discussion, could not emanate from a body of scientific men, and we trust that, if the inutility of alcoholic stimulants as a therapeutic agent, be as it may be, a scientific fact, its due recognition will rest upon very different evidence to that adduced in this Report. There can be no doubt that this is a question about which there should be no trifling. The fact, that this question is still an open one is an opprobrium to the profession. Formerly when the great reaction set in against the antiphlogistic treatment of disease, alcoholic stimulants were all the fashion, and were given in quantities that would appal any member of the Temperance League. Now as absurd a reaction seems likely to set in in the opposite direction and the medicinal administration of a small quantity of wine or brandy is to be regarded with as much horror as a modern physician would regard the wholesale bleedings of a Dr. Sangrado. Does, therefore, the report before us give any earnest that this question is to be soon settled once and for ever? And is it, along with "the accumulated experience and tabulated results" of this hospital, such as "to attract the notice of the guides of medical thought." There are 26 cases cited, and the character and brevity of the report may be well illustrated by the following:—

Cephalalgia and Nervous Prostration.—Case No. 349.—E. B., æt. 20, tailoress, non-abstainer, admitted June, 16th, 1876, under the care of Dr. Lee, with nervous prostration, produced by overwork, and intense headache, which was so severe as to render the patient unable to lift her head from the pillow. The appetite was bad, and the sight much impaired. Remained in the Hospital eight weeks, and was then discharged convalescent. Treatment non-alcoholic."

We are not informed what the treatment, either of this

or the other cases, consisted of. We are simply informed that no alcohol was given. Moreover, out of these 26 cases, fully one-half are cases of disease in which the profession are not in the habit of prescribing alcoholic stimulants. Only the most ardent disciple of Todd would think of giving them for such complaints as "rheumatic gout," "rheumatic fever," "acute abscess," "lacrymal fistula," "injured foot," "jaundice," "acute eczema," and "inflammation of the bladder." It is also remarkable that no fatal case is recorded. If there was none to report then the case speaks for itself; and whoever in future gives his patients any wine or brandy is simply guilty of manslaughter. If, on the other hand, some of their cases were fatal, why are they excluded from the report. Was this a mere oversight on the part of the authorities, or do they wish to imply that the cures they have so carefully recorded, were the result of the non-alcoholic treatment. Nor were many of these cures by any means rapid. One case of rheumatic fever was in the hospital from May 6 to July 1st. The case of cephalalgia was under treatment eight weeks. One of dysentery was admitted 24th of August, and was only relieved when he was discharged on November 17th. Take the cases altogether the logic of the report is truly remarkable. A. B. is admitted into hospital, and in the course of a few weeks he gets well and is discharged. No alcoholic stimulants whatever were administered. *Ergo*, alcoholic stimulants are not required in the treatment of disease. This is a syllogism that may satisfy the authorities of the Temperance Hospital, but we doubt whether it will convince those who hold a different opinion. We do not wish to be hypercritical, but we doubt whether, in point of testimony, greater value can be attached to this list of cases than to those voluminous reports of the virtues of certain patent medicines which figure in the columns of the daily papers. Cure No. 56,811 of Holloway's Plils and Ointment, or cure No. 5,862 of Clarke's Patent Blood Mixture, may, as specimens of medical proof, be put on a par with Case No. 349 of the London Temperance Hospital.

It may then be asked on what evidence can we rely if we cannot trust such reports as that which has formed the subject of the foregoing remarks, coupled with the conscientious observations and opinions of the medical staff of the hospital? It is incumbent upon us to answer this question, and we shall take the earliest opportunity of doing so.

THE SALE OF FOOD AND DRUGS ACT IN IRELAND.

ALTHOUGH the law for the suppression of the sale of adulterated food and drugs has been in existence for more than two years, it has not yet been put in action in any of the rural parts of Ireland, and the first effort of a board of guardians in this direction has, within the last few weeks, given rise to a somewhat amusing controversy between the sanitary authority and the Irish Local Government Board, and to a dilemma from which neither party seems capable of extricating itself.

We must premise that the Act ("Irish Med. Directory," page 524) contains a clause (No. 13) which orders that:—

"Any *medical officer of health*, inspector of nuisances, or inspector of weights and measures, or any inspector of a market, or any police constable under the direction and at the cost of the local authority appointing such officer, inspector, or constable, or charged with the execution of this Act, may procure any sample of food or drugs, and if he suspect the same to have been sold to him contrary to any provision of this Act, shall submit the same to be analysed by the analyst of the district or place for which he acts, &c., &c."

Now it happens that there was previous to this enactment no medical officer of health in the rural districts of Ireland; nay more! the Local Government Board had refused to allow the dispensary medical officer to be so designated in the Public Health Act, possibly lest he might not be placed in a sufficiently subordinate position. Being thus called upon to put the Sale of Food and Drugs Act in operation, the Local Government Board, in its characteristic style, simply shifted the difficulty on to the Boards of Guardians, and left things otherwise as they were. This they did by sending simply the clause of the Act, leaving the guardians to interpret it as they liked, and to act upon or neglect it as they pleased. Thus matters stood for a year, at the end of which time the Local Government Board, being subjected to continuous cross-questioning by the sanitary authorities, informed them by circular that "acting on an opinion given by the law adviser, they recommend the sanitary authority to adopt the suggestion that the sanitary officers and sub-sanitary officers should be formally nominated to be the medical officers of health and inspector of nuisances within the Act."

It will be observed that by this recommendation the guardians were requested to appoint a medical officer of health, though the Act nowhere gave them any such power, and though it contained no clause to compel the sanitary officer to act, if appointed, nor any authority to the board to pay him out of the rates. These were palpable difficulties, and accordingly the Donaghmore guardians, like Oliver Twist, wanted more advice. The following is the answer they received:—

[COPY.]
Local Government Board, Dublin.
7th June, 1877.

SIR,—the Local Government Board for Ireland have had before them the resolution of the Board of Guardians of Donaghmore Union of the 18th ultimo, referring to the Board's letter of the previous day, relating to the refusal of the medical officer of the Rathdowney Dispensary District to act as medical officer of health under the Sale of Food and Drugs Act, and inquiring if under Dr. Smyth's appointment as sanitary officer it is his duty to carry out the provisions of the Act referred to in his district.

In reply the Local Government Board desire to state that they have no precedents applicable to the case except the opinion of a recent law adviser that the term "medical officer of health" must be taken to include the sanitary officer of the district in which the occasion for proceeding may arise.

By order of the Board,
W. D. WODSWORTH, Assistant Secretary.

To the Clerk, Donaghmore Union.

From this reply it appeared that, according to the law adviser's view, the sanitary officer was *ipso facto* medical officer of health, and, therefore, liable to the execution of the Sale of Food and Drugs Act, as a matter of duty, and whether paid or not. From this view the sanitary officers

and notably, Dr. Smyth of Donaghmore, vehemently dissented, and the board of guardians having again, by the following resolution, asked for instructions, received the following reply from the Local Government Board:

"That the board regret that the Local Government Board has not replied decidedly to the questions put to them.—'Is Dr. Smyth the party to discharge the duties named in the Sale of Food and Drugs Act in his dispensary district?' And if so, under what conditions are we to call upon him to act, and the board request that they may now be favoured with a *definite* answer on the subject. The Act we look upon as important, and the duties in it onerous."

[Reply.]

"Local Government Board, Dublin,
June 27th, 1877.

"Sir,—The Local Government Board for Ireland have had before them minutes of proceedings of the board of guardians of Donaghmore union on the 15th inst., containing an entry of their letter of the 7th inst., relative to the inquiries made by the guardians as to the duty and responsibility of the sanitary officer (Dr. Smyth) under the provisions of the Sale of Food and Drugs Act; and in reply to the minute thereof, the Board desire to observe that, as they have stated in their circular of the 13th November, 1875, in their opinion the words 'Medical Officer of Health,' and the words 'Inspector of Nuisances,' as used in the 13th section of the Sale of Food and Drugs Act, include the sanitary officers and sub-sanitary officers under the Public Health Act, 1874, and this view was subsequently concurred in by the law adviser of the Lord-Lieutenant.

"The section does not enjoin the performance of any special duties by these officers, but it merely empowers them (under the direction and at the cost of the local authority appointing them) to procure samples of food and drugs, and to submit them for analysis; and the power which these officers have in this respect beyond that of other persons, appears to consist in the fact that any person refusing to sell to them any article which is on sale by retail on the premises exposes himself to a penalty by such refusal.

"With reference to the questions of the board of guardians, as to which of the officers should be charged with the execution of the Act in this respect; whether Dr. Smyth is the party; and, if so, on what conditions he is to be called upon to act; the Board can only say that these are matters of arrangement to be made by the board of guardians at their discretion.

"The dispensary medical officer, as the sanitary officer, is invested with the powers given by the Act, and should therefore receive such general directions as will authorise him to exercise those powers in any case in which it may be desirable that he should do so; but if the guardians contemplate a systematic and general proceeding for the detection of cases in which articles are sold contrary to the provisions of the Act, it would appear to be unreasonable to impose such a duty upon the medical officer, which could, no doubt, be more suitably entrusted to the sub-sanitary officer, under the direction of the sanitary authority, or to one of the other officers named in the section under the directions of the local authority appointing them.

"By order of the Board,
"B. Banks, Secretary."

This letter is a remarkable document. It says "the Act does not enjoin the performance of any special duties on the medical officers." Nevertheless it empowers them, under the direction of the sanitary authority, to perform certain very definite, and somewhat ignominious functions. These functions, if performed "under the direction" of the guardians, are, it strikes us, a duty; but as to all the other questions the Local Government Board could give no better information than that they "are matters of arrangement." Finally, the Local Government Board informs the Irish sanitary authorities that "the dispensary medical officer" is the person invested with the powers given by the Act, yet it suggests to the guardians to appoint another officer to do the work without saying how he is to be paid.

We are, we confess, in no better case than the guardians, and utterly break down in the effort to understand what the Irish Local Government Board means. To elucidate this obscure point, the Council of the Irish Medical Association has also been at work, with no happier result. We give the correspondence between the Hon. Sec. of the Council and the Local Government Board as it stands:—

2nd July, 1877.

Sir,—I am instructed by the Council of the Irish Medical Association to ask you upon what authority the medical sanitary officers of Ireland are charged with the duties of the "medical officers of health" under the Food and Drugs Act, and also whether any, and if so what, provision has been or is to be made to remunerate medical sanitary officers for these extra duties?

I have the honour to be, Sir,
Your obedient servant,
Signed, J. W. Moore,
Hon. Sec. to Council.

To B. Banks, Esq., Sec. Local Government Board.

Local Government Board, Dublin,
3rd July 1877.

Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 2nd inst., inquiring upon what authority the medical sanitary officers of Ireland are charged with the duties of the medical officers of health under the Food and Drugs Act and in reference thereto the Board forward for your information a copy of a circular letter which they addressed to the several sanitary authorities on the subject on the 28th April, 1876.

By order of the Board,
B. Banks, Secretary.

To J. W. Moore, Esq.,
Honorary Secretary, Irish Medical Association.

14th July, 1877.

Sir,—I have the honour to acknowledge the receipt of your letter dated 3rd July, 1877, and am directed by the Council of the Irish Medical Association to inquire whether it is compulsory on the dispensary medical officers of Ireland to accept office under the Sale of Food and Drugs Act, 1875. Further (in reference to a query in my last letter, to which no answer was made in your reply), I am directed to ask what provision has been, or is to be made, to remunerate the dispensary medical officers for their duties under the same Act.

I have the honour, &c.
J. W. Moore,
Hon. Sec. to Council.

Local Government Board,
Dublin, 18th July, 1877.

Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 14th inst., inquiring, by direction of the Council of the Irish Medical Association, whether it is compulsory on the dispensary medical officers of Ireland to accept office under the Sale of Food and Drugs Act, 1875, and what provision has been made, or is to be made, to remunerate them for their duties under the same Act; and in reply, the Board desire to state that they are not prepared at present to express any opinion on the question of the liability of sanitary officers to discharge duties under the Food and Drugs Act, further than that already stated in their circular letter of the 3rd November, 1875, and concurred in by a former law adviser of the Lord-Lieutenant—namely, that the words "medical officer of health" include the sanitary officers under the Public Health Act of 1874.

The general view which the Board take of the matter is expressed in a letter which the Board recently addressed to the board of guardians of Donaghmore Union, a copy of which is enclosed for your information.

By order of the Board,
W. D. WODSWORTH, Assistant Secretary.

To J. W. Moore, Esq., M.D., &c., &c.

(*Here follows the letter quoted above.*)

July 19th, 1877.

SIR,—I have the honour to acknowledge the receipt of your letter dated 18th July, 1877, and am desired by the Council of the Irish Medical Association to express their regret that they have failed to elicit the information required, in connection with the Sale of Food and Drugs Act, 1875.

I have, sir, the honour to be,
Your obedient servant,
J. W. MOORE,
Hon. Sec. to Council.

Notes on Current Topics.

Mr. Forster on Vivisection.

THE Right Hon. Mr. Forster, M.P., one of the most able members of the last liberal Cabinet, made a very excellent and appropriate speech at the distribution of prizes at the London Hospital last week. The principal topic touched upon was vivisection, in which he brought forward both facts and arguments which the fanatical opponents of scientific research would do well to carefully weigh. The right hon. gentleman was both just and generous in his estimate of the motives which occupied the medical profession in the matter, when he confessed to a good deal of sympathy with the physiologists. There had been, he said, gross exaggerations with regard to these vivisection experiments. The commission discovered in the course of their investigations that the statements as to the reckless cruelty in the practice of vivisection in England were almost absolutely unfounded. There had, he thought, been a misconstruction or misapprehension of the motives of the medical profession in that respect; and he felt that some of the persons who had made the severest attacks upon vivisection had not themselves the cleanest hands. He did not want to draw any comparison between medical science and sport, as to which killed most or which was most open to the charge of cruelty. He was indifferent as to that question, because, from ignorance, he was incapable of performing any scientific experiment, and because, on the other hand, he was not a sportsman. The reason why he had not been a sportsman was because he did not fancy what seemed the almost necessary cruelty connected with that sport. But he could well understand how people should desire, as far as possible, to lessen suffering, and he believed that physiologists had, with that view, shown an earnest desire for the passing of the Cruelty to Animals Act. He believed that the medical profession desired to avoid all experiments in the way of vivisection which could cause any unnecessary pain, and that instances of cruelty in that respect were almost unknown, while under the Act in question such experiments were only allowed to be made when the animals operated on were under the influence of anæsthetics, no experiments being permitted now under any circumstances for the mere purpose of teaching. Although the general feeling of the medical profession was such as he had already indicated, it was necessary to have certain safeguards, and he did not think that in this legislation Parliament had gone beyond the feeling of the medical profession itself.

In making this statement, Mr. Forster echoes the views of the Under Secretary of the present Government, Sir H. Selwin Ibbetson, who, only a few weeks since, stated in the House of Commons that "there had been no disposition whatever on the part of teachers of physiology to disregard the Act; on the contrary, it had been most frankly accepted by them both in its spirit and in its meaning." That this is so no one can for a moment doubt; notwithstanding the truth of this assertion the Home Secretary, Mr. Cross, has, upon his own responsibility, and without any reasonable grounds, refused to grant personal licences to more than one eminent teacher of physiology. If he continues to administer the Act in this partial and one-sided spirit both teachers and students will be driven to pursue physiology on the Continent, where no arbitrary and factious restrictions are imposed, and no restraints are placed upon the pursuit of scientific medicine. The law, as it stands, does all that humanity can fairly demand, to do more would be wilfully to debar us from the means of gaining medical knowledge from which the most valuable results have been gained in the past, and from which it is only reasonable to hope as much in the future.

The Law of Counter-Prescribing.

THE Medical Defence Association has, we are pleased to observe, achieved an unmistakeable victory in the Birmingham county court, in a prosecution against a druggist named Harrison for counter-prescribing. The case was defended with all the energies of the Chemists' Defence Association, and terminated with an unequivocal decision of the judge that the prescribing was illegal, he refraining from granting a decree only because he desired to await an appeal (now pending) to the higher court in another analogous case. The gist of the argument may be taken from the following passages:—

His Honour: Do you mean to say any person may go to a chemist and say, "I am suffering from some disease or other, but I don't know what it is; I have not been well for a month and am getting worse," and the chemist prescribe for him?

Mr. Herbert (counsel for defendant): In simple minor ailments.

His Honour: You admit no chemist can attend at a patient's house and supply medicine?

Mr. Herbert: Yes.

His Honour said, in his opinion a man might go to a chemist and say, "I have got a toothache, or I have got a headache, will you give me, say, some sal volatile for the headache and some tincture for the tooth." His Honour had not the slightest doubt that a chemist might sell what was required, but whether he might take the ordinary means of finding out the headache or toothache, and then prescribe medicines for the disease which he himself had found out, was quite another matter. He ventured to put it that if a man went to a chemist's shop and said he was suffering from some disease, the nature of which he did not know, and the chemist took the ordinary means of feeling his pulse and examining him, and then saying, "I know what's the matter with you," and supplied him with some medicine, he would be infringing the Act.

Mr. Herbert: I might consult with one of my friends and say, "I think a little quinine would do you good." If I may say that, why may not a chemist say it?

His Honour: You have no interest in the sale of the quinine. You may, as a friend, offer advice; but gratuitous advice is seldom worth receiving.

The learned counsel contended that the defendant had in no way infringed the Act and the statement of the woman. The chemist had a right to consult with his customer, and supply what was best for her. Surely the defendant might suggest to her, persuade her to take (in the sense of buying) or dissuade her from buying; such consultation was part of the sale.

His Honour: That is contrary to the opinion of Baron Bramwell. His lordship stated that if a person entered a chemist's shop and asked for something to cure the headache, and the chemist gave him some medicine, he would be technically infringing the terms of the Act, although it would be very unreasonable for the Society to interfere in such a case. I am not prepared, however, to adopt in its entirety the view of the learned Baron. I draw the line, and say, if a person goes to a chemist, suffering under a disease the nature of which he does not know, but believes the chemist does, and he takes the ordinary means of ascertaining what that disease is, and then prescribes medicine to cure the disease, which by examination in any way you like is found out, then he steps beyond his province as a chemist, and adopts that of a medical man. What authority is there for saying that the chemist might prescribe for minor ailments, and where would you draw the line?

Mr. Herbert: By exercising discretion, as we did prior to 1815.

His Honour: The section to which reference has been made provides against the trade of a chemist in buying, preparing, compounding, dispensing, and vending medicines; nothing is said about prescribing. It appears a very good Act, and ought not to be infringed.

Mr. Nathan, for the prosecution, remarked that as long as chemists confined themselves to the buying, preparing, compounding, dispensing, and vending of drugs, they would not be open to any interference.

Deaths from Hydrophobia.

Deaths from hydrophobia have been pretty frequent of late, but it is rather a sad reflection that all the outcome of our recent experience of this disease are the brief and conventional records that appear in the daily papers. For instance, the other day the coroner for the City received information of the death of a young man named James Keith, a railway clerk, of Downs Park Road, Dalston, who died of hydrophobia in its most malignant form. It appears that the deceased was walking along the Westminster Bridge Road about three months ago, when a dog in a rabid condition bit his hand. The man went at once to St. Thomas's Hospital, where the wound was cauterised and other preventive measures taken. The wound never healed properly, and a few days since symptoms of hydrophobia made their appearance. He grew worse every hour, and died soon after in a raving condition.

Such is the stereotyped account we generally have of these cases. No doubt a case occasionally occurs at a hospital, when all the circumstances attendant upon it are more closely examined and fully recorded. But even then the clinical record is soon lost and forgotten among the host of hospital reports among which it is buried, besides which the report itself is chiefly confined to a narration of the symptoms which are pretty well known, and of the treatment, which is never successful.

Now it is generally admitted that of all the persons who are bitten by mad dogs, only a certain number are attacked with this dreadful disease. Seeing, therefore, that there is so little to be hoped for from the treatment of hydrophobia, we should be all the more anxious to gain all the information we can respecting the conditions under which it is developed, and the means by which it may be prevented. To this end, the strictest investigation should be made into every well-authentica ted case. All the circumstances under which the patient was bitten, whether in the naked flesh or through articles of clothing, whether the person was the first or last bitten by the rabid animal, the nature of the precautions taken after the bite and the promptitude with which they were adopted, the constitution and habits and general health of the person attacked; all these and other questions should be carefully inquired into, so that in time we might get a large accumulation of facts bearing upon the natural history of the disease, which might in time cast a flood of light upon the prognosis and prevention of the disease.

On Her Majesty's Staff.

Our attention is drawn to the medical staff of her Majesty the Queen as originally constituted, by the announcement in last week's official *Gazette*, of the appointment of Messrs. Peter and Alfred Squire as chemists and druggists upon the establishment, vice Mr. Peter Squire, senior, resigned. This announcement, whilst it recalls to our memory the appointment of Mr. Squire as far back as August, 1837, and the fact that he is now the sole survivor of the first medical staff then constituted, reminds us also of his services to the profession, services which will live in the memory for generations after the giver of them shall have ceased to exist. Long may this latter be deferred, for we heartily wish Mr. Squire in his retirement many more years of that material and intellectual health which he has in the past enjoyed. Indeed, he may be quoted as a bright example of that class of men who seem to thrive upon hard mental labour, an evergreen to the last. Previous to his appointment on the staff in 1837, Mr. Squire was officially connected with the court, when her Majesty was Princess Victoria. We believe he is also the sole survivor of the first Council of the Pharmaceutical Society of Great Britain. His connection with the medical profession, however, will be most widely known and remembered for his "Companion to the British Pharmacopœia," a work which has attained to such classic prominence, as to be quoted as *the authority* and guide on the subjects of which it treats.

It is reserved for few medical books, we know of none, to attain to a sale of about thirty thousand volumes in less than twenty years, and its popularity to be continually on the increase. When we say that the profession owe a debt of gratitude to the author of "Squire's Companion," we feel that we are but echoing the sentiments of the whole profession. Further, we think that the valuable services he has rendered to the medical and pharmaceutical bodies, both by his literary and chemical labours, should meet with some fitting acknowledgment in the shape of a scholarship in chemistry at one of our leading schools.

Posthumous honours are very well in their way, but we would prefer that men should see some tangible acknowledgment of their services before the interposition of angels.

The Malthusian League.

THE prosecution caused by the publication of "The Fruits of Philosophy" has had the effect of directing attention to those wholesome laws which protect the morals of the public, as well as those which regulate the increase of population, and has resulted in the formation of a society to be called "The Malthusian League," the objects of which are thus briefly stated :—

"To spread among the people—by lectures, cheap books, leaflets, and by all practicable means—a knowledge of the law of population, and of its practical application.

"To agitate for the abolition of all penalties on the public discussion of the population question.

"To obtain such a statutory definition as shall render it impossible in the future to bring within the scope of the common law, as a misdemeanour, the publication of work dealing with this question."

A knowledge of the laws which govern the labour market, and the practical use to be made of that knowledge is of great importance, especially to the professional man, who is more seriously affected by the laws of political economy than even the labouring classes; but to conceive that any statutory definition could be obtained which would render it impossible to prosecute as a misdemeanant any persons publishing a work professedly treating on the subject of the limitation of population appears so illusory, that one can scarcely believe it possible for half a dozen persons to be found seriously to discuss it. It should be evident to the most enthusiastic Malthusian that such an Act would open the door to the dissemination of the most obscene literature, which, under the guise of philosophy or scientific discussion, would enunciate with impunity the grossest immorality.

We are not acquainted with the names of the prime movers in this direction, but whoever they may be, in giving them credit for the best intentions we would advise them not to add to the many stones with which a certain place is said to be paved, and to pause and seriously consider whether the remedy would not be worse than the disease; even if the disease exist, which has first to be proved; and whether in publishing what they conceive to be physiological truths they may not do more mischief by disclosing to the youth of both sexes matters which they have not any business to be acquainted with, and enable them to indulge prematurely those passions which, given for the highest and most important purposes, may be productive of the most serious injury to their constitutions and morals.

Cardinal Manning on Drink.

THE letter which Cardinal Manning recently addressed to a gentleman at Dublin, who wished to know his opinion on the effects of wine on the upper and middle classes, is one in the general spirit of which the whole profession will join. No one knows better than the medical man that there is a great deal of intemperance which never betrays itself in drunkenness, and that from various motives men and women keep within the line beyond which they would be detected. The medical profession has indeed done much to expose the habit of secret drinking, and have suggested means by which this evil may be more or less successfully treated. The Cardinal thinks the best method of dealing with it is to bring up children in simple habits, and to guard them against acquiring a liking for intoxicating drinks. Train up children not to know the taste and they will not be tempted. "If (says he) the fathers and mothers of to-day had been so trained, we should not now have before us so many unhappy homes and cast-out children."

We do not, however, think that much of the intemperance that now exists can be traced to the cause abovementioned. We generally find that girls have a particular aversion to wine and other strong drinks, and that even the habit which some of the poorer classes have of giving gin and other stimulants to their children, is more likely to sicken them of the habit than of engendering it. On the other hand, those who have fallen into intemperate habits have often been remarkably abstemious in their youth, and they have dated their craving for drink from the time when they were ordered wine or brandy by their medical attendant, or have attributed it to the temptation afforded by the mental and bodily prostation under which they may have been labouring, or to the great relief they seemed to find from the use of stimulants in times of great anxiety and trouble.

Prevention of Small-Pox.

A FEW days ago Mr. Sclater-Booth stated in the House that most of the vestries had provided extraordinary accommodation for the treatment of patients, and some of them were engaged in a house-to-house visitation to see that the people were properly vaccinated. Care would be taken that the experience of the last nine months should be properly collected.

This information is very important, and augurs well for the steps that will be taken in future to prevent the outbreak and spread of small-pox. Undoubtedly it would be a great opprobrium to sanitary science if we allowed such another epidemic to rage amongst us as that which has prevailed within the last twelve months. Nothing, however, could prevent such a calamity occurring again short of the universal practice of vaccination, the effectual performance of the operation, and the practice of *re-vaccination*. Now, as periodical house-to-house visitation would be very successful in securing the due performance of infantile vaccination (which is now too frequently done in a very perfunctory manner) it would be as well if this system were adopted by not only "some," but by all the vestries in this metropolis. Such periodical visitations could not be regarded by the public as any intrusion upon their privacy, as only one visit would be necessary within the first twelve months of every child born. But not even would this system be successful in stamping out the disease unless the practice of re-vaccination is more generally adopted than it is at present, and therefore it is to be hoped that some steps will be taken to encourage this practice. The more general adoption of re-vaccination cannot now be so well promoted by legislative interference as by the action taken by the profession. It is the general practitioner who should impress upon parents the necessity of having their children, and even themselves, re-vaccinated

and therefore we shall be very much wanting in our duty to the State and to the public if we do not do all that lies in our power to prevent the occurrence of another such epidemic as that through which we are now passing.

The Fruits of Philosophy.

It is stated in the papers that Mrs. Besant has been delivering an address at the Hall of Science in which she maintained that the course she and Mr. Bradlaugh had pursued was the right one, and that it was owing to the existence of bad laws that so much evil was brought about. In past times reforms had been the result of a defiance of bad laws. Mr. Bradlaugh and herself were prepared to go to prison, but as soon as their sentence expired they would most certainly again publish the pamphlet which had been condemned, no matter what the consequences might be.

It is evident, therefore, we need not have been so astonished as we were to find that Mrs. Besant was bold enough to appear in a court of justice in defence of this notorious publication. A woman who could publicly defend a pamphlet the title and contents of which might almost be compared with those that used to be seen in the windows of the shops of Holywell Street, and who says she will, regardless of consequences, persist in publishing it, is beneath the consideration of those who have any respect for womankind. We have no objection to see people have the courage of their convictions, but some bounds must be set to the liberty of those whose actions threaten to demoralise society. The passions of women are, when aroused, often more formidable than those of men, and therefore it is possible that this determined and infatuated lady may venture to tread where even Mr. Bradlaugh would "fear to creep." We trust, however, that the strong arm of the law will thwart her beneficent intentions, and that we shall soon hear no more of a pamphlet which is like a rotten leaf, and we fear there are many of them amid the extensive and alluring foliage of modern civilisation.

The Consolidation of Provident Dispensaries.

We understand that a meeting will be held on Saturday next in the rooms of the Medical Society of London, for the purpose of strengthening and consolidating the movement in favour of provident dispensaries and paying hospitals throughout the metropolis. The idea is set on foot by the Charity Organisation Society, which invites the attendance of medical men at the meeting. Mr. Timothy Holmes, F.R.C.S., has promised to take the chair, and Dr. Ford Anderson will read a short paper to open the discussion, of which the following will be the principal points :—

1. What steps should be taken to increase the number of efficient provident dispensaries in London ?

2. What should be the relations of the provident dispensaries to the hospitals ?

3. Is it possible to secure a correspondence between the different provident dispensaries in London, so that a member of a provident dispensary, when he removes to another district, can, without delay and without entrance fee, immediately obtain medical relief in the provident dispensary nearest his new residence ?

Impure Water.

According to Dr. Frankland's report the water supplied by the Southwark and Vauxhall Company is "full of moving organisms, and contains an excessive proportion of organic impurity," and it would appear that the water has been in an unsatisfactory condition for some time past. This announcement is quite enough to make every inhabitant of Southwark and Vauxhall a confirmed hydrophobist, especially at this season of the year ; and as we are forbidden to drink wine and spirits, and cannot be always sipping tea and coffee it is to be hoped that the above Company will soon put their house in order. As many thousands must have been for a long time drinking this water it would be worth while knowing from the medical officers of these districts the influence, if any, that such a state of things may have had upon the health of the inhabitants. Probably they are in a great measure protected from the consequences that might otherwise result from the impurity of their water supply, by the now universal practice of drinking tea and coffee, in the preparation of which these "moving organisms" are effectually destroyed.

Social Science Congress.

The following are the special questions selected for discussion in the Health Department at the forthcoming Congress at Aberdeen :—

1. What is the best mode of providing suitable accommodation for the labouring classes, and of utilising open spaces in towns ?

2. How can the sanitary condition of the population engaged in the coast fisheries of Scotland and the United Kingdom be improved ?

3. The present state of house accommodation in rural districts. Can its evils be remedied ?

Papers volunteered on other subjects coming within the scope of the department will be read and discussed.

Adulterated Sweet Spirit of Nitre.

Three parties were recently prosecuted at the Bradford Borough Court for the sale of diluted sweet spirit of nitre. The defendants were a grocer, an herbalist, and a chemist. The three samples tested contained respectively 26 per cent., 27 per cent., and 20 per cent. of water more than the standard. They were almost tasteless, and gave but very faint indications of the presence of nitrous ether. For the chemist it was argued that a weaker spirit of nitre than the standard was a regular article of sale. This had been sold at 2½d. per ounce, at which price the standard article could not be obtained. The magistrates imposed a fine in each case of £1 and £3 10s. costs.

The Society of Arts, which bestows annually the "Albert Gold Medal" "for distinguished merit in promoting arts, manufactures of commerce," has this year selected as the most deserving recipient "Jean Baptiste Dumas, member of the Institute of France, the distinguished chemist, whose researches have exercised a very natural influence on the advancement of the industrial Arts."

The Manchester and Salford Sanitary Association will hold an exhibition of sanitary appliances at Manchester during the second and third weeks in August. It will be

open to the public at a small charge, and is to include the usual class of exhibits. The meeting of the British Medical Association at the same place and time will add to the success of the exhibition.

THE first step towards the general utilisation of the electric light has been at last taken. A Russian has invented a form of burner in which the carbons are parallel, and are only insulated by a layer of asbestos or vitrified kaolin. The invention has been tried at the West India Docks and other places, and with such marked success that on the first report gas companies' securities fell, in some cases as much as 16 per cent. within a week. The new candle is said to give a light equal to 100 gas burners.

THERE was a slight increase of deaths from small-pox in London last week. Fifteen occurred in small-pox hospitals and 17 in private houses. The deaths referred to other fevers continue much below the average throughout the kingdom. With the fruit season and hot weather, diarrhœa is increasing, but not beyond what is usual at this time of year.

THE mortality last week in the four principal cities of the United Kingdom was 19 in Glasgow, 21 in London, 21 in Edinburgh, and 24 in Dublin, per 1,000 of the population. Of the large towns in the second category, Plymouth was lowest with 12, and Salford highest with 28 per 1,000 of the population.

A PARISIAN pharmaceutist received the following homœopathic prescription to be dispensed:—

Lact. mammel. virgin. (milk from a virgin's breast)	30 c. c.
Aq. stil. (aqua dest).	150 c. c.
Alc. (alcohol)	q. s.

F. S. A. Dr. T.

A SAD case of small-pox infection is reported at Helensburgh. A mother and four children, who had taken lodgings there, were supplied with blankets which had covered small-pox patients. All of them took the disease, and the mother and one daughter have since died.

AT the last meeting of the Council of the Royal College of Surgeons of London, Mr. John Birkett, F.R.C.S., was elected President of the College, and Mr. John Simon, C.B., F.R.S.., and Mr. Luther Holden, F.R.C.S., Vice-Presidents, for the ensuing year.

THE thirty-second Annual General Meeting of the Medico-Psychological Association, will be held at the Royal College of Physicians, London, on Thursday, August 2nd, at 11 A.M., under the presidency of G. Fielding Bland, M.D., F.R.C.P.

DR. LE MOYNE, the cremationist, to make sure that all his children shall follow his example and be cremated, has made a will providing that his heirs shall, before receiving their legacies, make a formal promise to be burned after death.

Correspondence.

INTERNATIONAL CONGRESS OF MEDICAL SCIENCE.

MONSIEUR LE REDACTEUR DU MEDICAL PRESS AND CIRCULAR.

MONSIEUR,—Dans votre journal du 18th Juillet, 1877, vous donnez l'extrait des programmes du Congrès des Sciences Médicales. J'ai l'honneur de vous en remercier de la part du comité d'organisation.

Vous faites la remarque que ces programmes auraient dû être imprimés en Anglais. Je dois vous faire observer que le comité n'a aucune raison de publier en Anglais plus qu'en toute autre langue: si nous avons dû donnez la traduction Allemande, c'est pour répondre aux vouz des médecines de la Suisse Allemande. Car le congrès est tenu Génève par la Suisse dont les ⅔ environ de la population parle la langue Allemande.

Comme vous, j'espère que d'autres notabilités de l'Angleterre et de l'Amérique viendront ajouter leur nom à coté de celui du Dr. Broadbent. L'Amerique (par l'intermediare de l'association médicale) nous à annoncé les noms de MM, Marion Sims, Drysdale, et Seguin, qui nous promet une communication.

Agrez, Monsieur, l'assurance de mes sentiments très distingués.

J. L. PREVOST,
Secrétaire Général.

Geneva.

OVER-POPULATION AND IMMORALITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with some little disappointment your observations upon the Bradlaugh-Besant prosecution, because it seemed to me that the tendency of your remarks was to "bless with faint condemnation" the abominable proceedings of the prisoners, and to recognise these persons as well-intentioned, if mistaken, heroes, just as we are asked to regard the Fenian convicts now within the grip of the law. It seems to me that neither Bradlaugh nor Besant are anything better than fanatics, who think to make their fanaticism pay, and who, in order that it may do so, trample without scruple on every principle of morality, every sentiment of decency, every good influence with the public, and every law for the control of debauchery. They are no more heroes than the anti-vaccinators, who display their readiness to suffer for an idea which they will not take the trouble to learn about or reason upon; and they are enemies to society, because they seek notoriety, martyrdom, and money by deliberately sacrificing the morals of the public.

Whether they be heroes or felons, it cannot be doubted that they are disseminators of debauchery, and it seems to me that you have treated the question too much as a scientific controversy, and have hardly fully recognised its moral aspects. Without losing sight of the fact that it is your function to deal with the physiological relations of such questions, I think that in this instance the morality of the matter is overwhelmingly its important side. I consider that, even if Bradlaugh and Besant could prove that over-population is the direct cause of poverty and its attendant evils, the remedy which they propose would entail a state of society far worse than the worst which we might apprehend from a decrease of monetary prosperity.

If I believed their arguments—which I don't—I would still infinitely prefer hard work and low wages to indiscriminate fornication, universal unchastity, and all the delights of a free-love state of society, and I assert that such a state of society would be the inevitable and immediate result of removing all the inducements to continence, as the "checks to population" would do; and I further say that the material prosperity of the community would be far more effectually and certainly destroyed by universal prostitution and unlimited illegitimacy than by starvation, dirt, strikes, and all the other concomitants of poverty.

But, fortunately, it is not necessary to choose between these evils, for, as far as I can see, the Bradlaugh-Besant fraternity have ignominiously failed to show that over-population has anything whatever to say to poverty amongst British subjects. There is, I firmly believe, no over-population in our kingdoms, and I say so because I think that a

country is never over-populated as long as the average man, with average brains, industry, and education is able to earn a sufficiency to maintain himself and his family in perfect health, and to make an advance in his position as his age goes on.

It will not, I imagine, be said that the average man has any difficulty in achieving this in the United Kingdom, and if he had, there still remains for him an ample field for his labour in the colonies. Bradlaugh and Besant could never, I think, justify their theories until they could show that there were too many beings in the world to exist in health and comfort.

For these reasons, I cannot listen to, and appear to concur in, even half-tolerance of the acts or motives of these persons. They are, in my opinion, mere traders upon the pruriency and the mistaken sympathy of the public; fanatics who make their game to win by martyrdom, no matter who may lose; and pests who ought to be crushed out of existence under the heel of public disapprobation, and by the strong arm of firmly-administered law.

I am, sir, yours, &c.,

A Surgeon with a Large Family.

PRIVATE LUNATIC ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When I ventured to express my views on this subject, and when you honoured me by inserting them in your journal, I did not expect to enter into a personal controversy with any one disagreeing with my opinions, and as I was dealing with principles, not men, I thought my name would not add a particle of weight to my statements, and I left them to be measured, not by the supposed fame of the writers, but by their own intrinsic merits, if they possess any.

I remembered the old quotation,

"Amicus Plato, amicus Socrates,
Magis amica veritas."

I would be the last to write anonymously on any subject affecting the private character of any individual, however humble; and I look upon the use of a pseudonym as simply a substitute for the *we* used in writing leaders, magazine articles, &c.; and as long as I was dealing with general principles and men as entities. I felt quite justified in the adoption of a *non de plume*. But now that a foeman worthy of any one's steel has entered into the arena, and the controversy is assuming somewhat of a character personal to myself as an individual, by the desire of Dr. Winslow for *me* "to come forward in *my* true light, and so enable him to see whether *my* statements are entitled to the weight to which *I* would, no doubt, lay claim" (as if any name could lend a value to the bolstering up of a fallacy, a falsehood, or a misstatement), personal to Dr. Robertson, by the questions put to me for solution, and personal and strong against the statement made in the *Lancet*, and quoted by me.

I have, using the words attributed to a distinguished living English statesman, only three courses open to me.

1st. To abandon the controversy.

2nd. To sign my name and make the subject personal.

3rd. To remove it back to the higher ground of principle, and to confine myself to the actual terms of the question from which at present we seem inclined to wander, and to state my proposition *de novo*, and to show how the matter may be argued without the intervention of personal asssistance of any kind.

My position and propositions are, I think, with all respect, misunderstood by Dr. Winslow, and hence it is clearly necessary, before occupying your valuable space, that the premises should be clear, else we might argue for ever in a circle of error. If this condition is acceptable, I shall be glad to contribute my aid to the clearing up of the points involved.

I may say they are not to be met by the *ipse dixit* of any man, nor by laudation of commissioners, however much deserved, nor by forcible expressions against opponents, but by calm, dispassionate writing, by the stern logic of facts, which will satisfy not only your readers, but

Yours faithfully,

Scarborough, July 21st, 1877. Humanitarian.

This correspondence must now close.—Ed. M. P. & C.

"THE NON-ALCOHOLIC TREATMENT OF DISEASE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If your correspondent, Dr. T. W. Grimshaw, had read my letter in the light of your leading article of June 6th, on which I was commenting, it would have saved him from some misconceptions.

In that article the question is asked, "Will they receive cases of typhoid fever, diphtheria, &c.?" To which I replied to the effect that they not only did so, but cured them in a satisfactory manner.

But Dr. Grimshaw inquires if I do not know "that numbers of cases of typhoid are, and always have been, treated without alcohol?" And he further states that, in his opinion, there are a great many more cases of enteric fever treated without the use of alcohol than with it, by the hospital physicians of the United Kingdom.

Dr. Grimshaw does not appear to perceive that, in making this statement, he is far more at issue with you than with me, as I have simply referred to the fact of such cases having been successfully treated without alcohol, in reply to the first query.

As for my own opinion; I am far from being a "fanatical teetotaller," as I not only use alcoholic liquors myself, but have recently prescribed them (as I believe with very great advantage) in two cases of typhoid fever, one of which was very severe.

With regard to Dr. Grimshaw's remark about the employment of alcohol "in the *treatment* of aneurism," the question under discussion was, how to meet the prostration left by exhaustive hæmorrhage; and I can very well imagine some strong believers in stimulants using them even in hæmorrhage from an aneurism.

The case to which I did allude was one which, I presume, Dr.. Grimshaw does not recollect, as he had not then entered the medical profession; but I need scarcely say that Mr. Cusack was much too good a surgeon to have used any form of alcohol in any stage of such a case, nor did I say that his failure had anything to do with such a cause.

Of those who were residents with me in Dr. Steevens's Hospital at the time, all are dead except one, who has left the profession. They were: S. A. Cusack, J. G. Hildege, Jas. Gwynn, and my elder brother.

What I think the public will learn from the successful cases of operation, &c., in the London Temperance Hospital is:—

1. How seldom alcohol is required, even in severe cases; and

2. How many cases do very well without it, that formerly were supposed to need it most.

And, as I said before, this hospital will continue to afford to the profession a landmark and point of comparison, even in those cases in which the different forms of stimulant are most really useful. This may, indeed, be bad for some individual patients; but it contributes to the advancement of science, and to the ultimate benefit of the greatest number.

I am, sir, your obedient servant,

Edward Haughton, M.D., &c.

Norwood.

Obituary.

FREDERIC TICEHURST, M.R.C.S., J.P.

It does not often fall to our lot to chronicle the decease of a more popular provincial surgeon than Mr. Ticehurst, of Hastings. Few of our readers who have visited that health resort during the last half century can have failed to become acquainted, or, at least, to have heard of the genial Ticehurst, who occupied at various times, and sometimes together, almost all the various posts either of honour or emolument attainable to a medical man. Medical Officer to the Union, Surgeon to the Dispensary, Surgeon to the General Infirmary, subsequently Consulting Surgeon to it and to the Home for Gentlewomen, Coroner, Justice of the Peace, and Mayor of the Borough, all combined to make him the best known, and one of the most respected inhabitants of the town. Deceased had been suffering from an internal malady for some weeks past from which there was no hope of release, and his death which occurred on Friday last, will be sincerely regretted by a large circle both in and outside the profession.

THE PUBLIC HEALTH (IRELAND) BILL.

THE Select Committee on this Bill was nominated on the 19th, and met for the first time on Monday last. It is constituted as follows:—Sir M. H. Beach. Messrs. Maurice Brooks, Gibson, Q.C., and Delahunty. Viscount Crichton, Mr. Gray, Sir A. Guinness; Messrs. Richard Power, Brett, Brien, James Carey, G. Beresford, Meldon, Verner, Biggar, MacCartney, Redmond, King, Harman, and Swanston. In the notice for the nomination of the committee it was stated that they would have "power to call for persons and papers," which signifies that oral evidence would be taken, and the whole question dealt with exhaustively. In the resolution of the House, however, which appointed the committee, these words were left out, it being thereby implied that its work would be confined to arranging clauses and improving phrases, and that no evidence would be taken. This was to be expected, inasmuch as it would be impossible to hear witnesses, if any hope were entertained of passing the Bill this year; but it is nevertheless much to be regretted in the interests of the sanitary officers and of the public, and there is no excuse for it because the Bill might have been read a second time, and referred to a select committee three months ago. The Council of the Irish Medical Association is alive to the importance of having the interests of the sanitary officers represented, and having been advised that the presence of a deputy in London was essential, have induced Dr. Grimshaw to go over to represent them. We are in some apprehension that there may be an attempt to rush the Bill unamended through the House in its dying moments, but the Irish Medical Association will no doubt be on its guard, and prepared to oppose it with all vigour, unless such changes be made in the measure as will make the Irish sanitary system a reality.

Literature.

PRACTICAL HISTOLOGY. (a)

ALTHOUGH numerous manuals of Practical Histology have been lately issued from the press, both in this country and on the continent, no more valuable text-book for the student will be found, nor one containing a greater amount of useful information, than Dr. Thin's "Introduction to Practical Histology." It is not too much to say of it, that it is as full as an egg of meat and matter. Its arrangements are practical to a degree, whilst its matter is presented in the most convenient form to beginners in the use of the microscope. The work commences with a brief description of the instruments ordinarily required in histological investigation, the method of cutting sections, &c. Little is said about the microscope itself, but that little is most useful; as, for instance, the magnifying power employed should not exceed 300 or 400 diameters, "for the use of high powers is, as a rule, to be avoided." In this recommendation we cordially agree; experience confirms us in the opinion we have had occasion to express, that little reliance can be placed on the boasted amplifications of 5,000 and 10,000 diameters of some writers. We also agree with Dr. Thin that magnifying power should not be increased by the use of high oculars, since "the gain is usually more than counterbalanced by loss of definition." Immersion objectives he especially recommends for high power work, and the method of employing them is clearly given, together with the measurements of objects both with the eye-piece and stage micrometers. A long and useful list of re-agents occupies several pages, and the details of their mode of application. For staining Dr. Thin, it appears, recommends a combination of logwood and acetic acid, a concentrated solution of which is found to rapidly stain tissues through and through; and which are afterwards macerated in glycerine and diluted acetic acid. By this method a tissue is rapidly bleached, but the nuclei do not become bleached so rapidly as the other elements, and as soon as these become visible the acetic acid is replaced as quickly as possible, by glycerine or water to arrest decoloration. We give the particulars of this method, because the student will find the number of nuclei stained by it exceeds that of any other, but Dr. Thin goes fully into the various dyes in use, and gives full particulars of foreign methods of staining, as that of Von Ebner for the examination of bone; of Gerlach for studying the termination of nerve fibres in muscle; of Cornil for tracing the course of amyloid degeneration; of Schwalbe for elastic fibre; of Löwit on the combined application of gold and formic acid in the study of nerves; and of Ranvier in the use of purpurine. These are but a few of the examples of methods of staining which have been described so recently that they are scarcely known to English readers; and the careful abstracts given of these will, we are convinced, prove useful even to experienced histologists.

The fluids of the body occupy several pages, and the tissues are treated of at considerable length. Dr. Thin takes occasion when studying the structure of muscle, cartilage, and the retinæ, for example, to explain in what way his own experience has led him to a divergence of views widely differing from those usually taught in text-books; and in doing so he is most careful to give full details respecting the methods he has employed; thus the student can with greater advantage follow out implicitly his teaching, and arrive at a definite conclusion for himself.

Although Dr. Thin does not profess to have exhausted the subject, he has certainly produced a most useful manual, one containing almost everything that the student in histology requires to become practically acquainted with, added to which his book has the further recommendation for students as being the cheapest histological manual published.

(a) "An Introduction to Practical Histology." By George Thin, M.D. London: Baillière, Tindall, and Cox. 1877.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed the examination in Anatomy and Physiology at the July meetings of the Court of Examiners:—

Edward J. Biden, George B. Wall, and William E. Sicard, Charing-cross Hospital; Arthur Price, Frederick R. Walters, W. Williams, and S. W. Sutton, St. Thomas's Hospital; Samuel J. Gabriel, Norman Rushworth, L. P. Mark, Frank Rushworth, Charles P. Hooker, H. Smith, William Outhwaite, and Alfred S. Mackrell, St, Bartholomew's Hospital; H. M. Duncan, William R. Parker, Frank Parish, L. C. Ponsford, Albert H. Rees, H. Sainsbury, Robert S. Walton, J. E. Hine, and Frederick H. Tinker, University College; James Fulton, Toronto and St. Thomas's Hospital; Henry C. Burrows, Liverpool; James H. Greensill, Middlesex Hospital; A. H. Bampton and J. Smith, Westminster Hospital; V. E. Hunter, H. T. Griffiths, John G. Webb, H. W. Shettle, and L. R. Heyland, St. George's Hospital; Lawrence Humphry and A. C. Buller, Cambridge; Robert Brooks, G. M. MacDonald, and J. Balls, King's College; Percy Brown, London Hospital; F. S. Dennis, New York; J. J. Robins, and Wm. M. Taylor, Newcastle-on-Tyne; Arthur Harrison and J. W. L. Russell, Sheffield; Gilbert Kirker, Belfast; Albert Beverley and H. N. Oglesby, Leeds; W. R. Bates, John D. Hayward, A. Manners, F. E. Ackerly, and Alfred J. Pickworth, Liverpool; B. H. Dale and William P. Dester, Bristol; H. G. Brooke, J. K. Milne, E. L. Luckman, H. A.

Dixon, and William Gibbon, Manchester; O. Todd, Aberdeen; William A. C. O. Sankey, University College, Birmingham and Glasgow; William J. Baker, St. Bartholomew's Hospital; Seton G. Hamilton, and W. Dunn, St. George's Hospital; W. Benthall, Cambridge; Edward J. Freeman, Dublin; S. N. Rendall, and H. W. King, Edinburgh.

Of 137 candidates examined, 58 failed to satisfy the Court, and were referred for three month's further study.

King and Queen's College of Physicians.—The following gentlemen obtained the licenses in Medicine and Midwifery at the July examinations:—

MEDICINE.—Hen. Arthur Charlton, John Patrick Clarke, Joseph Clarke, Jas. Vincent Clinch, John Conry, O'Connel John Delahoyde, Ebenezer Donaldson, John Joseph Dingenan, Francis Charles Fisher, Samuel M'Culloch Higgins, John B. Jennings, George Kisby, George Lyndon, William Rowlands, James Foster Rugg, Walter Henry Ryan, Henry Robert Sherrard, Richard Baker Smith, John Henry Thompson, Richd. G. Tyner, Walter Henry Winter, James Harold Wilde.

MIDWIFERY.—Henry Charlton, John P. Clarke, James Vincent Clinch, John Conry, Freeman Wills Crofts, O'Connell John Delahoyde, Ebenezer Donaldson, John J. Dingenan, William Fairbank, Francis Chas. Fisher, Francis George Goodman, William Hamilton, Samuel Higgins, George Kisby, George Lyndon, Malachi O'Dwyer, J. Foster Rugg, Walter Hen. Ryan, Henry R. Sherrard, Richard B. Smith, Richard Gelling Tyner, James E. Thompson, John Henry Thompson, George Westby, James Harold Wylde.

The London Hospital.—On Wednesday last the Right Hon. W. E. Forster, M.P., occupied the chair at the annual distribution of prizes to the students attached to the above Hospital. The following are the chief prizes of the year:—Entrance Science Scholarship, £60, A. H. Lucas, B.A.; ditto, £40, Lloyd Francis, B.A.; Buxton Scholarship, £30, F. G. Stonham; ditto £20, J. Hutchinson. Scholarship in Human Anatomy, for first year's students, £20, F. G. Stonham; Hon. Certificate, A. H. Lucas, B.A. Scholarship in Anatomy, Physiology, and Chemistry, for second year's students, £25 A. Higgs; Hon. Certificate, L. E. Pritchard; Dressers' Prizes: 1st, £15, E. G. Sargent; 2nd, £15, A. Higgs; 3rd, £10, L. E. Pritchard; 4th, £10, L. N. Walker; 5th, £5, P. Brown; 6th, £5, J. W. Lynch. Scholarships in Clinical Medicine, £20, A. S. Oxley. Hon. Certificate, A. Bennett. Ditto in Clinical Surgery, £20, J. T. Fox; Hon. Certificate, F. B. Fisher; ditto in Clinical Obstetrics, £20, J. W. Lawton; Hon. Certificate, B. H. Gardiner. Prize for attending the greatest number of Maternity Cases during the year, £5, J. W. Lawton; Duckworth-Nelson Prize, Clinical Medicine and Surgery, £10, A. Bennett. Hon. Cert., J. T. Fox. Class Prizes, Medicine, Gold Medal, A. S. Oxley; Silver ditto, F. B. Fisher and J. Greasley. Botany, 1st. Prize, A. H. Lucas, B.A.; 2nd ditto, J. Rygate.

Court Appointment.—Lord Chamberlain's Office, St. James's Palace, July 16, 1877.—The Queen has been pleased to appoint Messrs. Peter Wyatt Squire and Alfred Herbert Squire, jointly, to be chemists and druggists upon the Establishment in Ordinary to her Majesty, *vice* Mr. Peter Squire, senior, retired.—*London Gazette.*

NOTICES TO CORRESPONDENTS.

AN APPEAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—We venture to hope that you will kindly allow us, through your columns, to call the attention of the profession to the case of Dr. de Lisle Allen who, after an illness of more than two years, is now an inmate of Bethlehem Hospital.

During the whole of his illness Dr. Allen has been incapacitated from following his profession, and his family have been indebted to the kindness of private friends, supplemented by a *grant* from the Medical Benevolent Fund for the means of defraying the expenses necessitated by the nature of his malady.

This appeal is now made to enable his wife and daughter to keep a home and to put them in a position of earning a livelihood for themselves.

Dr. Richardson, 12 Hinde Street, Manchester Square, London, W., has kindly consented to act as treasurer.

(Signed) J. ERICHSEN, F.R.C.S.
THOMAS SMITH, F.R.C.S.
BENJAMIN W. RICHARDSON, M.D., F.R.S.
J. HUGHLINGS JACKSON, M.D.

AN EXILE.—Your letter will appear in our next.

JUNIUS MEDICUS.—In our next.

A CASE FOR THE BENEVOLENT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I wish, with your leave, to bring under the notice of the benevolent the case of the late P. McCourt, of Birtley, Durham, surgeon. His untimely death of chronic pneumonia at the age of 36 leaves four little girls—the eldest only 9—and an aged mother in almost utter destitution. And his wife is so broken down that she is a proper candidate for some asylum or "home." At one time his life was assured for a moderate sum, but, through domestic and other difficulties, the policy was allowed to lapse.

A medical practitioner's fate in a mining or "club" district is peculiarly hard. In health he is overworked, and in sickness his patients desert him—those often do so the first on whom his claims are greatest for long and unwearied attendance in serious illness and in imaginary illness.

Such was Mr. McCourt's lot. Early this year he was struck down with pneumonia, and though kind friends did what they could to keep his practice together and to build up himself, the disease and his own anxieties conquered.

It is proposed now to place his mother and his four children in some "home." The wreck of his estate and "book-debts" realised will raise a little, and the charitable are appealed to for a little more. Any sums, however, will be gladly received and acknowledged by

Yours very truly,
Houghton-le-Spring, Durham, J. O'FLANAGAN, L.R.C.P.Edin.
July 21st, 1877.

DR. OGILVIE WILL.—Telegram unintelligible. Send proof for next week.

GUARDIAN.—Not of sufficient medical interest.

DR. HATTON.—No fee is charged to subscribers for the insertion of marriages, deaths, &c.

ERRATUM.—In our last number, on page 55, second column, line 16, for *charity* of any kind, read *chastity*, &c.

AN ERROR IN THE PHARMACOPŒIA.—In our last we pointed out an error which had crept into the last edition of the *British Pharmacopœia* at page 180. In the formula for liquor arsenicalis, the quantity of compound tincture of lavender is given as 5 fluid ounces, it should read 5 *fluid drachms*. Our readers should correct their copies in accordance with the above.

SCARCE NUMBERS.—Double price will be given for the following numbers of this Journal if sent to the London office:—October 6, December 22, 29, 1869

VACANCIES.

Metropolitan Asylum District.—Junior Assistant Medical Officer for the Imbecile Asylum at Leavesden. Salary commencing at £120, with board and apartments. Forms of Application to be had of Mr. Jebb, 37 Norfolk Street, Strand, W.C.

Wolverhampton General Hospital.—Physician's Assistant and Pathologist. Salary, £50, with board and lodging. Applications to the Chairman of the Medical Committee.

Farringdon Union.—Medical Officer for the Shrivenham District. Salary, £70, with fees extra, and £10 additional as Health Officer. Address the Clerk to Guardians, Farringdon, Berks.

Male Lock Hospital, London, W.—House Surgeon. Salary, £50, with board and apartments. Testimonials, &c., to the Secretary.

National Dental Hospital, London, W.—Two Assistant Dental Surgeons. Testimonials to the Medical Committee, 149 Great Portland Street, W.

Nuneaton Union.—Medical Officer for the Chilvers Coton District. Salary, £65, with the usual fees extra. Applications to the Board of Guardians, Clerk's Office, Nuneaton.

Celbridge Union Workhouse.—Medical Officer. Salary, £100 per annum, Election this day.

Queenstown Dispensary.—Apothecary. Salary, £70. Election this day.

Marriage.

BROMFIELD—HATTON.—June 10th, at St. John's Church, Coleford, Gloucestershire, by the Rev. Thomas Holbrow, Vicar, Edwin Bromfield, of Sydney, to Louisa Fenella Kate, youngest daughter of Dr. Hatton, of Coleford.

Deaths.

BELL.—On July 10, at Norwich, John Crawford Bell, L.S.A.L., aged 78.

BOULTON.—On July 12, at Beverley, Robert George Boulton, M.D., aged 72.

COTTERELL.—On May 23, at Nelson, New Zealand, Chas. E. Cotterell, M.R.C.S.

EATON.—On July 8, at Ancaster, Freeman Eaton, M.R.C.S., L.S.A., aged 69.

GROWSE.—On July 17, at Bildeston, Ipswich, Robert Growse, Surgeon, aged 79.

MALONE.—On July 11, John George Malone, M.R.C.S.E., Resident Medical Officer to the General Hospital, Queenstown, aged 56.

MCCOURT.—On July 13, at Birtley, Durham, Patrick McCourt, L.F.P. & S.Glasgow, aged 36.

O'REILLY.—On June 30, at Ballinagh, co. Cavan, of rheumatic fever and congestion of the lungs, Thomas S. O'Reilly, M.D., aged 56.

PERY.—On June 27, at Grays, Essex, Richard Hay Pery, M.R.C.S.E., aged 55.

TICEHURST.—On July 20, at his residence, 11 Carlisle Parade, Hastings, Frederic Ticehurst, M.R.C.S., J.P., and Coroner for Hastings.

WINN.—On July 19, after a short illness, William Winn, Captain in the Royal Scots, and formerly of the 29th Regiment, son of Dr. Winn, of Harley Street, London.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 1, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Abstract of Clinical Lectures on Syphilis. By S. Messenger Bradley, F.R.C.S., Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.—Lecture IV. 79

The Treatment of Certain Forms of Tinnitus Aurium. By W. Douglas Hemming, M.R.C.S, Clinical Assistant, Central London Throat and Ear Hospital 81

Dr. De Wecker's Cataract Operation, with the Statistical Statement of the Results by Dr. Masselon. Translated by H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin., Surgeon Cork Ophthalmic Aural Hospital, &c..... 82

CLINICAL RECORDS.

Cases in Practice. By J. Martin, F.R.C.S.I., L.K.Q.C.P.I., &c. Rheumatic Fever Treated with Salicylate of Soda 85

A Glimpse at a County Court in Relation to the Medical Profession 85

LEADING ARTICLES.

The Non-Alcoholic Treatment of Disease 86

The Medical Benevolent College and Voting Reform 88

NOTES ON CURRENT TOPICS.

Treatment of Sleeplessness 89
Administration of Medicines in Large Doses 90
The Metropolitan Hospital Sunday Fund.. 90
Coroners 91
Arsenical Poisoning by Wall Papers 91
The Colorado Beetle 91
Metropolitan Improvements..... 91
Medical Degrees for Women..... 92
The Inauguration of the New Hotel Dieu.. 92
Army Medical Organisation in France 92
The New Parisian Pharmacy Schools..... 92
The Results of Legislation by Agitation .. 93
International Congress of Hygiene, 1878 .. 93
Ship Surgeons 93
And Still They Come!..... 93
Application of Nitric Acid to the Internal Surface of the Womb 93

PAGE

An Irish Poor-law Medical Officer's Residence..... 93
Case of Hydrophobia during Pregnancy .. 93
The Provident Dispensary Movement 94
Governmental Regulation of Prostitution. 94
Palliative Measures against Writers' Cramp 94
Utilisation of the Morgue for Medico-Legal Conferences 94
A Remarkable Deformity of the Teeth 94

CORRESPONDENCE.

Professional Shoddyism..... 95
Social Status of the Profession in Ireland. 95
"The Fruits of Philosophy" 96
Sir Charles Trevelyan, Bart., on "Temperance and Medical Relief" 97

MEDICAL NEWS.

Royal College of Physicians of London 97
Royal College of Surgeons of England 97
University of London 98

Notices to Correspondents, &c. 98
Vacancies..... 98
Appointments 98
Marriage 98
Deaths 98

Original Communications.

ABSTRACT OF CLINICAL LECTURES ON SYPHILIS.

By S. Messenger Bradley, F.R.C.S.,

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.

Lecture IV.—*Congenital Syphilis and Acquired Syphilis in the new born—Symptoms of Hereditary Syphilis—Prognosis—Evolution.*

Syphilis may be conveyed to the fœtus in utero through the placental circulation, or through a direct poisoning of the germ cells by a syphilitic sperm cell. Either parent may thus be the cause of the infant's suffering, in some instances the mother, and in others the father, altogether escaping contagion. When the child is thus poisoned it may nevertheless be born with every appearance of lusty health, the effects of the poison only manifesting themselves after a time. It thus becomes especially needful for us to distinguish between syphilis in the new-born child of a truly congenital character, and syphilis in the infant which is acquired after birth through the medium of the nurse's (not necessarily the mother's) milk, or other accidental source. In the first class we have to deal with congenital or hereditary syphilis, in the second with acquired syphilis in the new-born child. Let us now turn our attention to hereditary syphilis.

The effects of the poison upon the fœtus in utero are various. In a considerable number of cases the ovum is blighted, and miscarriage ensues, in others the child comes to maturity, but is born with abundant evidence of the working of the virus, in others, and these constitute a large proportion of the entire number, no symptoms exist at first, the mother giving birth to a well-grown and apparently healthy child. In this last series of cases the signs of syphilis very generally appear within the first three months of extra-uterine life; in three-fourths of the whole before the end of the first month; in seven-eighths before the end of the third month; the remaining one-eighth not developing symptoms till a still later period, the virus, perhaps, being latent till towards the close of the first year. Though the symptoms of infantile syphilis are, as a rule, perfectly well pronounced and easily recognised, it sometimes happens that they are of so slight and transient a nature, as almost to entirely escape observation, an important fact to note, inasmuch as these very cases may develop grave symptoms of deep-seated syphilitic mischief at a much later period. This has led some writers to say that hereditary syphilis may remain latent until the age of puberty. If, however, these cases had been closely and accurately studied, it would have been found that symptoms did appear prior to the period of the first dentition.

Since hereditary syphilis is conveyed to the child through some secretion of one or both parents, it happens that it appears *ab origine* in the guise of secondary syphilis, chancres being unknown, and buboes exceedingly rare. It will be desirable, before passing in review the effects of the virus upon the several tissues and organs of the child, to briefly consider the general symptoms by a historical sketch of a typical case.

A mother married to a man who had syphilis a dozen years before, but who for the preceding five or six years has suffered from no further symptoms than slight, but recurrent, attacks of palmar psoriasis, gives birth at the full period to a well-grown and apparently healthy child. The mother never exhibits the slightest trace of the venereal poison, either at this or any subsequent period. A fortnight passes, and the child begins to snuffle, breathing through its nose as though it had a chronic nasal catarrh. The skin about the buttocks, the palms of the hands, and the soles of the feet, become glazed and copper-coloured, or of a red hue inclining to copper, the child, previously plump, begins to dwindle, peak, and pine, and by-and-bye a look of age creeps over the little patient, quite altering its expression.

These symptoms yielding to treatment, leave the child for a time apparently well, but recur from time to time, the syphilitic roseola, which was the first rash noticed, perhaps being replaced by an attack of pemphigus, or eczema, in the later seizures. During the period of the first dentition frequent explosions of this kind take place; and the milk teeth themselves very possibly give signs of the disease, their front surface being scooped out, as by a little cheese scoop, leaving a dark-coloured dentine exposed to view. These syphilitic milk teeth are sometimes friable and weak, they often, on the other hand, outlast many a better looking set. The interval between the first and second dentitions probably passes over without any marked outbreak, but at the latter period the poison again announces itself in a characteristic way, the permanent teeth, especially the two upper central incisors, being deeply notched at their free edge, somewhat constricted at the neck, placed rather far apart, and inclining towards each other. About the same time the child begins to suffer from attacks of chronic keratitis, which leave the cornea damaged and opaque. It may be that the mischief stops here, so far as the eyes are concerned, or it may be that the iris, choroid, and retina, all participate in the disease, and that irreparably. The malady, even now, has not worked itself out, for likely enough it will be found that the bones are diseased, the nasal bones becoming necrosed, and they and the turbinals discharged along with a fœtid mucus. The articular ends of the long bones, and the shafts as well, becomes the site of a syphilitic osteitis, which, in some instances, leads to sclerosis, in others to necrosis. Still "not unscarred, yet living," the victim of hereditary syphilis struggles on into manhood, half-blind, half-deaf, and half-witted, for the brain has suffered from the dyscrasia along with the other tissues, the poor wretch presents a miserable object, eyes opaque and far apart, flattened nose, cheeks scarred and seamed with old cicatrices, a perforated palate, one elbow anchylosed, and one knee diseased, the cellular tissue riddled with ulcers, the viscera studded with gummata, and still a feeble tenure of life is held until the close of the miserable performance is at last ushered in by an attack of fibroid phthisis. This is not a fancy sketch, but a picture of what is to be seen around us every day. We will now proceed to consider the effects of the poison upon the several parts of the organism.

Integumental System and Mucous Surfaces.—The lesions which affect the skin in infantile syphilis, like the deeper tissues, are peculiar in presenting features common to both the secondary and tertiary periods. This is indeed a common and important feature of infantile syphilis generally, and goes far to show that the tertiary evidences are essentially one with the secondary. We constantly meet with cases, for instance, of gummous deposits in the liver, associated with syphilitic erythema of the skin, and in the skin itself both forms of exudation may be present, an ecthyma in one situation occurring synchronously with a pemphigus or impetigo in another. Roseola, eczema, impetigo, pemphigus, and ecthyma are the most common skin diseases met with in hereditarily syphilitic children. Roseola is, indeed, rarely absent in these cases, and nearly always glazes with a most characteristic rash the skin of the buttocks and adjoining parts. As in adults, too, the nails and hair often suffer. A syphilitic onychia may destroy the matrix, and thus cause the nails to perish, or a syphilitic affection of the hair-bulbs may cause the hair to fall.

As to the mucous surfaces, we constantly see mucous patches or condylomata about the anus, and less often about the mouth, while the affection of the Schneiderian membrane (which is an almost invariable accompaniment of the disease) is really due to the development of similar growths upon the mucous lining of the nose. The mucous surface of the larynx is also sometimes affected in hereditary syphilis: the cry becomes hoarse, and, in rare instances, tracheotomy has to be performed to prevent impending suffocation from œdema glottidis. Even further than this, hereditary syphilis may seize upon the mucous lining of the bronchial passages, giving rise to a true syphilitic bronchitis; but this affection is very rare—indeed, is scarcely a recognised sequel of the poison.

Organs of Locomotion.—Occasionally the muscles, less frequently the tendons, and comparatively often the bones, are affected. In the muscles the disease presents itself in the form of gummata; the same is the case with the tendons. The bones are sometimes the seat of a specific osteitis, which leave them thick and heavy, or may pass on to necrosis; in this way the bones of the cranium, of the fore-arm, the leg, or the bones of the chest—*i.e.*, the sternum and ribs—are liable to be invaded.

My own experience leads me to believe that these affections of the osseous system are specially prone to occur about the age of puberty. The diseased bone slowly enlarges, loses its shapeliness, and is the seat of a dull pain; not unfrequently ecthymatous ulcers form over the inflamed bone, and eventually a sinus may lead down to some necrosed portion. Extensive masses may exfoliate in this way, the nasal and turbinated bones are thus often naturally removed, or the hard palate may be almost entirely lost. These ravages are, as a rule, repaired by permanent (and necessarily disfiguring) cicatrices. When necrosis ensues we generally find that the covering of the bone and the soft parts above the dead portion have been the first affected, and the vascular supply first lost by the periosteal source being cut off.

Lesions of the Viscera.—The viscera are all liable to the inroads of syphilis, when the disease is hereditary. The *liver* is frequently the seat of gummatous exudations, and the icterus of new-born children is sometimes directly due to a syphilitic taint. The peculiar cachexia which characterises syphilitic children, and tinges their skin the colour of yellowish-white paper, is generally associated with a syphilitic condition of liver, and this complication may always be suspected when the motions are acholic, scanty, and extremely fœtid.

When the *kidneys* are attacked, the functions of the *tubuli uriniferi* are interfered with, and albuminuria is established; this condition is less rare than is generally thought, and its syphilitic origin may be fairly inferred when the albumen disappears under a mercurial treatment.

We have already spoken of the coryza, which forms so prominent a symptom in hereditary syphilis. A constant snuffling is often our first intimation of the existence of the disease; this, as we have seen, is due to the development of mucous patches in the Schneiderian membrane. We have also mentioned that the cry of hereditarily affected children is often veiled and hoarse, and this condition is due to a syphilitic laryngitis. Extending our researches in the same direction, we find the poison producing effects on the remoter parts of the air-passages, and even on the *lungs* themselves; in some instances bronchitis, in others pneumonia, being the type of disease assumed. It must be conceded, however, that there is no special symptom—nothing, indeed, but the general history and the conduct of the disease under treatment—that warrants our attributing these maladies to the direct influence of the venereal poison.

The brain and spinal cord are, more clearly than the lungs, often injured by the ravages of syphilis. Sometimes a more notably inflammatory type of disease is set up, such as meningitis, which runs a rapid course; in others more chronic affections, and such as characterise the tertiary rather than the secondary period of syphilis, are the type we meet with.

Poured out into the substance of the brain in early childhood, a common effect of syphilitic exudations is to dull the intellect by dwarfing the development of the brain; or it may be that, occupying a cortical situation, epilepsy may be induced, or, if placed upon the origin of some nerve, a peculiar paralysis may be caused. Thus ptosis, or strabismus, or facial palsy are each and all occasionally attributable to the working of the virus. Thus again, in the spinal cord, paraplegia (either sensory

or motor) is sometimes encountered, though this is a very rare lesion.

The Senses.—Even more common than syphilitic affections of the brain are syphilitic diseases of the senses, and especially of the eye. As a rule, this class of affections does not show itself for some time after birth, the first symptom very likely occurring during the period of the second dentition. Every part of the eye may be invaded. The cornea is, however, most frequently seized upon, an interstitial keratitis at this period being generally regarded as pathognomonic of a syphilitic origin. When keratitis does occur, the eye loses its lustre, and the cornea often becomes quite opaque. The choroid may be selected, but when this happens the retina generally suffers too, a *retino-choroiditis* being lighted up, which very frequently extinguishes the sense of sight altogether; or, again, the iris may be picked out, and the resulting iritis run just the same course as in the acquired form of the disease; or, lastly, it may be that the lens, or its capsule, bears the brunt of the syphilitic attack, and then opacity of the one tissue or the other—that is to say, *cataract*—occurs.

The ear, too, is almost as frequently the seat of disease as the eye. In the meatus *condylomata* may be found, but more usually it is the middle ear which suffers, and in this case the membrana tympani is ruptured and the ossicles are discharged through the rent, probably along with a goodly portion of the tympanic walls. This is a frequent cause of incurable deafness.

The prognosis of infantile syphilis differs so markedly from that of acquired syphilis, that it will be well to consider it in this place.

Prognosis.—Acquired syphilis, though often indirectly, is rarely directly a fatal disease; such cannot be said of infantile syphilis, which yearly claims thousands of victims. This greater gravity of the disease in the child than in the adult, is due partly to the power of resistance being less in the organism of the very young, partly to the fact, that the poison being conveyed through the blood current vitiates and injuriously affects every cell and every tissue, damaging not only the cells of *nutrition* as in the adult, but the cells of formation too; and lastly, the greater severity is due to the fact that the explosions of syphilis in the child are rather universal than scattered and confined; in the adult, first one part and then another suffers, but rarely many different tissues at the same time; in the infant the disease, being a diathesis from the first, may burst out in almost every organ and every tissue of the body at one and the same time. No wonder that in this triple cause, we have so great a mortality from infantile syphilis.

Finally, in regard to the mode of infection, it will suffice for the student to know that the disease may be transmitted either through the mother alone, or through the father alone, or by both parents being diseased; or in extra-uterine life it may be conveyed through the milk of the nurse, or indeed, through any secretion in a syphilitic subject: and on the other hand, it must be borne in mind that the disease is equally communicable from the child to its nurse.

I cannot dismiss the subject of infantile syphilis, without remarking that I am strongly inclined to believe that we meet with cases which show a true transmutation of type, changing from syphilis, not only into struma, but into cancer, and thus afford evidence of the possible evolution of this terrible malady. I will illustrate my meaning by the brief record of a case which I have most carefully and closely watched. Three years ago, a lady had a son who developed symptoms of hereditary syphilis the week after birth. The father was at the time suffering from constitutional syphilis, but the mother altogether escaped. In spite of early and vigorous treatment, the disease in the child was not subdued; one form of lesion only gave way to be replaced by another: the integument over the greater part of the body was often red and glazed; and there was very generally a troublesome coryza. During the second year, *inter alia*, we had to deal with an ostitis of the left tibia and left radius. It was while the disease was thus unfolding itself, during the second year of extra-uterine life, that the conjunctiva and cornea of the right eye became inflamed. My friend, Dr. Little, saw the child on the outbreak of this symptom, and pronounced the eye mischief to be of syphilitic origin. Here again, the disease baffled us, and after a vigorous but futile attempt to arrest the progress of the malady, Dr. Little, pronounced the eye destroyed, owing to an extension of the inflammation to the choroid and the retina. Fearing that the other eye might suffer sympathetically, and the child, being in pain, it was resolved to extirpate the diseased globe. At the time this was done, both Dr. Little and myself observed that there was a slight protrusion of the eye-ball, which had only become apparent within the last few days; this protrusion he was inclined to attribute to intra-ocular pressure, but on cutting through the optic nerve, he found a small tumour which invaded the retina in this situation. The whole of the growth was removed and the eye closed.

This growth, which was found to spring from the site of a typical syphilitic patch on the retina, was examined by Dr. Dreschfeld and Dr. Ross, as well as by other members of the microscopical section of the Manchester Medical Society, and was unanimously pronounced to be an encephaloid tumour. It is true that the disease has not yet returned in the stump of the optic nerve, but it is only six months since the complete removal, and I do not think we can afford to doubt the decision of such excellent observers as those I have named. The parents are people of good social standing, and can trace back the family history for many generations: in neither side has there ever been a case of cancer, so far as they can tell. Such are our facts in regard to this case, and we have to decide whether it is most rational to conclude that the carcinoma is a mere coincidence, pointing to a cancer strain in some remote progenitor, which now crops up atavistically so to speak, like the ever recurring blue bar in the domestic pigeon, or whether it is more rational to regard the carcinoma as the outcome by evolution of the preceding syphilitic affection. I confess my own leaning to the latter view; look at the histology of the retina, and note the histology of a glioma, of a cerebral gumma, and of an encephaloid tumour of the retina; no mighty change seems necessary to transmute one cell growth into another. I do not expect to gather grapes of thorns, nor do I look for the evolution of a sarcoma from a carcinoma, but we have not so strange a genesis here; nothing indeed but a tumour which, though truly cancerous, is yet of a structure which histologically is very closely allied to the early character of rapidly growing nerve tissue. The whole subject of evolution of disease is one of much interest and importance, and I think such cases as the above are worth chronicling, and that taken with other facts, such as the frequent development of epithelioma of the tongue from previous syphilitic rhagades, of scirrhus of the breast following chronic eczema of the nipple, of epithelioma of the leg, following long continued irritation of a syphilitic ulcer, it lends real weight to the argument that a true evolution of cancer from syphilis is possible without any hereditary cancer strain.

THE TREATMENT OF CERTAIN FORMS OF TINNITUS AURIUM.

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There is probably no affection coming under the notice of the Aural Surgeon which is more distressing to the patient or more embarrassing to the practitioner than the symptom of singing in the ears. The word symptom is used advisedly, because it is a mistake to consider it as in itself a disease. Tinnitus is but a manifestation of several different diseased conditions of the auditory apparatus. There are numerous varieties of it. Dr. Lawrence Turnbull, of Philadelphia, whose little work

on this subject contains the best account to be met with of the several kinds, mentions eight different classes, dependent on as many causes. The varieties most frequently met with, however, are those connected with the following conditions: 1. Impacted cerumen. 2. Otorrhœa. 3. Chronic catarrh. 4. Altered condition of the labyrinthine circulation. 5. Inactivity of intra-tympanic muscles.

With regard to the treatment of these conditions an experience of hospital cases during the period that I have witnessed the practice of, and been associated with, Mr. Lennox Browne, leads me to conclude that in the first class of cases the removal of the wax, and one application of the Politzer bag, usually suffices to stop the noises; in cases dependent on otorrhœa there is not unfrequently a polypus or other inflammatory new formation present, and the tinnitus is generally relieved when the otorrhœa ceases; while in purely catarrhal cases the hydrochlorate of ammonia, a remedy much recommended by the late Mr. Hinton, will be found of value.

It is with regard to the last two varieties—viz., that dependent on congestion of the labyrinthine blood-vessels in which the tinnitus assumes a throbbing or pulsating character, and that in which there is inaction of the intra-tympanic muscles—that I desire to speak at present. For the treatment of the cases of pulsating tinnitus, many remedies have been proposed and tried, such as compression of blood-vessels, the administration of digitalis, aconite, bromide and iodide of potassium, &c., &c.,

Few of these have met with much success, but quite recently a drug has been introduced which seems to promise well in this direction. This is hydrobromic acid, which was brought before the profession in this country by Dr. Milner Fothergill, in a communication to the *British Medical Journal*, July, 8, 1876. In that paper, based on an extended use of the remedy, Dr. Fothergill says, that hydrobromic acid obviates the headache caused by quinine, and is very useful in forms of excited cardiac action where there is general nervous excitability and nervous exhaustion. From these facts, it would seem that the use of this drug would be indicated in those forms of tinnitus which resemble the effects of cinchonism. At a recent meeting of the Harveian Society, Dr. Woakes called attention to the value of hydrobromic acid in aural cases of the class under consideration, and in the *British Medical Journal* of June 23 he has narrated two successful instances of its use. Immediately after Dr. Woakes's remarks at the Harveian Society, the drug was prescribed at the Central London Throat and Ear Hospital, and the following case, which I quote by permission of Mr. Lennox Browne, under whose care the patient was, will serve as an example of the results obtained. J. S. æt. 34, applied at the Hospital on May 11. He was very deaf, hearing the voice only when much raised, and the watch not at all, but complained most of tinnitus of a "thumping" character which had existed for twelve years. He was ordered 15 minim doses of hydrobromic acid three times a day, and inhalation of benzole. On June 4, he said the noises had entirely stopped, and that his ears felt much clearer. The hearing power was not perceptibly improved.

It would appear from this and other similar cases, that we have now a drug of very great value for the treatment of this form of tinnitus, and it is to be hoped that a more extended trial will confirm the promise thus given.

In those forms of tinnitus, dependent on inaction of muscles, or "paralysis of the intrinsic muscles of the ear," faradism seems to be a really valuable agent. Several cases have been treated in this way at the Central London Throat and Ear Hospital, by means of Stohrer's battery with very marked good results. The current may be applied either direct to the membrane or over the mastoid process. According to the experience of all practising at this hospital, the latter method is quite as efficacious as the former, and much more agreeable to the patient. There cannot be the slightest doubt, that the application of the rheophore direct to the membrane, be the current ever so weak, often causes very acute pain.

In neither of these two varieties of tinnitus has there been any appreciable improvement in the hearing power, due to the remedies directed to the noises in the ears. On the other hand, deafness may often be considerably relieved, especially when it is due to chronic middle ear catarrh, without any abatement of the distressing tinnitus, until special measures to combat that symptom be employed.

DR. DE WECKER'S CATARACT OPERATION,

WITH THE STATISTICAL STATEMENT OF THE RESULTS BY DR. MASSELON.

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Introductory Remarks.

Any one who has perused the remarks of Dr. De Wecker in his Ophthalmic Report for 1875 must have been greatly interested in the peripheral flap operation for nuclear cataract which he then advocated. The peripheral flap comprises the upper third of the cornea which is detached very exactly from the sclerotic, presenting a height of 4 mm., and adapts itself with an exactness as perfect as we might hope to obtain with a Græfian section. This flap, 4 mm. in height, gives, deduction being made for the thickness of the cornea, an interior opening of 9·32 mm. This opening, Dr. De Wecker asserts, permits of the exit of the largest cataract, or one 8·5 mm. in height and 4 mm. in thickness, without any great bruising of the parts. Dr. Wecker, laying great importance on the preservation of a circular pupil and the avoidance of mutilation of the iris, and the chance of sympathetic changes, operated by this peripheral section without disturbing the iris, employing eserine to prevent the prolapse which otherwise might occur. The instruments required are, a knife double the width of that of Græfe, a cystotome, and a small vulcanite spatula. The steps of the operation are briefly as follows: if the right eye be the one to be operated on, the operator, standing or sitting behind the patient, raises the eyelid with the forefinger of his left hand, and an assistant fixes the eye with a forceps. If it be the left eye, the operator coming in front of the patient, the assistant raises the eyelid and the operator fixes the eye with a forceps held in the left hand. He next detaches the upper third of the cornea from its insertion into the sclerotic. Fixation is abandoned when the incision is made and the flap is being completed. So as to avoid the bleeding which would interfere with the extraction of the crystalline and the introduction of the cystotome, the section is completed without forming the conjunctival flap, the cutting edge of the knife being directed slightly forwards. The second step in the operation consists in opening the capsule with the cystotome. The operator now raises the upper eyelid and directs the patient to look a little downwards; he then exercises a gentle pressure on the corresponding lip of the wound, at the same time that, with the help of the lower eyelid applied against the lower part of the cornea, he pushes the crystalline upwards. The pupil is cleansed completely after the evacuation of the lens, and then, if it so requires, the iris is reduced by the spatula, which is gently inserted into the anterior chamber between the lips of the wound, pushing the iris softly before it. Before the patient lies down eserine is instilled into the eye, and, again, when the operation is completed and the pupil clear and circular, eserine is employed. The vision of the patient is next examined, and then a third instillation of eserine is used, and the eye put up.

With these preliminary observations, culled from last year's report, I venture to give the results of the operation and the remarks as published by Dr. Masselon, *chef de clinique*, in the recent report for 1876.

Cataracts.

During the year 1876, 260 operations for cataract were performed at the Clinique. These operations may be classed as follows:—

Simple Cataracts . . .	222
Complicated „ . . .	15
Traumatic „ . . .	1
Congenital „ . . .	4
Zonular „ . . .	1
Secondary „ . . .	17

Not including the congenital cataracts and the zonular one, for which "discision" has been used, the others, with the exception of the secondary ones, have been operated upon by extraction. The secondary cataracts have all been dealt with by the "capsulotome," except in one case, in which a very light film existed, for which discision was resorted to.

Simple Cataracts—222.

Except in four cases, in which simple linear extraction has been employed, the other simple cataracts have been extracted sometimes by the peripheral flap method, sometimes by that of De Græfe. These 218 cataracts are thus found divided exactly into two equal groups of 109 each, so that De Græfe's method has been used precisely the smae number of times as extraction by the peripheral flap.

We may dispose at once of the simple linear extractions by saying that we have not had a single accident. In one case the vision equalled 2-5ths, in another, 1-10th (an old choroidal atrophy existed, localised towards the macula). The other two cases occurred in young persons, and the vision has not yet been determined. The 109 cases of cataract operated upon by De Græfe's method have furnished the following results:—

First, as regards the vision.

With 13 persons	operated on	. .	S = 1
„ 16	„	„ . .	S = 2-3rds.
„ 17	„	„ . .	S = 1-half.
„ 22	„	„ . .	S = 2-5ths.
„ 7	„	„ . .	S = 2-7ths.
„ 12	„	„ . .	S = 1-5th.
„ 4	„	„ . .	S = 1-10th.

Eleven persons operated on have not yet come to choose their glasses, and the vision has not been shown in the above table. In seven cases a closure of the pupil has occurred; of these patients the greater number had already successfully undergone iritomy. We have not had a single case of suppuration. Once only there was an issue of a small quantity of vitreous humour at the moment of the escape of the lens. We now come to 109 cases of cataracts extracted by the peripheral flap process. The following, beginning with the vision, are the results obtained:—

With 19 persons	operated on	. .	S = 1
„ 8	„	„ . .	S = 2-3rds.
„ 20	„	„ . .	S = 1-half.
„ 13	„	„ . .	S = 2-5ths.
„ 14	„	„ . .	S = 2-7ths.
„ 12	„	„ . .	S = 1-5th.
„ 9	„	„ . .	S = 1-10th.

The vision of eight persons operated on does not appear in this table, as they have not yet returned to the hospital for their glasses. Closure of the pupil was noticed in three cases only; and with three patients, suppuration of the cornea, which in one case was only partial, has occurred. The escape of the vitreous humour has taken place three times. With eleven patients we have had to record with variable degrees a prolapse, or an adhesion of the iris.

Before entering on a discussion relative to the results obtained by these two different methods, and laying stress on an important modification applicable to extraction by the peripheral flap, we shall pause one moment in the choice that it is advisable to make between these two essentially distinct modes of procedure. In an important work, "History of the Cataract," which M. Magnus has just published, our eminent *confrère* ends the chapter relating to the history of flap extraction with this remark: "It appears to us of very considerable importance for the future prospects of flap extraction, that an ophthalmic authority like De Wecker should have again, in the year 1875, declared himself in favour of this operation." From this observation, closely following on the statement of De Hasner's modification, the warmest defender of extraction by flap, it might be thought that Dr. De Wecker had completely given up linear extraction in favour of the flap method. This is not so, however. Already, in our last year's report, we have dwelt on the point that extraction by the peripheral flap, although giving the most perfect results, and offering a security quite as great as De Græfe's method, yet in certain cases was in danger of giving rise to prolapse and adhesions of the iris, notwithstanding the use of eserine. This (taking into consideration that ulterior glaucomatous complications were to be feared) it was necessary to avoid as much as possible by reserving these cases for a method of combined extraction.

The tension of the eye, the mobility of the iris, the capacity of the anterior chamber, the maturity and consistency of the cataracts, have been in each case the subject of a careful and minute study, so that a reasonable choice might be made concerning which operation it would be advisable to perform.

The following practical rules have then be drawn up:—

1st. All the eyes attacked by cataract, the tension of which exceeds the physiological condition (T=1 of Bowman), are dealt with by combined extraction.

We are quite convinced that the mobility of the sphincter, and its very strong contraction, stimulated still more by the use of a strong solution of sulphate of eserine (*au centième*), could not give a sufficiently certain guarantee against the complications of a prolapse, which may be occasionally caused, even when the wound is well adapted, through an effort made by the patient some time after the operation.

2nd. Whenever a large portion of the cortex has retained its transparency, and the cataract presents a sufficiently marked degree of immaturity, we prefer to use the combined method which allows of a more prolonged and more exact evacuation of the crystalline transparent masses accumulated at the capsule. By making the section sufficiently large, as has been stated in one of the preceding reports, it is possible after excision of the iris, to remove in their entirety immature cataracts, and thus allow the patient to have the benefit of the operation often several years before the time for which he would have had to wait for the full maturing of the cataract.

3rd. When we are dealing with a capsulo-lenticular cataract, where a large central mass occupies the crystalline surface, we prefer De Græfe's method to extraction by the peripheral flap. If we are indeed desirous in such a case to spare the iris, we strike with the cystotome, when the section is finished, and the pupil contracted, on the dense resisting part of the capsule, and we experience difficulty in incising the capsule without dislocating the lens. Even after having avoided this danger, it is very necessary after the escape of the lens, to remove the capsular layer, which is by no means easy when the iris has a tendency on all sides to overlap the edges of it, making it necessary to seize a portion between the teeth of the forceps. The combined method, on the contrary, singularly facilitates this delicate operation. Just at first after the excision of the iris, the capsule is easily opened by traversing the upper edge of the mass, that is to say, by incising the capsule towards the equator of the lens, while it is easy to seize the capsular mass, showing itself by its edge in the artificial cleft, and, to coax it, as well as the sack gently out, in such a manner as to place the

eye in favourable conditions for a certain and very rapid recovery.

With these reservations, we can undoubtedly submit the other cases to extraction by the peripheral flap. Supposing the case to be soft cataract which no longer, owing to the presence of a small nucleus, is suitable for simple linear extraction, the extraction by peripheral flap (the maturity being complete) allows a complete evacuation of all the cortical masses, and a perfect clearness of the pupil, even keeping the iris intact. We are firmly convinced that hard cataracts, arrived at full maturity, and still more those in which the cortical masses are in a fair way of retrogressive transformation, and which have, by absorption of a portion of their water, become agglutinated to a very large nucleus, should, when the degree of intra-ocular tension is not opposed to it, be exclusively reserved for Dr. De Wecker's method. The greater size of the section, in comparison with that which is made for combined linear extraction, then allows the cataract to come out *in globo;* no clearing is necessary, and we avoid the unpleasantness of seeing the thickened masses of the cortical substance forming the periphery of the lens, break, as happens often enough in De Græfe's method, where we are in danger of leaving in the eye one or several fragments, which we often find a difficulty in removing. The quickness of the recovery, and the perfect result should prevent the conscientious practitioner from abandoning himself to routine, and should deter him from submitting these cases so suitable for extraction by flap, to an extraction with mutilation of the iris; besides, De Græfe himself had recognised certain difficulties arising from the evacuation by linear section of large-sized cataracts. In opposition to these rules so wisely laid down by Dr. De Wecker, it will be said, that, not only does the peripheral flap method demand great dexterity on the part of the operator, but also gives rise to the necessity of having skilful assistance and a certain docility on the part of the patient, if we do not wish to have recourse to anæsthetics.

A very simple modification, and one which renders the method of extraction by the peripheral flap infinitely easier, is its performance inferiorly. What specially induced Dr. de Wecker to make the section upwards was the fear that the friction of the lower eyelid might act very unfavourably on a prolapsed iris, in the case where this accident would occur. But this objection ceases to have any weight, considering the rarity of such a complication, when first, we eliminate the cases in which the intra-ocular tension is very marked; secondly, when we take care, the patient lying down for the operation, to instil one drop of a solution of sulphate of eserine (*au centiéme*) and to repeat the instillation once or twice after the extraction of the cataract. The coaptation of the flap, four mm. in height, falling exactly within the sclero-corneal limit, is so perfect, that we need not regret the advantage that the upper eye-lid affords in the case in which the section has been made upwards, if we keep the flap *in situ*. The complete evacuation of the cataract that decided us on the choice of the above-mentioned cases, does not permit of a greater cleanness of the section, when the latter has as its seat the upper part of the cornea. On the other hand, it is very easy to enumerate the advantages that the placing of the section downwards offers for the performance of the operation. Just at first the degree of tranquillity of the patient has nothing to do with the question, the eye to be operated on turning instinctively upwards, and generally remaining steadily in that position. There is no longer any need of skilful assistance; it is sufficient to raise the eyelid, and to keep it thus so as to allow of the section being made. The operator ought always to fix it himself, by seizing a conjunctival fold quite close to the vertical diameter of the cornea; the fixing will not be given up till the section is nearly terminated. The act of opening the capsule (a delicate matter in the method by the superior flap) becomes very easy when the eye, turning upwards, is held thus immovable during the time of this operation. It is scarcely necessary to raise the upper eyelid a little to expose the pupil. Finally, if a reduction of the iris, in consequence of a prolapse, becomes necessary, this little operation is singularly facilitated when the section is made downwards. The docility of the patient being above everything important in this instance sufficient steadiness of the eye is obtained by the patient turning his eye forcibly upwards.

Here we will make an observation on the comparison to be drawn between the results obtained by linear extraction and those obtained by the peripheral flap operation.

We find, out of an equal number of cases, three suppurations for De Wecker's method, whereas for combined extraction with peripheral flap not a single case of suppuration has been observed. This fact, which apparently is opposed to extraction by peripheral flap, loses its value if we take into consideration the small number of cases on which it bears, which does not even allow us to draw conclusions within *mathematical probability* (Hirschberg). It is, without doubt, a question of pure chance, if this year, out of 109 extractions by De Græfe's method, no case of suppuration has occurred; and the three cases furnished by an equal number of extractions by peripheral flap, would certainly not be found excessive, if De Græfe's operation had been adhered to.

A number of cases, apparently great enough, would not permit of a reasonable deduction so far as concerns the probable percentages, and this results from the following fact:—The three suppurations observed during the year 1876 occurred in the first four months of the year. From the 4th of April to the end of the year, 188 operations were performed by the two methods indicated above, and there has not occurred a single case of suppuration. To what an erroneous conclusion we would have arrived, if, in drawing up statistics, we had exclusively adhered to that period of the year!

We often attach small importance to statistics, and, indeed, we must acknowledge that they frequently give rise to false estimates. We may easily be led into error regarding the given degree of vision, sometimes because the patients are examined too soon after the operation, sometimes because after this examination accidents still occur, and finally, because they do not present themselves for the functional examination (sometimes the patients are not again seen till four or five years afterwards, when they come for the operation on their second eye). But it is quite otherwise as regards the *immediate* result of the operation, and especially the cases of total or partial suppuration. To doubt on this point the correctness of a statistical table, is to directly impeach the truth of the reporter. Professor Cohn, who has in a sense created a statistical speciality in our special department, thus expresses himself with regard to the reports annually published of the Clinique: "To do away with the objection that the figures furnished by the institution cannot be regarded as *current coin*, I have proposed that this statistical table should not be drawn up by the person interested, but that—as Wecker and Coccius have already done—it be drawn up by assistants." That such a precaution is not sufficient to vanquish the incredulity of certain critics, is clearly shown by the uncourteous reflections which have been passed on Dr. De Wecker in a special paper (of trivial importance, however), and which should have been addressed exclusively to me, whose business it is to draw up the figures of the annual reports, for which I hold myself responsible.

THERE was a slight increase of deaths from small-pox in London last week—from 32 of the previous week to 35. Of these 22 occurred in public institutions, and 13 in private dwellings; 16 were certified as unvaccinated, 8 vaccinated. The remaining 11 certificates did not state as to vaccination.

Clinical Records.

CASES IN PRACTICE.

By J. Martin, F.R.C.S.I., L.K.Q.C.P.I., &c.

Rheumatic Fever treated with Salicylate of Soda.

Case I.

I was called on Saturday morning, May 5, 1877, to see John Howard, æt. 12.

He was a slight, rather delicate boy, and had gone out four days previously to swim in fresh water during the prevalence of easterly winds. He was attacked the following day with pain in the wrists, knees, and ancles. When I visited him he was suffering agony, the knees greatly swelled, and with an inflammatory blush over the sides of the patella, his wrists, too, were tense and painful, and every motion accompanied by a groan, his pulse 120. Temperature 104·3; his bowels had been acted on by a dose of oil the previous day. Anticipating a serious and prolonged attack, I proposed to move him into hospital, but his mother begged to keep him at least until the following Monday, to which I reluctantly consented. I gave him a subcutaneous injection of 1-4th grain of morphia, followed by half a drachm of the salicylate of soda in solution every four hours.

I called on Monday with a view of removing him to hospital, but I found the boy actually convalescent, free from pain, fever, or swelling. I gave him a mixture of iod. potass and cinchona, and he has had no relapse.

Case II.

July 12th.—Called to see Pat Power, æt. 22, suffering under an attack of rheumatic fever, which set in three days ago with a rigor; left wrist swollen and intensely painful, both knees swelled and painful, and ancles also painful, tongue clean, bowels opened by a dose of castor oil. Temperature 103, pulse 100, restless and unable to sleep.

I ordered half a drachm salicylate of soda every four hours.

14th.—Called to see him and found him up and walking about the house; said that the medicine had made him perspire freely, and that the pains were gone. Temperature normal, pulse 80, looks well, but weak.

16th.—He called at the dispensary, saying that he was quite well, but felt weak:—

℞ Iod. potass, ʒss.;
Bicarb. potass, ʒij.;
Sp. chlorof., spt. ammon arom. aa, ʒij.;
Infusion cinchon, ad. ℥xij.;
Coch. mag. ij. bis in dies.

Case III.

June 16th.—I was called to see a male child, aged 18 months. He had been delicate for some time, and was taking Parish's syrup, on which, the mother states, he had improved considerably. At 4 o'clock, p.m., he was suddenly seized with convulsions, and remained in them up to the period of my visit, four hours afterwards.

I found him on his mother's lap, face, hands, and legs convulsed, insensible, pallid countenance, eyes staring, and pupils widely dilated. His bowels had been rather loose, with white stools. Pulse 140; temperature 104.

Looking on it as an extreme case, and thinking any treatment justifiable, I stripped the child and drenched his body with cold water, then wrapped him in a blanket, applied a small blister to the nape of the neck, put a powder of two grains of calomel and one grain of pulv. Doveri on the child's tongue, leaving another to be given in three hours' time, followed by three grains of bromide of potassium after each dose, and in continuation.

Next morning I found the child quite sensible, free from convulsions, and, though delicate, as likely to improve as before the attack. The powder had acted on the bowels twice during the night, and the character of the motions altered, being now green.

July 16th.—The child has steadily improved.

18th.—Is quite well.

I attribute the child's recovery as much to the Dover's powder as anything else. The cold douche was followed by reaction, but the convulsive twitchings did not cease until sleep set in, and although the calomel acted freely on the bowels, they were not overloaded, and the effect of the opium was marked, the child being evidently under its influence. In another case I shall resort to opium with greater confidence.

A GLIMPSE AT A COUNTY COURT IN RELATION TO THE MEDICAL PROFESSION.

[BY A CORRESPONDENT.]

Some of your readers whose "lines have fallen in pleasant places" may wonder what possible interest the profession can have in such an institution as the county court, or debtor's court, as it is called in some parts, but my hard-worked and ill-paid *confrères*, I am afraid, are only too well acquainted with its organisation, its annoyances, and its necessity. It is used not only in disputed cases, but in many parts of the country the practitioner is obliged, periodically, to enter large batches of his patients who will not pay until extreme pressure is put upon them, and some of whom even like the process, as they thereby can extend their mode of payment, and by pleading their inability, will often, for an account of five guineas, be allowed to pay 2s. 6d. a month.

The number of cases entered annually by general practitioners is unfortunately very large, and this arises from many causes, most of them not from our harshness, want of charity, or love of money, but rather from a deficient system both of medical book-keeping and method, and from following too closely old traditions which are injurious both to ourselves and to the public.

In no profession or trade is there such a leakage from bad debts and other causes as in ours. It has been calculated to amount to nearly 35 per cent. amongst general practitioners in England, which, at first sight, seems an enormous loss, but which can be easily understood. Of course, every practitioner does not lose this amount; the consulting physician or surgeon almost invariably escapes bad debts, whilst in Ireland—where, virtually, book-keeping and dispensing are unknown and cash payments almost the invariable rule—the professsion lose but little in this respect. The estimated loss applies to what should be the gross receipts for professional services rendered in the hope of payment. The work done in charity—as hospitals, gratuitous advice—would be represented by a large sum if put in a money value, but that I leave on one side as one of the necessary concomitants of our profession, one of the heirlooms handed down to us by our traditions, our customs, and by many considered as one of our privileges. We might feel satisfied with throwing in all our charitable actions to make up weight, if we received proper remuneration from those who employed us without any pretence of applying for gratuitous advice. This is a grievance not of modern times, but one which was felt by physicians and surgeons of former days, who, in their time, experienced the ingratitude of their patients in forgetting to bestow their *honoraria*. They have left us many aphorisms and apothegms illustrative of the feeling of the public towards the profession, of which the following is a specimen:—

"Three faces wears the doctor when first sought,
An angel's, a God's, the cure half wrought;
But when the patient's well, he seeks his fee,
The Devil looks less terrible than he."

These lines are a sad reflection on humanity, but I am glad to say they are only partly true. It is unfortunate that medical men have to submit to the ordinary conditions of life, that they have to live, to comply with the requirements of modern civilisation, that they have to descend to such ignoble wants as to require sustenance and food; and, in fact, to use plain words, that they have to pay for rents, rates, and taxes, for horses, carriages, and servants, for butchers, bakers, tailors, shoemakers, *et id genus omne*. They have, in vulgar parlance, to pay their way, and the money they receive in the shape of fees is not lost, but circulates freely back amongst the

inhabitants of the place where they reside and by whom they are employed. Medical men very seldom amass large fortunes as the result of their labours purely, the few exceptional cases quoted from Doctor's Commons to the contrary.

I take it that the medical profession should be guided to some extent by the rules of political economy ; labour is worth a certain value, professional services are worth a certain value, and in order that medical men should be able to pay for what they themselves require, it is necessary that others should pay them ; in fact, it is a duty they owe to themselves, their families, and even to society, to look after their accounts. Their families require providing for, and every one unfortunately knows of cases where they have been left without any provision, purely through neglect of the ordinary rules of commerce, of even prudence, and society thereby suffers, and is taxed for the support of those thus left helpless through false ideas of humanity.

I recognise the claims of humanity upon us, and would encourage feelings of charity, and of kindness to our suffering fellow creatures ; but I have no sympathy with the perversion of charity, and would confine it to its legitimate channels. Every medical man can discriminate for himself where to remit fees, and use a wise discretion thereon ; what I deprecate is, a criminal and foolish benevolence which neither benefits the profession or society.

The justice we desire for others, we ought to claim for ourselves—fair payment for services rendered. The same principle is extended to all other professions and trades, to the poet, painter, sculptor, lawyer, architect, tradesman, &c., and I can hardly be accused of inculcating wrong notions, in advising my brethren to pay more attention to their accounts, thereby avoiding the county court.

What are the causes of this leakage and loss? Does it really exist? What should be the remedy?

The causes are, as I have said, numerous ; arising from too keen competition, ambition to swell the daily list of patients, carelessness about bookkeeping, and from the habit of sending out accounts at too distant periods. Some practitioners send out their bills half-yearly, and then allow a couple of years for payment, when the services of another *bête noir* of our profession, the debt collector, have to be called into requisition. He charges a commission of 10 per cent., so that we have here at once, one source of the leakage explained ; whilst the other arises from bad debts, change of residence, and from the long period of credit given.

The actual existence of this amount of bad debts may be learned from anyone acquainted with the routine of medical practice, whilst the part played by the county court may be easily ascertained by visiting any of these halls of justice, and listening to the list of cases. The visitor will be rather astonished at the system, and probably come away with the full determination never again to enter such a place. He will hear the names of medical men called out as claimants, and they may be represented by a solicitor, debt collector, or may attend themselves personally. Generally the claims are undisputed, and there simply comes a question of how the patient can pay ; as a rule, some plea is alleged, and the judge, or registrar, makes an order for some amount per month, so that it is often years before the whole bill is cleared off. The ambitious young practitioner will feel saddened at this view of our profession, and very naturally so.

Is there any remedy for these state of things? I have said in former letters internal reform must come from ourselves, if we would really elevate ourselves, and assume our proper position ; and this can be done not only by gaining the esteem and respect of our fellow-men, by moral rectitude, by philanthropy, by charity, but also by setting more value on our time and services.

The world takes us very much at our own price ; our profession is a noble, humane, and liberal one, and if we work for nothing in an age when money is of so much importance, we cannot expect to have our services really appreciated. Many of my readers might suggest remedies, but I would myself impress upon my brother practitioners the wisdom :—

Of not being too anxious to have too many patients on their books ; they cannot attend to more than a certain number daily ; it is a waste of their health to work from morning till night, as some practitioners do for low fees ; it would be better for the public and the profession, if they restricted the number of their patients and increased their fees.

A more accurate system of book-keeping is also desirable ; and accounts should be rendered quarterly, and in many cases directly after the attendance is over. We should remember the old motto, *dum dolent accipe ;* thus we should not hear so much of disputed accounts, and patients would on the whole be more satisfied.

We want more union amongst ourselves. The Britons, we are told by Tacitus, being divided amongst themselves were more easily conquered.

Dum singuli pugnant, universi vincuntor. We should remember this fact, and that any action to be useful must be united. There are many other points I might dilate on, but must defer them to another occasion, hoping that the seed I am scattering may fall into fertile ground, and produce some good result.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 1, 1877.

THE NON-ALCOHOLIC TREATMENT OF DISEASE.

ALTHOUGH the alcoholic or non-alcoholic treatment of disease, is a question which has only partially engaged the attention of the medical press, there can be no doubt of its being one of paramount importance, even when compared with others that have lately divided the opinion of the profession. The interest attached to the recent agitation on Vivisection was very great while it lasted, but it was a question that chiefly concerned the brute creation on the one hand, and physiology on the other. The great Temperance movement has likewise led to much discussion, and the best method of dealing with the habitual drunkard, the claims of total abstinence, the prevalence of secret drinking, &c., are subjects which have largely engaged the attention of medical journalists. But these are questions in which medical men and the public are, individually speaking, very little interested. The same may be said of the germ theory of disease, the Conjoint Board scheme, the progress of state medicine, and a few other subjects which, although of the greatest importance, are either of a

temporary and limited interest, or turn upon certain points in pathology, hygiene, or medical politics, which concern the welfare of the community as a whole rather than the welfare of its individual members. With regard to the question now under consideration the case is very different. The propriety or not of administering wine and other alcoholic stimulants in the treatment of disease, is a question that must have occurred a thousand times to every medical practitioner, and there is not a single member of the community, who may not at any moment be affected by the decision arrived at by the profession, or by the individual opinion of his medical attendant.

It behoves us therefore, to take great interest in the matter, and to watch very closely the evidence and the arguments that are brought forward in opposition to a practice that has prevailed from time immemorial. Let it not, however, be thought from any thing we have said, that the influence of habit and the prescription of ages have prejudiced us against the trial that is now being made of the non-alcoholic treatment of disease. On the contrary, were the medical staff of the London Temperance Hospital to establish the fact, that alcohol was perfectly useless as a therapeutic agent, they would have made one of the most remarkable discoveries of the age. To be convinced of this, it is only necessary to consider the results that would naturally flow from such a discovery. In the first place, it would eliminate from the art of healing a fallacy of the gravest importance: not merely some slight error of opinion or theory, some erroneous conception with regard to this or that obscure point in physiology or pathogeny, but a glaring fallacy in respect of a practice which has been daily adopted by the profession from the earliest period in the history of medicine. To show that medical men have in all countries and in all ages, been labouring under a delusion and that they have all along been prescribing a drug (for we may call alcohol a drug) which might as well have been thrown into the nearest gutter, as down the throats of their patients, this would be truly an accomplishment that could not fail to excite the astonishment of all those who are wedded to the medical conventionalism of the past.

Nor would the gain to the science of therapeutics be inconsiderable, for it is the province of therapeutics to show what is useless or what is injurious, no less than what is beneficial, in the treatment of disease. Besides, when it had been shown that so important and valuable a drug as alcohol was dethroned from the high place it held in the estimation of the profession, it might be very naturally asked whether many other popular and potent remedies might not, if submitted to the same searching criticism, share the same fate. For, as we have already remarked, is not alcohol a drug as much as ether or ammonia is a drug? Has it not certain characteristic and physiological actions upon the system, just as ether or ammonia has? And if, in the treatment of disease, we can wholly dispense with the former, may we not be able to do without the latter. We might thus in time purge our pharmacopœia of many useless drugs, the official recognition of which is only so much testimony to the imperfections of medicine as a science. Indeed, it is probable that in proportion as medicine becomes more exact and scientific, the number of our really valuable drugs will be greatly diminished. Nor would the step thus made towards the advancement of therapeutics and in the interests of the sick, be entirely of a negative nature, inasmuch as were the non-alcoholic treatment of disease to prove a success, the natural inference would be that the practice hitherto adopted had not only done no good, but had probably in too many instances done a great deal of harm; and the profession might, as Cardinal Manning remarked, be said to owe a large debt of reparation to society for the mistake under which they had been so long labouring.

Equally important would be the results which, from a social and economic point of view, would follow from the successful trial of this non-alcoholic system of treatment. The habits of society could not be otherwise than favourably affected by such a discovery. Little could then be said in defence of the most moderate indulgence in spirituous liquors in a state of health; and the cause of the total abstainer would be supported by one of the strongest arguments that could be advanced. And as to the economic advantages that could result from the exclusion of alcohol from the dietary of the sick, they must be quite obvious to all who know what a large item this stimulant is in the expenses of our hospitals and other charitable institutions.

It will be seen from the above remarks that we do not underrate the importance of the trial that is now being made to treat all manner of disease and accidents without the use of alcoholic stimulants; but what we would insist upon is that this trial should be a fair one, that all possible fallacies are guarded against in conducting the experiment; and that conclusions are not hastily drawn from insufficient data and erroneous premises.

First, it should be asked what is the object of all medical treatment. It is not merely to cure disease, but to shorten its duration, to prolong life, to obviate the tendency to death, to hasten convalescence, to support the strength and spirits, to relieve symptoms. If the moderate and discriminate use of alcoholic stimulants will fulfil, or assist in fulfilling any one of these intentions, we should be no more warranted in discarding them as therapeutic agents than we should be warranted in erasing from the materia medica such remedies as opium, or ether, or ammonia. It is not sufficient to show that this case of fever, or that case of pneumonia, progressed favourably and terminated in recovery without the use of any alcoholic stimulants. Were there no other fallacy in such instances in respect of any of the points above-mentioned, there would be still the objection that the conclusion sought to be drawn was only applicable to those particular cases, and that the data which have as yet been furnished, are far from being sufficient to settle the question at issue either one way or the other. The authorities at the hospital above-mentioned already appeal to their experience as a proof that there was no disease which could not be cured better without alcohol than with it; but in reply to this statement we would ask what assurances have we that this experience is perfectly reliable, and that it will not in time be shaken and controverted by the experience of others? The fallaciousness of experience in a science like

ours, has almost passed into a proverb. Reliance upon this method of finding out the truth has done more than anything else to retard the progress of medicine, and it is certainly one of the most treacherous guides we could have in threading our way through the tortuous paths of medical research. Did not, to mention one among many instances, Dr. Todd appeal to *his* experience, when in the wards of King's College Hospital he astonished his pupils by the enormous quantity of alcohol he was in the habit of prescribing? And did he not justify his practice by an array of cases that was quite as plausible as any of those which have been lately published in favour of totally withholding it? As Oesterlen justly remarks, "so long as physicians can appeal to nothing more certain in their practice, in their success or failure, than their experience at the bed-side, every new patient, every fresh experience may shake or contradict their views. They must be content to let every one else, even charlatans, appeal to *their* experience, and inasmuch as the latter can often avail themselves of the same argument, the *post hoc propter hoc*, which the physician employs for the success of his operations, viz., the recovery of his patients, the sick will necessarily place the same confidence in and award the same thanks to them as to the most able physician."

But if medical experience in the ordinary acceptation of that term, be so fallacious, what shall we say of that negative and one-sided experience which excludes one of the most important applications of the negative method of reasoning. The very principle on which the London Temperance Hospital has been established precludes the therapeutic value of alcohol being put to a fair trial. Here there is no opportunity of submitting the question at issue to that crucial form of experiment which affords the most reliable means of deciding between the claims of rival systems of treatment.

Supposing, for the sake of argument, that alcoholic stimulants were of service in some cases, there would be no opportunity of demonstrating the fact in an institution in which the use of such stimulants was rigidly excluded. It appears to us that if the experiment is to be a satisfactory one, it must be conducted on a different plan to that pursued at this hospital. The progress of those cases or those symptoms in which alcoholic stimulants are withheld should be carefully compared with the results of their administration under precisely the same circumstances. Even in the same case, the effects of the withdrawal of the stimulant may often be compared with those which follow a return to it. Valuable evidence might also be obtained by an accumulation of those "solitary instances" which come under the observation of the private practitioner. But, as a rule, it would be by comparing a large number of similar cases, or similar symptoms, treated partly with, partly without alcohol, that a correct judgment could be formed on the question at issue.

Nor must theory be entirely ignored; for the deductions to be drawn from the results of such a systematic method of experiment as that which we have faintly sketched, might be confirmed, and may be corrected, by what we truly know of the nature of the disease, or symptoms under treatment, and the physiological action of alcohol on the system.

THE MEDICAL BENEVOLENT COLLEGE AND VOTING REFORM.

A SPECIAL general meeting of the Governors of the Medical Benevolent College was held on Wednesday last, the 25th, to consider the important resolution which we published in our issue of July 11th. The Council of the College, backed by a few friends, managed to defeat the objects of the meeting, and of those Governors who believe that a great principle is involved in the question of the abolition of canvassing for votes.

It soon became manifest that a foregone conclusion had been arrived at, that a majority had already determined to keep up the present hap-hazard mode of electing candidates, and certainly it would not be far from the truth to say that the resolution, although carried by those who came to listen to a discussion of the question on its merits, was rejected by an adverse Council, bent upon resenting something like external pressure, or as it was said, "the dictation of an alien society." Indeed, had the resolution been carried by the meeting, in all probability it must have come to grief; for the chairman stated that, as it stood, it was for the Council to say whether they would give effect to it or not; as by the Charter of the College, any change in its rules must emanate from that body, and not from the Governors.

The Rev. R. J. Simpson, in a very temperate and judicious speech, proposed the first resolution, and it was seconded by Dr. Hare. The reverend gentleman stated, that he claimed to approach the Council, not with any wish to interfere with, or to touch, the internal management of the College, but simply with a view of questioning the policy of a certain mode of election to its benefits and which, in his opinion, involved principles affecting the general interests of charity, and to some extent the welfare of the community. As a member of the British public, he felt at liberty to suggest improvements in the mode of electing candidates to a public institution, where active managers, by means of the press, the pulpit, the meeting, the circular, and the pulpit, are constantly appealing far and wide for support.

No one would deny that canvassing for votes was not most objectionable in principle and practice. In principle because it inflicts upon hundreds of poor widows and other applicants, an unnecessary labour and expenditure of time and money, which they can ill enough afford; whilst it fosters a systematic habit of begging letter writing, which in the end becomes demoralising. An injury is done to the poorest, and often the most deserving candidate, for those who can afford to spend the most money, succeed, and the friendless and needy fail. This clearly should not be the case in a *public charity*. It is objectionable in practice, because it constantly withdraws poor widows from their families to go about begging for votes, and forces them to publish their misfortunes and sorrows in thousands of circulars, in the hope of attracting attention and obtaining justice; whilst friends are tempted to traffic in votes, and others offer sham help, that they may veil their object of advertising their cherry brandy.

The heavy expense entailed in printing and postages in no way benefits either the candidate or institution, and could this expenditure (which amounts to £10, £20, or

£30 in each case) be made to appear on the accounts of the charity, multiplied by the number of candidates, the monstrous absurdity of the system would be too intolerable to be borne. The Council, however, refuse to abandon the system upon other grounds ; it failed to see by what principle it can justly be made penal for a parent or guardian of the candidate to ask votes, while it is held innocent for any other person to canvass, and at the same time seize upon the opportunity of vaunting the qualities of their cherry-brandy. This can scarcely be said to be a serious objection, and it could certainly be met by enlarging the prohibition, and by making the resolution more comprehensive. This was urgently needed in the interest of the College, for year after year candidates are elected, not upon their merits and needs, but by the help of professional traffickers in votes, who are known to be ready, for a consideration, to carry the election, not of the most deserving, but of those with friends able and willing to pay the price asked. The system of canvassing for votes is now known to be hedged in by professional *jobbers* (*a*), and candidates without influential friends should be honestly told at once that they need not apply. Should, however, any be rash enough to make a fourth, fifth, or sixth venture, it is as well that their friends should reckon the cost, for they can scarcely expect to escape the "superannuation" rule, which in all likelihood will eventually bring them to grief.

To return to the resolution, the Council's strongest point made against it was, that, if adopted, it must seriously affect the funds of the College. This is putting the question on the miserable plea "that it pays," and against this the expense, time, and trouble, and misery of the candidates and their friends go for little or nothing. But even this plea will not avail with those who are acquainted with the facts. For those charities which have adopted the non-canvassing and voting system have experienced no falling off whatever, either in their funds or in "the personal interest of their subscribers." The Royal Albert Orphan Institution from the first acted upon the non-canvassing system, and having beside, made it penal to canvass, have seen no cause to complain or repent of the course taken. The Royal Naval Orphan Asylum and the National for Incurable Epileptics long ago abandoned the system of canvassing in any shape. This step was taken, the board of management tells us, "to obviate the suffering, loss of time, and money caused to the unsuccessful candidates." The managers of the British Medical Fund prominently hold forth to their subscribers the fact that "relief is dispensed on the principle that applicants are not required to attend personally, nor have they to publish to the world their distresses and sorrows, neither have they to canvass, or advertise, or issue cards and circulars." The Society for the Relief of Widows and Orphans of Medical Men administer relief to a very large number of widows and orphans annually ; and be it said to the praise of the managers, that widows are not allowed to die and disappear from the list of applicants before they obtain what they so much require to relieve their dire decessity. Poor Mrs. Sarah Young, at the age of 70, with "means almost exhausted," appealed to the Royal Medical Benevolent for the third time, having already polled 2,255 votes, got together at considerable cost, died just a week before the day of election.

It is incomprehensible enough to those who have bestowed some attention upon the question at issue, that the Council of the Medical Benevolent College should refuse a remedy for the evils complained of by upwards of 2,000 of their subscribers, and all of whom believe, with Sir William Gull, "that it would be a great gain to the cause of charity if the claims of the deserving could be satisfied better than they are at present."

(*a*) The Capel Court way in which these traffickers in votes, conduct their business, may be gathered from the following extract from a letter written by a professed broker in votes, to the friends of a candidate :—

"Incurables and Royal Medical Benevolent are at par, and votes for the Alexandra Orphanage, as a rule, are difficult to realise at their full value. I often give two for one Idiot, but when I can find out a case to work jointly with me, the result is more pleasant."

Notes on Current Topics.

Treatment of Sleeplessness.

"The Disease of Sleeplessness : its Various Causes, and certain permanent Cure, without Opiate, Doctor, or Hindrance to the ordinary Associations of Life, under a Combination of various Systems of Treatment. By a Country Clergyman, who has suffered and prevailed." Such is the title of a quaint and grandiloquent pamphlet that has just come to our notice, and which we were about to throw into our waste-paper basket along with other pamphlets of a similar nature, when it occurred to us we might make it the text of a few remarks on a symptom to the proper treatment of which the practitioner can never be indifferent. In some of his writings—we forget exactly the place—Hippocrates says we should do all we can for our patients, and not omit taking a lesson even from the quacks. We shall have the less hesitation in doing so on this occasion, as the pamphlet dwells upon the utility of a remedy which is by no means a contemptible one, and which is too much ignored by the medical profession. Our country parson is loud in the praises of *cold water*, as used externally at the hydropathic establishments, along with the strictest temperance in eating and drinking, regular hours, plenty of exercise, due regulation of the passions, &c. The cold water treatment, however, is the main thing. "There is no other remedy by which we may hope without danger to bring back sleep to the wakeful invalid." It consists chiefly of a "wash-down nearly every morning in the week, a pack twice a week, a sitz bath at night three times a week, and a wet compress to the stomach (along with the rub-down in the morning and sitz at night) once a week. All these baths are to be given in the manner adopted by the hydropathists, as much depends upon the bathing being practised in a systematic manner. The only medicines of which favourable mention is made, are bromide of potassium and charcoal—the latter to keep up a "good digestion and correct the liver." All other medicines are thrown to one side. In derangements of the liver, which are doubtless a frequent cause of sleeplessness, the hydropathists use what is called a *compress* round the stomach. This is a cloth about half a yard wide, wrung out of cold

water and put inside a cover of oiled silk, &c., to protect the clothing. It is put round the stomach in the morning and taken off at night. This remedy, in conjunction with regular exercise, early rising, and a regulated diet, is said to be very effectual in the treatment of torpor and congestion of the liver. In some cases it is continued without intermission, so as to produce what the hydropathists call a *crisis*, that is eruptive spots and small pustules, producing much itching, and often small sores. It is to be regretted that, for the most part, we leave in the hands of the hydropathist a remedy which we might turn to much better account than we do. That, however, the prejudices against the occasional and discriminate use of their treatment are not so strong as they were must be evident to any one who is familiar with the medical literature of the day. Who would have thought twenty years ago of recommending wet compress, the wet sheet, Turkish baths, &c.? Now, the therapeutic employment of these agents is often resorted to by the most eminent medical authorities both of this country and on the Continent. Only a few weeks ago, Dr. Gairdner mentioned at a meeting of a medical society that he had found packing with the wet sheet a very valuable remedy in the treatment of scarlatinal dropsy. Of course, we only speak of hydropathic treatment as being applicable to some cases of this or any other affection, and only as an adjuvant to other remedies, medicinal or otherwise, which the nature of the case may suggest. With regard to sleeplessness, there are so many morbid states of the system, and so many functional and organic diseases which may give rise to it, that it is evident rational medicine cannot lay down a hard and fast line of treatment applicable to all cases. We cannot now enter further into this subject, but they who would read an interesting account of the pathology and rational treatment of sleeplessness had better consult the admirable chapter on this affection in the second volume of Graves's "Clinical Medicine," and also the article on "Sleep and Sleeplessness" in Copland's "Dictionary of Practical Medicine."

Administration of Medicines in Large Doses.

THERE is not, we believe, a truer axiom in therapeutics than that our failures in the treatment of disease are often owing to the smallness of the dose administered. We have even seen a young and timid practitioner lose his patient through prescribing for a severe spasmodic complaint doses of medicine wholly inadequate to relieve the sufferings for which his services were required; and a very good monograph might be written on the efficacy of large doses in the treatment of disease. Nor are we merely referring to the milder and less active kinds of drugs, but even to those that are classed among our most powerful poisons. The large doses of opium that are often indicated in the treatment of some forms of mania, delirium tremens, colic, neuralgia, hæmorrhage, &c., are well known. Drs. Elliotson and Pereira treated gastrodynia very successfully with hydrocyanic acid, but they gave it in much larger doses than we are now in the habit of doing. Dr. Ringer remarks in his work "On Therapeutics" that the reason why so many find the lobelia inflata of little use in the treatment of asthma is, because they are afraid of giving it in such large doses as will produce a decided effect upon the system. And who has not heard of the extraordinary cures of sciatica and other neuralgic affections by the administration of large doses of the hydrated peroxide of iron.

These reflections were suggested on reading some remarks that Surgeon-General Francis recently made in one of our contemporaries on the treatment of refractory cases of neuralgia not dependent on organic disease or injury. In these cases, he said, we are frequently told that everything has been unavailingly tried, and that the sufferer, tired out at last, has decided on going abroad. On inquiring into the extent to which the anti-periodic remedies—notably quinine and arsenic—have been pushed, it will be generally found that the doses were considerably less than he has been in the habit of prescribing with almost unvarying success. During a residence of several years in India he has frequently given, in suitable cases, from ten to twenty and even thirty grains of quinine; and where this has been ineffectual, from twenty to thirty minims of Fowler's solution of arsenic have succeeded in staving off the attack. The habit once broken through, smaller quantities of either drug will be sufficient, but the remedy must be continued for a few days. In some instances quinine and Fowler's solution together (from six to ten grains of the former, and ten to fifteen minims of the latter) will produce the desired effect, which neither would have produced singly. Dr. Francis also recommends hypodermic injection with the neutral sulphate of quinine, as a fourth only of the quantity need be used, and the result would be secured more speedily.

The Metropolitan Hospital Sunday Fund.

THE aggregate collection of the Hospital Sunday Fund in London shows this year a considerable falling off, a result which is the reverse of encouraging to those gentlemen who have worked, year by year, so hard for its success. The miserable sum of £24,960 represents the combined enthusiasm of all religious sects for the hospitals and dispensaries of the largest and richest city in the world in 1877. We are ashamed to place such a result on record. When Birmingham, with less than one-twelfth of its population, can give half this sum for the same objects, what *ought* London to do? We are sorry to say the result is a mere parody of an answer.

A meeting of the Council of the Fund is announced for to-morrow, to sanction the award made by the Distribution Committee of a bulk sum of £24,000, as follows: to seventy-six hospitals, including four institutions classed as hospitals, £22,747; to forty-three dispensaries, including four provident, £2,223. The hospitals which take the largest share are, as usual, the London, St. George's, Middlesex, and King's College; but nearly all the awards are slightly below those of last year, in consequence of an increasing number of applications to participate and the decrease in this year's collections.

The Distribution Committee have, it appears, been applied to again this year by a society established to supply trusses and surgical appliances, and have also had the sum of £5 sent especially for the Surgical Aid Society; but they have not found it within the limit of their instructions to entertain the claim, and have, therefore, returned the contribution to the donor. The Com-

mittee also had to issue invitations to the committees of ten hospitals, to meet them, so as to afford opportunities of explaining and clearing up points which have influenced a reduction in or a withholding of any award.

Coroners.

The Social Science Association have lately memorialised the Home Secretary, on the necessity for reform of the office of coroner. They placed in his hand the following resolutions :—

1. That in the opinion of this Council a Parliamentary inquiry into the mode of appointment, the office, duties, and jurisdiction of coroners is imperatively demanded.
2. The Council draw attention to the fact that the office of coroner is one of high antiquity and high utility ; that it has been the subject of much and intricate legislation, and has come, in process of time, to be attended with inconveniences in respect of the constituencies by which the coroner is elected, the manner of election, the mode of administration and procedure, the place for holding the court, as well as many points relating to functions, procedure, and responsibility. The Council are of opinion that, in consequence of various social changes since the time of the original creation of the coroner's office, the expediency of obtaining a coroner's jury, either at all or in its present form, the existing relations of the coroner to the justices of the peace, the provision for the use of expert witnesses, have become matters requiring fresh and special arrangement.
3. That the question of inquiry into the causes of fires is one of urgency, and should be considered in regard to the appointment, duties, and functions of coroners."

A more necessary piece of domestic legislation than a Coroners' Reform Bill could not occupy the attention of Government ; but then, unhappily, it *is* a domestic matter, and as such shares the universal neglect of Parliament with other equally important matters. When we see the strongest Government which has ruled for half a century sacrificing its Bills by the half-dozen as the last days of the session approach, we have little hope of the musty and creaking machinery of coroners' inquests being overhauled.

Arsenical Poisoning by Wall Papers.

The following form of letter has been addressed by an eminent civil engineer, Mr. H. Carr, to some of the leading medical men in London :—

"It is an admitted fact that serious illness and extensive deterioration of the public health arises from the use of arsenic in the manufacture of wall papers, and of fabrics for dress and furniture ; moreover it is a subject felt and spoken of strongly by a large section of the medical profession. The injurious effect of arsenic thus used, has, however, not yet been appreciated by the public in a manner calculated to put a check upon the sale of an article which is cheap, attractive, and profitable to the manufacturer, though at the same time highly injurious to health. The letter of Dr. Owen Rees in the *Times* of 16th June, having again roused the question of the desirability of some public movement, it is proposed to communicate with some of the leading medical men and chemists in London. If their approval be given and their advice be to proceed, then to prepare a memorial to Government, or a petition to Parliament for a committee of investigation. A copy of the memorial or petition to be sent to every medical man in the kingdom, with a form of reply on which his adhesion to or disapproval of the movement may be stated.

"A short pamphlet carefully revised by medical men who have paid attention to the subject should accompany the circular.

"A question thus brought under the notice of every medical man in the kingdom, will undoubtedly arouse public attention, and will inevitably be discussed in the papers.

"It would of course be essential in the first instance that the movement should be backed by names of authority.

"Your reply to this communication in the first instance, will be considered as private and confidential, and nothing will be published or made use of without permission : but what is desired is authority to append your name as approving of the movement.

"A further communication will be made to all who reply in favour of proceeding, giving the names of those assenting or proposing a further step, suggestions for which will in all probability be gathered from the answers received."

We commend this question, which is one of considerable importance, to the notice of our readers.

The Colorado Beetle.

A good deal of anxiety seems to prevail with regard to a visitation of the colorado beetle to this country ; and it has been notified that the Post-Office regulations prohibiting the transmission of "live animals" through the post is continually broken by collectors of entomological specimens. The risk of the importation of the insect in this way is certainly very great ; and with a total disregard of the dangers incurred, a certain Mr. Leonard Snowie, of Texas, sent over to a Manchester friend a number of live beetles, which were placed in an open garden, simply to experiment alive with, try different kinds of feeding, and ascertain, if possible, the peculiar kind of diet they most prefer. This, should the beetles escape, is exposing the surrounding district to the peculiar danger of a devastating destroyer ; and neither of these enthusiasts in natural history studies would seem to be aware of the fact that the Colorado pest is furnished, like other members of its species, with powerful wings and legs, and by means of which it can easily escape from even a high-walled garden. We refer our readers to an excellent drawing and description of this potato pest that appeared in the *Illustrated London News* of the 7th July.

A meeting of the York Chamber of Agriculture was held on Saturday last, at which resolutions were passed thanking the Privy Council for the prompt steps taken to prevent the introduction of this insect into the country, and expressing regret that naturalists should be importing live specimens. It is computed that the last attack on the potato crops cost the country £50,000,000.

Metropolitan Improvements.

In the public interest it is well that it should be known who stops the way towards metropolitan improvements. When it was decided to undertake, at the ratepayers' expense, that greatest of all modern London improvements—the Embankment—a noble duke stepped in to stop the way ; consequently, the work was delayed until a compromise could be effected with a nobleman, whose sole claim to consideration consisted in being the owner of a most insanitary and offensive mud bank, which bordered his bit of pleasure ground or garden ; and

during the summer months not only endangered the health of his household but of the whole neighbourhood. The Metropolitan Board of Works were compelled to pay his Grace of Buccleuch £5,000, by way of compensation, for effecting an improvement on his property, before they were permitted to proceed with a grand work of improvement, so much needed at the time by the overgrown population of the metropolis. A nobleman once more bars the way to what is acknowledged to be a much-needed street improvement. The want of an open street leading from Tottenham Court Road to the Strand has long been felt by all classes, and the Metropolitan Board had undertaken to commence the work so soon as Parliamentary powers could be obtained; but we now learn that the Board have been obliged to withdraw their bill, which was down for a second reading, and abandon the work, because, forsooth, the Marquis of Salisbury has put in an unreasonable claim for compensation. A small portion of the proposed new street, it appears, runs through some miserable piece of his property.

Medical Degrees for Women.

In compliance with requisitions of members of convocation a meeting was held last week at the University of London, to consider the recent action of the Senate in adopting Mr. Russell Gurney's Permissive Act for conferring medical degrees on women. The chair was taken by Dr. Wood. The Clerk read the following opinion of Sir John Holker and Sir Hardinge Giffard on the case submitted to them:—"We do not find in clause 21 of the charter any power given to Convocation to interfere in any way with the powers given to the Senate of conferring degrees in medicine, and we therefore think it will be competent to the Senate to grant degrees to women without the concurrence of Convocation." Dr. Tilbury Fox moved a resolution to the effect that the house regretted that the Senate had, by adopting a permissive Act of Parliament, without reference to, or consultation with, Convocation, materially altered the constitution of the University, and had thus practically superseded the privileges of Convocation. Dr. J. Curnow seconded the motion. After a long discussion a division was taken, the numbers being for the motion, 114; against, 71. Dr. Curnow moved that it be referred to the annual committee to ask the Senate not to take any further action under the Act of the 39th and 40th Vict., chap. 41. The motion was carried by a majority of 88 to 52, and the meeting terminated.

The Inauguration of the New Hotel Dieu.

On the 1st of September next, a part of the new Hôtel Dieu is to open its doors to the sick. The architect has received orders to finish off, before that date, accommodation for 200 beds, and the 200 invalids who now occupy the old building will then emigrate thence to their new place. The greatest difficulty, however, is the furnishing of the wards for so great a number of beds, and in so short a time. Two hundred sick carry with them the whole battalion of doctors, dressers, dispensers, cooks, and ward-men, in fact, the whole community, excepting the financial department. The accommodation for the medicines, and the bed-linen, the baths, douche and vapour, the operating theatre, and the chapel, all demand special arrangements for their installation, not to speak of the kitchens, which are to be heated by steam, and can hardly be ready by the 1st of September. Many of the details of the partially-finished courts are admirable, amongst the rest the trees already planted, and the green sward enlivening to some extent this future habitation of pain. It is also interesting to observe that the flooring of the waiting-rooms, where candidates for admission assemble, are inlaid with wood, a realcomfort for the sick, who will no longer be obliged, when waiting their turn, to stand with chilled feet upon the flags and marble flooring which exist in some hospitals.

Army Medical Organisation in France.

By a recent law of the French Assembly, dated 7th July, a complete change has been inaugurated in the hospital system of the French army. Each corps d'armée in the provinces will retain in the chief town a military hospital, with an establishment destined for the special instruction of the *personnel*, and the preparation and maintenance of the necessary material of the hospital service of a corps d'armée in case of its being mobilised. Except in their head-quarter corps hospitals, the permanent military hospitals of Paris and Lyons, and the hot baths, the sick of the army will be treated in special wards in the civil hospitals in charge of military surgeons when the effective of a garrison numbers 1,000 men, should the military medical *personnel* permit. In case of insufficiency in this respect the military wards would be in charge of civil surgeons. In the French army the medical officers are divided into two sections, the one attached to regiments, the other to stationary hospitals. The latter will be solely effected by the new decree. The hospital system of the French army has from time to time undergone frequent changes. Sully established the first *ambulant* hospital at the seige of Amiens in 1597, under Henry IV.; Pignewl the first stationary hospital under Louis XIII., in 1630. In 1788 the general military hospitals were suppressed, and not re-established until 1792, since which date the regimental infirmary occupied an altogether secondary place. Both establishments were separate from and independent of the *ambulances* organised for, and specially intended to work with divisions and corps of an army on active service.

The New Parisian Pharmacy Schools.

There are in course of construction at this moment on the great unoccupied spaces of the Luxembourg Gardens, the new upper school of pharmacy. The building will occupy an extent of 17,000 square metres, a superficies about the same as half the Place de la Concorde. The principal buildings will be faced by a grand court, fifty-seven metres long, in which will stand the statues of Parmentier and Vauquelin. The lecture-room will afford accommodation for 600 students, who will be provided with laboratories in a building 80 metres in length, which is to face the Luxembourg. The whole building will rest upon the catacombs, and it is not expected that it can be completed sooner than 1880.

The Results of Legislation by Agitation.

An illustration of the mischief which may be done by the meddlesomeness of amateur legislators was brought to light last week on the occasion of an inquest held by Dr. Hardwicke at Islington. A child, the illegitimate offspring of a servant girl, had been done to death by the neglect of the old woman baby-farmer to whom it was confided, and who was able to continue her ill-treatment and starvation to the end, because the Infant Life Protection Bill does not require a farmed baby to be registered unless more than one is kept by the same farmer. The Bill, as it originally stood, would have protected the life of the infant, but a knot of fussy women, who called themselves "The Women's Vigilance Society," interfered, and exercised sufficient influence to alter the measure. Government certainly owe it to the public not to yield to the unreasoning representations of such persons, and we hope this case will be a lesson to them to set their faces against the women who have devoted themselves to the advocacy of free trade in syphilis under the name of the Anti-Contagious Diseases Act Society.

International Congress of Hygiene, 1878.

The Society of State Medicine and Hygiene is forming a programme for an International Congress during the Paris Exhibition of 1878; and we congratulate our French *confrères* on the very excellent idea of seizing the opportunity afforded by the attraction of the national industries of France for this international union of hygienists.

We may predict a very great success for this new project. The subject of hygiene is, at the present time, one of the most important and most interesting; and though France surpasses us in the number of her treatises on hygiene and on the importance assigned to the subject in her schools of medicine, yet we must claim a greater practical appreciation of sanitary laws, as evidenced in our domestic life, in the arrangements of our closets and other necessary adjuncts to comfort and cleanliness. We may learn from one another, and as science should know nothing of jealousy or nationality, we hope this congress will be productive of international benefit.

Ship Surgeons.

Within the last two years a good deal of controversy has existed in reference to the system of ship surgeons now existing. A return was called for in Parliament, which proved that a great number of ships were surgeoned by chronic medical students, who had neither qualification nor the brains or steadiness to gain one. The dangers of so scandalous a system are aptly illustrated in the prosecution last week of a shipowner in Liverpool for having sent his ship to sea without a medical officer. The vessel was a large one and bound to Bombay, and on the journey took up at Jeddah no less than 636 pilgrims, who, bringing with them their primitive dirt, imported also disease, of which many of them died. The owner was let off with a nominal fine for two curious reasons: firstly, because he had not troubled himself to learn, and did not know, the law on the subject; and secondly, because proof was given that "*it was quite unusual for pilgrim ships to carry a surgeon.*"

And still they Come!

Another Female Doctor! We use the term *female* without any disrespect to the *weaker* sex, as we once supposed they were; but, like many other old beliefs and traditions, this term can hardly now be applied, if we believe the champions and championesses of women's rights, who maintain that women are quite capable of competing with men in the struggle for existence. Madlle. Catherine Goutcharoff last week maintained, with success, a thesis for the doctorate of medicine, Paris, taking for her subject, "The Study of Uterine Flexions, in a Therapeutical Point of View." The subject is certainly one within the province of women, but it remains for experience to establish whether women will be able to drive their male opponents out of the field.

Application of Nitric Acid to the Internal Surface of the Womb.

Valuable confirmatory evidence of the value of the above practice was borne by Dr. Alloway Campbell, and Reddy, at a meeting of the Montreal Medico-Chirurgical Society. But two cases fell under the notice of these gentlemen in which the use of this remedy was followed by any bad result. On the other hand, where benefit was experienced, it was immediate and permanent, and that too, in cases where the application of iodine and various other plans of treatment had failed completely to effect any good result.

An interesting discussion ensued as to the general safety of this method of treatment. The general opinion was, that it should be used with great caution, and not heroically; and that, whilst it was in itself a very valuable therapeutical resource in the treatment of suitable uterine affections, yet Dr. L. Atthill was not justified in recommending its being used as generally, and as boldly as he does.

An Irish Poor-law Medical Officer's Residence.

At the last meeting of a West of Ireland board of guardians, the dispensary doctor made an eloquent appeal to them by letter for a residence, or, as an alternative, for leave to live outside his district. He thus describes his residence:—

"The only place available in this locality is a miserable little licensed whisky house, where I am obliged to put up. This little house has but one entrance from the street into a small kitchen, which is the tap-room also, and through which I must pass to get to my little wretched apartment, and that in the middle of a scene of drunken revelling, and still more, I am only separated from this revelling by a common little door and sort of partition.

"Then what I call my sitting room off this kitchen-dramshop is 10 ft. 3 in. broad, 13 ft. 6 in. long, and 6½ ft. high; while my bed-room, which opens into it, is 6 ft. 9 in. broad, 13 ft. 6 in. long, and 6½ ft. high. Such is my present position."

Case of Hydrophobia during Pregnancy.

At the meeting of the Academy of Medicine of Paris, June 26th, 1877, Professor Borley communicated (in the name of M. Couzier, of Bagnières) a very curious case.

A woman, æt. 42, pregnant seven months and a-half, was bitten on the hand in February last by a cat. On the 25th March she was confined without accident, after having lost every recollection of the wound, to which she attached no importance. On May 6th—ninety days after the bite—the lochial discharge became suffused, and on the 9th of May, during the night, she developed the most frightful and confirmed symptoms of hydrophobia, dying on the 11th, in spite of all treatment.

The child, up to the 15th June, has been quite well, and another child, bitten at the same time as the mother, has not experienced any bad effects.

The Provident Dispensary Movement.

We announced in our last that a meeting was contemplated for the purpose of consolidating existing dispensaries and bringing them into more direct communication with the various London hospitals. At the invitation of the Charity Organisation Society, a conference was held on Saturday last in the rooms of the Medical Society of London at which representatives of the provident dispensaries in the metropolis were present. Mr. Timothy Holmes, F.R.C.S., occupied the chair, and the following points were submitted for discussion:—1st. What steps should be taken to increase the number of efficient provident dispensaries in London. 2nd. What should be the relations of the provident dispensaries to the hospitals. 3rd. Was it possible to secure a correspondence between the different provident dispensaries in London, so that a member of a provident dispensary, when he removes to another district can, without delay and without entrance fee, immediately obtain medical relief in the provident dispensary nearest his new residence.

Dr. Ford Anderson opened the discussion by reading a paper on the progress made in extending provident dispensaries in London. He said in Manchester the trial of the provident dispensary had been made very fully. The seven dispensaries had 13,769 members, and an income of £2,680, and the decrease in patients in the various hospitals was equal to 41 per cent. In one hospital where no inquiry was made the number of patients had risen 61 per cent., in London the number of dispensaries had risen from 13 in 1870 to 28 in the present year. These were chiefly in the suburbs. With respect to what steps should be taken to increase the number of efficient provident dispensaries in London, he thought the task should be entrusted to the medical committee of the Society for Organising Charitable Relief, which would form the nucleus of the new society. These dispensaries should be supported by the local residents, and it would be desirable if the present local benefit societies were transferred to the dispensary. With respect to the correspondence between the different provident dispensaries, if a union existed any member could be transferred from one to the other, and he did not see why a person from one town should not be transferred from the dispensary in a given place to that in another.

Sir Charles Trevelyan said in London there had grown up a great many spurious imitations, which were conducted by unqualified men, whilst, on the other hand, some had been started simply for the purpose of getting as many subscriptions as possible. One especially was an institution in the city which was just formed, and this proposed to have governors' cards; and whilst the poor had the opportunity of paying or not paying, as a matter of course they would not pay, but would go touting for these governors' cards.

Dr. Joseph Rogers, Dr. Stewart, Dr. Nankevill, and others also addressed the meeting, and after various suggestions upon ways and means, resolutions in favour of the objects of the conference were adopted, and the proceedings terminated.

Governmental Regulation of Prostitution.

Geneva has been selected as the town in which the first International Congress of the British, Continental, and General Federation for the Abolition of Governmental Regulation of Prostitution is to be held. The Congress will assemble on September 17th, and continue its sittings during the five following days. As the International Congress of Medical Science is arranged for the previous week at the same place, it has been suggesed that the success of the two would militate the one against the other. This, however, need not be feared, as representatives of or delegates to the one would not be likely to attend the other in case; nor will the profession attach much importance to the second Congress, whose object is set forth to be "to contend against the social evil of prostitution, especially under the forms in which it presents itself as a legal or officially tolerated institution." This matter has already been so thoroughly argued, and the evidence adduced of so conclusive a character, that European Governments are not likely to alter their views, nor to substitute laws in accordance with the opinions of the *soi-disant* "Federation for the Abolition of Governmental Regulation of Prostitution."

Palliative Measures against Writers' Cramp.

M. Dally has employed with success on a patient suffering from this troublesome affection "Esmarch's bandage." He applies it to the forearm, and says he thus furnishes a point of support to the muscles, and prevents them from contracting.

M. Paul, for the same purpose, fixes in the ball of the hand a ball of caoutchouc, and thus the patient can easily write. These remedies seem simple, and their value may be easily tested.

Utilisation of the Morgue for Medico-Legal Conferences.

We learn, from good authority, that the Minister of Public Instruction has complied with the request of M. Vulpian, and that the unfortunate victims, either of crime or passion, are to be utilised for the advancement of medical jurisprudence. Medico-legal conferences will take place twice a week, from the 1st of November up to April, open to doctors of medicine and students who have completed three years' study.

A Remarkable Deformity of the Teeth.

A Russian traveller, M. Miklucho-Maclay, during his travels in Melanesia observed among the natives of the Admiralty and Hermit Islands a remarkable peculiarity of the teeth of the upper jaw. The incisors project "shovel-like" almost horizontally, and to such an extent

as to extend beyond the lips when the mouth is closed. The breadth of the teeth is so great as to equal their visible length, being as much as 19 millimetres to 16 millimetres of length, measured from the edge of the jaws. As all the teeth have a blackish polish, owing to the prevaling habit of betel-nut chewing. The mouth has anything but a pleasant appearance.

Mr. Isaac, who seems to be one of the hopeful type of legislators, has introduced a Bill to amend the Sale of Food and Drugs Act (1875) which was read a first time on Wednesday last. No doubt his intention is to bring it under the discussion of the trade during the recess. No one yet knows what its provisions are.

With the exception of Bombay, the mortality of Berlin is at the present time the highest of any city in the world, from whence returns are furnished to the Registrar-General. Whilst the death-rate of London is only 21, Berlin has the terrible figure of 55 per 1,000 against it.

Mr. Justice Lush, in charging the grand jury at York Assizes last week, spoke strongly against the present system of coroners' commitments, which he hoped would be altered when the Government found time to take up the coroners question.

The death-rate in the four principal cities of the United Kingdom last week was—Edinburgh, 17; London, 21; Glasgow, 24; Dublin, 25 per 1,000 of the population. In the second category, Portsmouth was lowest with 16, Oldham highest with 31 per 1,000 of the population.

Mr. W. J. Smyly, M.D. Dub., F.R.C.S.I., Demonstrator of Anatomy in the Royal College of Surgeons in Ireland, and brother to Mr. Smyly, Vice-President of the College, has been appointed Assistant-Physician to the Rotundo Hospital, in the room of Dr. Purefoy resigned.

Correspondence.

PROFESSIONAL SHODDYISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Thomas Carlyle characteristically affirms that this part of the advanced nineteenth century is full of "shoddies and shams," which language, I suspect, is not a whit too strong, nor is it a mere hyperbole, for truly at the present time "shoddies and shams" are most prevalent, even in the medical profession. But what is truly surprising and humiliating, is that medical men should patronise the first of these two Brummagen honours, and that they should attach to their names certain unavoidable appointments, which are disfiguring rather than ornamental.

With your permission, I will merely refer to the *shoddies*, and leave the *shams* (for I must observe that we have not quite descended to them yet), to Spiritualists, and those empirics who cure diseases with globules.

The editors of the *Medical Directory*, published by Messrs. Churchill, doubtless will be rather surprised, and my readers I dare say will be as much so, when I assert that these gentlemen indirectly encourage and promote these shoddies, unwittingly, I believe, but nevertheless effectively.

Now if my readers will just take the trouble to look through only a few pages of the *Medical Directory*, they will there discover *shoddies* by the dozen. This is no exaggeration, as the quotations I shall make from the said bulky volume will prove: so for their edification I will make four extracts. Of course the names of those gentlemen who are proud of holding such *important* appointments, will be omitted.

——, Surg.: A.O.F., Odd Fellows, and various Benefit Societies, Sons of Temperance.

——, Medical Att. to various Benefit Societies, Druids, and Britons. *Royal Liver.*

——, Surg to various Clubs, Free Gardeners, and Odd Fellows, &c., &c.

——, Med. Off. several Friendly Soc. Med. Ref. Hearts of Oak Benefit Soc., &c.

There are many others with local names which are omitted, and which are too numerous to mention; but the above examples are quite sufficient to demonstrate to my readers what I mean by professional shoddyism.

The local Clubs and Benefit Societies sometimes contain no more than nine members, and many do not reach beyond twenty. Now for medical men to insert these paltry appointments, so-called, after their names in an official Directory as something to be proud of, is to me altogether inexplicable. Being obliged to attend clubs is in itself humbling, and something derogatory to a professional man; but to make it known and promulgate it to the world at large, is nothing else but professional shoddyism.

Were I a medical attendant to the A.O.F., or other clubs, I certainly should be under the impression that it was a necessary indignity, and should be inclined to keep such Brummagen appointments *sub rosa* not a matter to be proud of, or sufficiently important to insert in the Medical Directory.

Now if the editors of the above-mentioned Directory sincerely wish to decrease its bulkiness, according to their annual intimation, the best thing they can do is to abstract these *appointments*. By so doing, most probably it would be a hundred pages less, and they would also wash their hands as regards abetting and encouraging such egregious folly. They will then be able to insert past Union appointments, which are of considerably more importance to the profession and the public, than these clubs, which, in my opinion, are a frequent source of ruin to both town and country practises, besides being a stigma to the profession.

Yours faithfully,

Junius Medicus.

SOCIAL STATUS OF THE PROFESSION IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Do you not think that we might find some other cause which induces the small farmer and petty shopkeeper to send their sons to the profession than that of cheap universities and low-class medical education. It is seldom that such men as these could compete with educated gentlemen in public or private practice, and it would not pay unless they were pretty sure of getting something to do as soon as qualified.

These are the gentlemen who are now almost invariably selected by the Poor-law guardians in Ireland, to fill their unions, dispensaries, &c., no matter how superior may be the qualifications or capabilities of other candidates. Why they are selected, the following quotation from a letter at present in my desk may explain:—

"There are six already in the field, two of whom are of a certain religion, and either of those we are determined to appoint, and *who so fit*, as those of the same religion they will be among; so don't come unless you are *specially* qualified, but, do as you like, no horse can win that is not entered. I enclose list of committee, salary, £120, with registration, vaccination, and £15 Public Health Act; there is also a handsome salary which goes with this dispensary from a local appointment.

"Your obedient servant,

"X. Y., Hon. Sec."

The above was in answer to a question from me asking of a friend of mine, who had ten years' service as M.O., and highest testimonials from his committee, also from Protestant rector, and parish priest, would have any chance at the coming election of M. O. for that district. The local appointment here was not connected with any particular form of religion

Added to the Poor-law salary, the appointment was worth about £250, not including constabulary attendance. It seems it would be much more suitable that such appointments should be open to competition, as in the Army Medical Department, &c., and not left to the *gift* or decision of a committee, most of whom are generally of the same rank as the man approved of by them, and some scarcely with penmanship sufficient to write a red ticket. In my late district the farmer generally left a lot signed, and his little daughter, who was the "illigant scholar intirely" filled them up.

I am Sir, truly yours,

AN EXILE OF ERIN.

Cheshire, 21st July, 1877.

[The system to which our correspondent refers is truly deplorable, and there is every fear of its being developed into a greater abuse, if that be possible, than it is. At a recent election for a dispensary in the west, one of the candidates put the screw upon the electors by publishing in the local newspapers a letter from the bishop of his own religion, who could of course know nothing whatever of his professional capacity, but who commended his appointment on the ground that he was "one of the right sort." We are glad to say that he was beaten—we shall always be glad when anyone who resorts to these tactics fail; and we hope that, before many years, the scandalous abuse of the system which is now in operation of electing a religionist, *not* a doctor, will compel Parliament to take the selection out of the hands of guardians and committeemen, and place it under the control of persons who seek only for the most competent medical men. We do not, however, see that these abuses have much to say to the status of the profession, on which we commented.—Ed. M. P. & C.]

"THE FRUITS OF PHILOSOPHY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am terribly puzzled to understand how it is that such eminent members of our profession as, for instance, Mr. Erichsen, Sir H. Thompson, Dr. Hardwicke, Dr. Morell Mackenzie, and Dr. Palfrey, together with the greatest British philosopher of the day, Professor Alexander Bain, of Aberdeen, with his eminent pupil Prof. Hunter, and Prof. Sheldon Amos, can all be of the opinion that our deceased brother in medicine, Dr. Charles Knowlton's "Fruits of Philosophy" is an innocent, nay praiseworthy book, written by a good man and a clever physician, for a very laudable purpose, whilst I find yourself, Mr. Berkeley Hill, and other no less able men so bitter against it. For my part, I hold that all earnest works, like that under discussion, when written by medical brethren, should at least be read with great care and respect, and that it is the duty of all good and true physicians and practitioners of the healing art to listen charitably to all that is put forward gravely and sincerely by one of our fraternity, however humble.

Dr. O'Flanagan, of Houghton-le-Spring, Durham, writes a letter in your issue of July 18th, which, in my opinion, quite bristles with errors. In the first place he occupies three paragraphs of it with some theological remarks directed *in toto* against the theory called Malthus' Law of Population. It will be sufficient, I think, for your candid readers if I remind them that the Rev. Mr. Malthus, who wrote his immortal essay in 1798, and who proved incontestibly that there is a constant tendency in population to increase faster than the means of subsistence, was a divine, as were also his disciples, the Rev. Dr. Chalmers, of Scotland, and Archbishop Whately, both ardent Malthusians in their day. This surely shows that the notion of restraining population may be held by the most pious persons.

In the fourth paragraph of Dr. O'Flanaghan's letter he alleges that Knowlton's pamphlet aims at "the entire suppression of the race." Has the writer veritably read Dr. C. Knowlton's innocent little work, and if so, how can he, in the name of all that is wonderful, so misrepresent it? Dr. Knowlton merely says that marriage is desirable in *early* life in order to prevent men taking to prostitution and masturbation, and becoming insane, &c.; and in order to make early marriage feasible, he recommends all young married people to limit their families voluntarily in the way done at present so universally in France. What purpose can there possibly be attained to by Dr. O'Flanaghan in asserting that this would lead to the *suppression of the race, à la* Schopenhauer, of Frankfort, the pessimist German philosopher of latter days.

In paragraphs 6 and 7 Dr. O'Flanagan at last comes to something like an utilitarian or scientific argument against Knowlton's plan for getting rid of surplus infantile deaths by putting an end to the main cause of of all our social miseries, chronic poverty. He says, what is quite true, that some modern French philosophers and writers on social science, with some notable exceptions, such as Joseph Garnier, Bertillon, &c., have of late years taken quite a scare at the very slow increase of the population of France, as compared with that of Germany. In travelling in France I have often laughed heartily at the way in which some elderly gentleman will lament that his neighbours are so terribly *prudent* in not having a large family, and that France is not increasing so rapidly as Russia or Germany. On interrogating such a person I have, almost without exception, found that the supposed virtue he praised in his neighbour's case was one which he had never practised himself, having, *of course*, had only the eternal two, or at most three, of the French family. And I have often felt constrained to point out to such a gentleman that in this case what is good for the individual is good for the nation, and that the *sine quâ non* of a happy state of an European society is that it should increase *as slowly as possible;* because only in this manner, in Europe, can any nation have a low death-rate. Every tyro in political economy knows what Dr. Letheby used to insist on so well —that a high birth-rate involves a high death-rate in all European States.

It is curious that the last word on this all important-question has been recently written by our most eminent *confrère*, M. Bertillon, professor of the Ecôle de Medicine, of Paris, in the *Révue Scientifique*, for February, 1877. Dr. Bertillon takes quite the opposite view as to the effect of the small-family system in France, from what is usually put forward by non-scientific writers in our *Times* newspaper. Bertillon shows that at this moment there are in France 26 births for every living 1,000 inhabitants, whereas in England there are 35, and in Germany 39 births, *i.e.*, nearly three children are born in Germany to two in France. Bertillon shows further that this is not due to the scarcity of marriages, for there are in France 140 married women between 15 and 50, whereas there are only 133 in England, and 128 in Prussia. Germany is consequently a far poorer country than France; and indeed health in France has been increasing, whilst the ratio of children to a family has been falling off. M. Bertillon further shows, what was well and clearly shown by Mr. J. S. Mill, that in the departments of France where there are the greatest numbers of peasant proprietors, families are smallest. Block, in his *Statistique de la France*, tells us that in such districts the peasantry and artisans habitually limit their families to two children. Thus in the 30 departments with the greatest numbers of such proprietors, the births are only 24·7 per 1,000 inhabitants.

Well, from all this, Bertillon draws the conclusion that this French system, instead of rendering the nation less apt for warfare, makes it far more powerful in time of war. He estimates that the maintenance of any child from birth to the adult age, costs some three or four thousand francs (£160), and that if Germany had the French birth-rate, the births in her state would only be 1,040,000, instead of 1,600,000 every year, as it is now. Consequently Germany has, he truly says, to expend 56,000,000 francs yearly on the increase of her population beyond what France, with equal population, would require. Thus, the greater part of the excess of production over consumption, is, in Germany, devoted to the augmented population, whereas in France, it goes to swell the capital and wealth of the country; and thus, to render it more powerful both in war and in peace, because the population is better fed and wealthier.

For my part, sir, until I have heard something *really telling* against the advice of Knowlton to proportion the family to the means of the parents, and to the state of civilisation and capital, I shall remain, as I have always been, a modern Malthusian, or disciple of the late J. S. Mill, Joseph Garnier, &c., and look on *conjugal prudence* as the truest basis of hygiene, &c., and all the social virtues.

I am, sir, yours faithfully,

C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S. Eng.

17 Woburn Place, W.C. July 20, 1877.

SIR CHARLES TREVELYAN, BART., ON "TEMPERANC AND MEDICAL RELIEF."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Something is being done to mitigate the violent contrast between the gin palace and free dispensary alluded to by Sir William Gull in his statesmanlike speech at the Society of Arts. Never was a subject more fully set forth at a single meeting than at the conference in the garden at Grosvenor House. All agreed that the offer of a better alternative for the refreshment and social enjoyment of the public-house was an indispensable condition of progress in temperance, and that this alternative could only be provided to the necessary extent by its being worked out by active, influential persons, each in his own locality, on the self-supporting, remunerative, commercial principle. Several papers were read illustrative of the causes of success or failure, and a committee was appointed to gather up the various experiences on the subject, so that all who assist in this great enterprise may enter upon it with a confidence which cannot belong to isolated efforts.

The reform of medical relief has reached a more advanced stage. The result of seven years' work was summed up at a second conference at the Society of Arts, at which we were assisted by some of the most eminent members of the medical profession; and the fresh impulse now given is not likely to subside until the object has been attained. The discussion is being actively prosecuted at Manchester, Birmingham, and Liverpool, as well as in London; and owing to the increase of population in many towns of the second class in various parts of England the local "infirmary and dispensary" is quite unequal to the demands upon it. Both in the metropolis and the provinces the remedy proposed under various forms is—medically, that the out-patient departments should be decentralised, and, financially, that the burden should be extended over a much wider surface. In other words, that a subsidiary system of provident dispensaries should be established on the mutual assurance principle, whereby the hospitals and infirmaries would be relieved of all which are not properly hospital cases.

Meanwhile a movement has commenced for self-supporting hospitals for the upper and middle classes. This principle has long been established in every other civilised community. When the present registrar to the Admiralty was a young man he was sent on a public mission to French Guiana, and, falling sick of the prevailing fever, he was told that he "ought at once to go into hospital." There he found a clean, cheerful, airy apartment, and a skilled sister of charity to nurse him, and he got well much sooner than he could have done in his lodgings. When the General Hospital at Madras was rebuilt, a wing overlooking the river was appropriated to civil and military officers, and other persons of the upper or middle class who require medical treatment and nursing. There is an obvious economy in connecting such arrangements with existing hospitals instead of providing separate buildings, with their ancillary establishments, expressly for the purpose. In practical New England this principle is consistently carried out; for, except a few endowed "free beds" for destitute cases, everybody pays according to his means, from the lady or gentleman who has a separate room to the artisan in the common ward.

This is evidently a case for revising our insular institutions by the light of the larger experience of the civilised world. The proposition enunciated at the meeting at the Mansion House was that there ought to be hospitals for the upper and middle classes. This is true, but is comprehended in a wider truth—that all hospitals should be adapted to the wants of all classes of the community. This is demanded by the most obvious motives of the economy of money and time, including the precious time of medical men in high repute, and it is also recommended by ulterior considerations of a moral and social kind which will occur to every person who reflects upon the subject.

C. E. TREVELYAN.

Medical News.

Royal College of Physicians of London, July 26, 1877.—Admitted Fellow: William Jelly, Madrid.

Admitted Members:—

Houghton, Walter Benoni, M.D. Lond., 114 Tottenham Court Road, W.
Longstaff, George Blundell, M.B. Oxford, Wandsworth.
O'Neill, William, M.D. Aberd., Lincoln.
Phillips, Charles Douglas Ferguson, M.D. Aberd., 107 Lancaster Gate, W.
Savage, Thomas, M.D. St. And., Birmingham.
Sullivan, John, 28 Keppel Street, London, W.C.
Thomas, William Robert, M.D. Queen's University, Ireland, Sheffield.
West, Samuel Hatch, M.B. Oxford, 6 Colville Terrace West, W.
Wybrants, Jonathan, M.D. Aberd., Shepton Mallett.

Admitted Licentiates:—

Aplin, Alfred, 8 Harrington Street, N.W.
Arnott, Sandford, 24 New Ormond Street, W.C.
Bennett, Arthur, London Hospital, E.
Beresford, William Hugh, 4 Gloster Crescent, W.
Biale, John Seton, St. George's Hospital, S.W.
Brett, John, 49 Ladbroke Grove Road, W.
Brock, Alexander Cameron, Dorking.
Collet, Golding Bird, 155 Marylebone Road, N.W.
Evans, William Morgan, Guy's Hospital, S.E.
Frankish, William John, University Hospital, W.C.
Friend, Herbert Edward, St. George's Hospital, S.W.
Galloway, Arthur Wilton, 54 Fitzroy Road, N.W.
Gaisford, Martin, King's College Hospital, W.C.
Gomes, Dominic Anthony, 18 Tavistock Street, W.C.
Ground, Edward, King's College Hospital, W.C.
Hemsted, Arthur, Wellingborough.
Heinemann, William, 36 Hilldrop Crescent, N.W.
Langdon, John Sydney, University Hospital, W.C.
Lacey, Charles William, Guy's Hospital, S.E.
Mackay, James Jerome, King's College Hospital, W.C.
Mackern, John, 4 Park Place, Blackheath, S.E.
Pickford, John Kemble, Maiden Newton.
Reporter, Maneckjee Eduljee, 1 Gower Place, W.C.
Stewart, Howard Douglas, King's College Hosp., W.C.
Vasey, James Adams, 5 Cavendish Place, W.
Wiglesworth, Joseph, Liverpool.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on July 24th and 25th:—

Ainsley, Thomas G., West Hartlepool.
Allard, Joseph H., L.R.C.P. Edin., Tewkesbury.
Armstrong, G. R., L.K.Q.C.P.I., Kingstown, Dublin.
Ashworth, John W., Manchester.
Bartlett, Felix P., Brixham.
Benham, Frederick L., Gloucester Terrace.
Bowen, Owen, Llandilo.
Bradford, Cordley, Birmingham.
Briggs, Henry, M.B. Ed., Prestwich, Manchester.
Brock, Alexander C., L.R.C.P. Lond., Guernsey.
Cooper, Thomas H., Hampstead.
Dennis, Frederic S., M.D., New York.
Devis, Charles J., Birmingham.
Drinkwater, Harry, M.B. Edin., Sunderland.
Dumbleton, Edgar H., Southampton.
Evans, Henry, Barmouth.
Fairclough, John J. K., M.D., Manchester.
Fenwick, Bedford, M.B., Harley Street.
Galloway, Arthur W., L.R.C.P. Lond., Fitzroy Road.
Gomes, Dominic A., L.R.C.P. Lond., Bombay.
Gristock, William, L.S.A., Blandford Square.
Harris, George F. A., Sutherland Gardens.
Harrison, Damer, L.K.Q.C.P.I., Liverpool.
Jewell, Charles C., Brighton.
Jones, Cyril L., L.S.A., Blackfriars Road.
Jones, Lloyd, M.B., Narberth.
Jones, Roger H., Liverpool.
Jones, William F., Bangor, North Wales.
Kirker, Gilbert, M.D. Belfast.
Langdon, John S., L.R.C.P. Lond., Queen's Sq., W.C.
M'Clelland, Joseph, M.D., Liverpool.
Messum, Julian A. B. G., Champion Hill.
Morgan, Edward S., Swansea, South Wales.
Norton, Thomas C., Bristol.
Pilkington, John E., Manchester.
Prior, Edward T., Talbot Square.
Prowse, Arthur B., Cambridge.
Prytherch, Hugh, L.R.C.P. Edin., Anglesea.
Rose, James, Liverpool.

Scott, W. George, L.S.A., Bedford.
Shaw, Charles T. K., St. Leonard's-on-Sea.
Sidebotham, George W., Hyde.
Smith, Alexander J., Ladbroke Crescent.
Smith, Herbert U., Basildon.
Steele, Charles E., Liverpool.
Symington, Johnson, M.B. Edin., Fenny Stratford.
Turner, George Robertson, Sussex Gardens.
Uhthoff, John C., Penge.
Vasey, Samuel W., Cavendish Place.
Walcot, H. Lewis, L.R.C.P. Edin., Tenby, Wales.
White, Howell H., Corwen, North Wales.
Whittle, Ewing M. G., Cambridge.
Wright, Arthur, L.S.A., Paddington.

University of London.—The following are lists of the candidates who have passed the recent examinations :—

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION.

First Division.

Adeney, Edwin, L. Guy's Hospital.
Ballance, C. A., St. Thomas's Hos.
Barron, Alexander, Owen's Coll.
Batterham, J., Westminster Hosp.
Berry, Harry P., Guy's Hospital.
Blore, Isaac, The Leys, Cambridge.
Cassal, C. E., University College.
Clegg, Joseph, Owens Coll.
Corbould, H. F., Charing Crs. Hos.
Crookshank, E. M., University Col.
Cuffe, R. E. G., St. Mary's Hosp.
Currie, Oswald J., Guy's Hospital.
Dakin, William R., Owens Coll.
Day, D. D., St. Barthol. Hosp.
Dixon, G. P. N., St. Barthol. Hosp.
Edmunds, Lewis H. Univ. Coll.
Grayling, A., St. George's Hosp. & Epsom College.
Griffiths, Philip Rhys, Univ. Coll.
Gross, Charles, Guy's Hospital.
Hardy, H. L. P., London Hosp.
Harper, Charles S., Guy's Hosp.
Harris, Thomas, Owens College.
Hill, George W., King's Coll.
Holman, Fred M., Univ. Coll.
Hoole, Henry, Charing Cross Hos.
Horrocks, Wm. H., Owens Coll.
Horrocks, Wm. Hy., Owens Coll.
Hughes-Jones, J., St. Barth. Hos.
Hutchinson, J. F., London Hosp.
I'Anson, Leonard, Epsom Coll.
Jefferson, A. J., St. Thomas's Hos.
Jones, Robert, St. Barthol. Hosp.
Lane, Frederick H., Epsom Coll.
Lane, Wm., Guy's Hosp.
Lewers, Arthur, H. N., Univ. Coll.
Maddison, Wm. T., King's Coll.
Marriott, Hyde, Owens College.
Martin, Sydney H. C., Univ. Coll.
Miller, Herbert P., University Coll.
Moline, Paul Frank, Univ. Coll.
Mortimer, D. E. J., W'minster Hos.
O'Kane, Michael, Guy's Hospital.
Prothero, R., L'pool Med. Sch. & St. Bartholomew's Hospital.
Parton, Lionel P., Univ. Coll.
Rice, Bernard, St. Barthol. Hosp.
Rice, Edward, St. Barthol. Hosp.
Roberts, Richard P., Univ. Coll.
Rogerson, John T., Owen's Coll.
Rygate, David John, London Hos.
Sellers, W., Univ. of Edinburgh.
Shaw, Harold B., Epsom Coll.
Smith, John, Guy's Hospital.
Stephen's, L. E. W., Epsom Coll.
Stoddart, F. W., University Coll.
Thompson, St. Clair, Private study.
Treherne, F. H., St. Barth. Hosp.
Udale, Joseph, J., Guy's Hosp.
Webb, Malcolm, Owens College.
Whitelegge, George H., Univ. Coll.
Whiting, John, St. Barthol. Hosp.

Second Division.

Barker, A. J. G., University Coll.
Bose, Pramatha N., University Coll
Collins, Wm. J., St. Barthol. Hosp.
Day, John R., University College.
Dobell, Edmund J., Univer. Coll.
Dobson, Joseph, Private study.
Downing, Charles, University Coll.
Fletcher, John, Owens College.
Gray, John. A., St. Barthol. Hos.
Hickman, F., Univ. of Edinburgh.
Hickson, Sydney J., Univ. Coll.
Hill, William H., University Coll.
Hosker, James A., Private study.
Laurent, Eugene A., Univ. Coll.
Lister, Joseph H., Guy's Hospital.
M'Donagh, James S., Univ. Hosp.
Maitland, Alfred D., Univ. Coll.
Maude, Frederic, St. Barthol. Hos.
Morley, R. B., Leeds Sch. of Med.
Newsholme, Henry, Univ. Coll,
Pemberton, T. P., Queen's College, Birmingham.
Rabbeth, Samuel, King's College.
Richmond, John, Guy's Hospital.
Salmon, Arthur G., St. Barth. Hos.
Sanders, Charles, St. Barthol. Hos.
Scarth, Isaac, Owens College.
Shaw, John, University College.
Shaw, Lauriston E., Univ. Coll.
Wills, Arthur T., Owen's College.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in Loadon, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

SCARCE NUMBERS.—Double price will be given for the following numbers of this Journal if sent to the London office:—October 6, December 22, 29, 1869.

A HOMŒOPATHIC PRESCRIPTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The prescription which you give, I presume on the authority of a Belgian medical journal in which it first appeared a couple of years ago, directing "Virgin's Milk" to be dispensed in powder, is an illustration, supposing the representation to be genuine, of an apothecary's difficulty in reading a physician's handwriting. The original prescription was—℞ Tinct. Hamamelis Virginica, a preparation as well known to most pharmaceutists as Liebfraumilch is to wine merchants.

I am yours, &c.,
A. C. P.

AN ERROR IN THE PHARMACOPŒIA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Excuse me if I take the liberty of asking you to be pleased to state plainly—for the benefit of your numerous professional readers—what correction in our copies of the British Pharmacopœia you really recommend us to make respecting the formula for the preparation of the *liquor arsenicalis*.

Your obedient servant,
M.D.

[*** Our correspondent should correct his copy by the note in our issue of July 25, page 78. Drachms, not ounces, is the correct quantity of compound tincture of lavender in the formula for liquor arsenicalis.—ED.]

DR. DE LISLE ALLEN FUND.

THE Hon. Treasurer begs to announce the following subscriptions to the above-named Fund in response to the appeal in our number of July 25 :—

	£	s.	d.
A. H. Fowler, Esq., Cirencester	5	0	0
Hughlings Jackson, Esq., M.D., London	3	3	0
Russell Reynolds, Esq., M.D., London	3	3	0
G. Ball, Esq., M.D., Hereford	2	2	0
Tilbury Fox, Esq., M.D., London	2	2	0
Carr Jackson, Esq., London	2	2	0
Sir W. Jenner, Bart., M.D., London ..	2	2	0
H. Stear, Esq., Saffron Walden	2	0	0
A. E. Barker, Esq., London	1	1	0
G. Bury, Esq., Whetstone	1	1	0
I. T. E., Esq., Berkhampstead	1	1	0

Further subscriptions to the Fund sent to the Hon. Treasurer, Dr. Benjamin W. Richardson, F.R.S., 12 Hinde Street, London, W., or to the "De Lisle Allen Fund," Union Bank of London, Argyll Place, Regent Street, W., will be thankfully acknowledged.

VACANCIES.

Royal Free Hospital, Gray's Inn Road, W.C.—Assistant Physician and Assistant Surgeon. Honorary. Testimonials to Mr. Blyth, Secretary. (See Advt.)

Westminster Hospital.—House Physician, House Surgeon, Obstetric Assistant. Board and lodging furnished for each appointment, but no salary. Applications to the Secretary.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board. Applications to the Clerk of the Visitors, Devizes.

Boyle Union, No. 1 Dispensary District.—Medical Officer. Salary, £120 per annum. Election, Aug. 7.

Ennistyman Union, Miltown, Malbay Dispensary.—Medical Officer. Salary, £100. Election, Aug. 8.

Queenstown Dispensary.—Resident Apothecary. Salary, £70 per annum, with perquisites amounting to £45. Election, Aug. 29.

Tamworth Union.—Medical Officer of Health for Rural Sanitary Board. Salary, £120. Also Medical Officer to the Union Workhouse and District. Salary, £105, with fees extra. Sealed applications to the Clerk to the Union.

Honiton.—Medical Officer of Health. Salary, £20. Applications to the Town Clerk.

South Yorkshire Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and apartments. Address Dr. Mitchell, Wadsley, near Sheffield.

APPOINTMENTS.

BATEMAN, A. W., B.A., L.R.C.P.Ed., L.R.C.S.Ed., a Junior Resident Medical Officer to the Royal Free Hospital.

CAMERON, A., M.D., L.R.C.S.Ed., Medical Officer for No. 2 District of the Bath Union.

CARLYON, T. B., M.R.C.S., a House Surgeon to the West London Hospital.

DUNBAR, J. J. MacWhirter, L.R.C.P.L., M.R.C.S.E., House Physician to St. George's Hospital.

HORTON, H. J., L.R.C.P.L., M.R.C.S.E., a Surgeon to the City Provident Dispensary and Surgical Appliance Association.

LACY, A. G., L.R.C.P.L., M.R.C.S., a House Physician to Guy's Hospital.

LANGFORD, P. P., M.R.C.S.E., a Surgeon to the City Provident Dispensary and Surgical Appliance Association.

LUCAS, H. O., M.R.C.S., a House Surgeon to the West London Hospital.

PARKER, A. F., M.R.C.S.E., Assistant House Surgeon to the General Hospital, Bristol.

SMYLY, Dr. W. J., an Assistant Physician to the Rotundo Lying-in Hospital, Dublin.

WEBB, J. R. W., M.R.C.S., House Surgeon to St. George's Hospital.

Marriage.

THOMPSON—ELLIS.—July 24, at Omagh, co. Tyrone, Edward Charles Thompson, M.B., to Diana, youngest daughter of Colonel Francis Ellis.

Deaths.

BELLYSE.—On July 21, at Oakfield, near Nantwich, Edwin Swynfen Bellyse, M.D.

BLACKETT.—On July 18, at Whickham, Durham, George Price Blackett, L.R.C.P.Ed., aged 39.

ELLIOTT.—On July 22, at Belgrave Terrace, Upper Holloway, John Elliott, M.R.C.S.E., aged 80.

LAMBERT.—On July 20, at Bath, Edmund Lambert, M.D., aged 82.

LITHGOW.—On July 20, at Weymouth, James Lithgow, M.D., aged 58.

LYLE.—On July 15, at Hackney, Frederick John Lyle, Surgeon, aged 43.

IRISH POOR-LAW INTELLIGENCE.

SOME OBSERVATIONS ON THE PRESENT UNSATISFACTORY STATE OF SANITARY ORGANISATION IN IRELAND.

By THOMAS WRIGLEY GRIMSHAW, M.A., M.D.,

Fellow and Censor of the King and Queen's College of Physicians, Diplomate in State Medicine of the University of Dublin, Physician to Dr. Steeven's Hospital, Senior Physician to Cork Street Fever Hospital, and Chairman of the Council of the Irish Medical Association.

(Continued from our last.)

THE Committee also pointed out the anomaly of styling the dispensary medical officers "sanitary officers," and proposed an amendment to remedy this anomaly, which amendment was strongly insisted on by the Colleges of Physicians and Surgeons, and although not resisted by the chief secretary, was, from some cause or other, not introduced into the Bill. It is difficult to ascertain to whom the use of this objectionable title is due, but it appears to have been prompted by some one who desired to keep the position and emoluments of the officers as low as possible, and when taken in conjunction with the terms "sanitary sub-officer," "consulting sanitary officer," and "executive sanitary officer" employed in the "orders" of the Board, was evidently the key-note which prompted the present confused and levelling set of titles. This peculiarity of title is the more remarkable when we compare the clauses of the English and Irish Acts with one another. The tenth clause of the English Act of 1872 reads—

"It shall be the duty of every urban sanitary authority to appoint, from time to time, a medical officer of health being a legally-qualified medical practitioner.

"It shall be the duty of every rural sanitary authority to appoint, from time to time, a medical officer, or officers of health, being qualified as aforesaid, an inspector or inspectors of nuisances, a clerk, and a treasurer, and such other officers and servants as it may deem necessary for the efficient execution of the purposes of the Sanitary Acts.

* * * * * *

"The Local Government Board shall have the same powers as they have in the case of a district medical officer of a union with regard to the qualification, appointment, duties, salary, and tenure of office of a medical officer of health or other officer of a sanitary authority, any portion of whose salary is paid out of moneys voted by Parliament."

The provisions of the Amending and Consolidating Act of 1875, which is now the law of England, are the same as those quoted, with a few verbal alterations. Now let us compare this with the corresponding enactment for Ireland.

Clause 10 of the Irish Act of 1874 reads—

Every medical officer of a dispensary district shall be a sanitary officer for such district, or for such part thereof as he shall personally be in charge of, with such salary, or additional salary, as the sanitary authority thereof may determine with the approval of the Local Government Board; and every sanitary authority, whether urban or rural, shall appoint such other sanitary officers, including a medical superintendent officer of health, when deemed necessary, as the Local Government Board shall in each case direct, with such salaries, or additional salaries, as the said sanitary authority shall determine, with the approval of the Local Government Board; and the said Board shall assign to the dispensary medical officers and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally superintending the execution of the sanitary laws within the district.

Every such salary, or additional salary, so determined or approved, shall be payable from such local fund, as the Local Government Board shall indicate, as property chargeable therewith, and such part thereof as Parliament shall, from time to time, determine, shall be recouped to such local fund out of moneys to be voted by Parliament; and the Local Government Board shall have the same powers with regard to the qualification, appointment, duties, regulation of salary, and tenure of office of every sanitary officer as they have in the case of a medical officer of a dispensary district: provided, with regard to salaries, or additional salaries, whereof any portion is to be recouped to any local fund from any moneys voted by Parliament, the amount of any new salary and the proportion between any existing salary and the addition thereto, shall be regulated according to a scale to be approved of by the Commissioners of Her Majesty's Treasury.

Now, comparing the English and Irish enactments, it is clear that some one who had little respect for the dignity of the medical profession inserted the titles in the Irish Act, and some one who had little regard for their pocket, introduced the final clause about a "scale" to be fixed by the Treasury. There is not a word about a scale in the English Act. Each salary is left an open question to be fixed upon equitable principles hereafter. The most remarkable point, however, is, that the clause, as it stood in the Irish Bill as read a first time, and which must have received the approval of the Treasury like other Government Bills, defined "inspectors of nuisances" as such in the same manner as the English Act, and there was not a word about the relative or any "scale" to be fixed by the Treasury. All these were put in at the last stages just before the Bill left the Commons on the 19th of July, and after all opposition had been withdrawn. Sir M. Hicks-Beach informed the recent deputation of the Irish Medical Association, which waited upon him in London, that the Treasury had insisted on the "scale." How is it that the Treasury was so anxious to have an economical scale for the salaries of Irish medical men, but never ventured to propose such a thing for England? And how is it that this scale was put in at the last, early on a July morning, when all the medical watchers of the measure had left London?

How much is spent on sanitary salaries in Ireland? Only £24,758, of which the Imperial Treasury pays the munificent sum of £12,172! or at the rate of one halfpenny per head of the population. And this is all that sanitation in Ireland costs the State! It is unnecessary to say more, as in England the payments in a dozen good towns would reach the payment for the whole of Ireland. I have no ambition to be an "Irish greivance monger," but if the public health administration has failed through the false economy of the Treasury, there is in this case a real and substantial grievance.

It is utterly absurd to expect that the work to be done by the dispensary medical officers under the Sanitary Act can be efficiently performed for the insignificant salaries now accorded. The salary in many instances is not sufficient to cover the expenses to which the medical

officer is put in the discharge of his duties. The Commission on Local Government and Taxation, already quoted, have stated that "the addition, if any, to his salary is usually very trifling; the work, if properly carried out, is of a very onerous and invidious character." The salaries at present paid are an insult to the *status* of the men to whom they are offered, and can scarcely be considered as of the nature of the remuneration for the services they render. The payment of nominal salaries for "onerous and invidious duties" is a direct premium on insufficient discharge of those duties. I apprehend that, unless a speedy amendment takes place in the position and remuneration of the Poor-law medical officers for the valuable services they render the State, that very soon the service will show signs of decay and become a disgrace instead of credit to Ireland.

This paper has run to a greater length than I at first anticipated, but I think it was essential to prove that the present unsatisfactory state of things has arisen owing to the neglect of well-known principles, principles laid down in the first instance by practical physicians like myself, and which have been endorsed by all sanitarians of whatever profession or position in the community, and I think I have fully justified the remark that "had the recommendation of the Joint Committee on the Bill of 1874 been adopted the present state of things could never have arisen."

In conclusion, I would add that my attention (and I think the attention of the Poor-law medical officers of Ireland) has been directed to the importance of preventive medicine by the experience I and they have had of the terrible waste of life and the fearful sufferings which are endured, especially by the poor, by the ravages of preventible disease. When I first became attached to Cork Street Fever Hospital, twelve years ago, I saw that it was as much the duty of the physician to endeavour to *prevent* as to cure disease. I have tried to fulfil this duty, and I think I may state that every dispensary medical officer in Ireland is prepared to do so too; have I also to affirm that the medical men of Ireland, while willing to assist the Government in every way to promote the health of their fellow-countrymen, are determined to bear no part in a sham system of sanitation, and would rather not be "sanitary officers" or even "medical officers of health," than share the disgrace which is sure to follow on the outbreak of an epidemic, if the present unsatisfactory system is continued.

CORRESPONDENCE.

ARE THE IRISH SANITARY LAWS OF USE?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Kindly publish the following facts:—

On 17th June, 1877, a woman named Mary Ellis was summoned by the executive sanitary officer of the Nenagh union, before the Killaloe bench, to abate a nuisance for which she was noticed to do so; 16th December there were four other cases for which notices to abate were served 3rd January, 17th February, and two 5th March last all were dismissed.

On 24th I received from the clerk of the Nenagh Union a copy of a resolution passed 21st, stating "the clerk was acting strictly under their directions, and did nothing more than what was in their opinion his strict duty."

I should have mentioned that I also wrote on the 20th to the Local Government Board stating the simple facts.

On the 6th inst. I received a letter from them referring to that letter, in which they stated "they do not feel called upon to interfere with the sanitary authority in regard to any proceedings they may deem necessary to institute with a view to improve the sanitary condition of their district," they go on to say "from the information, however, before them in the present instance, it appears to the Local Government Board that you have overlooked the fact that the summons dismissed by the bench was for the recurrence or repetition of a nuisance once abated.

On the 7th I replied and sent a copy of complaint in the summons which says "in not removing a heap of manure that remains in defendant's yard at Ballina," there is no complaint of any "recurrence or repetition" in that summons. I also enclosed two declarations, one of Mary Ellis, and the other of her son Daniel (who lives with her). In both declarations it is stated that there was only one heap of manure made in the yard for the *last twelve months;* that that heap was there long before Christmas, and remained there until the middle of May, when it was taken for turnip sowing. She declares she got no notice to abate, her son declares he never saw or heard of any such notice having been served on his mother.

On 13th the Local Government Board wrote to me "that on inquiry made, it appears that though the sanitary authority had sufficient grounds for the proceedings taken, the offence should have been more clearly stated in each case on the face of the summons."

One more fact, viz., subsequent to the notice of Dec., 1876, typhoid fever broke out in Ballina, one case proving fatal.

It is now for the public to say did the legislature ever contemplate that a nuisance should be allowed to remain *for six months after notice to abate same was served and then to prosecute when same was abated,* or that any rural sanitary board should give such strict orders to their executive sanitary officer, or that the Local Government Board should not "interfere" with Local Sanitary Authority.

The law thinks twenty-four hours sufficient notice to allow to elapse after service of notice before commencing a prosecution (see Form c. in schedule, to 18 and 19 Vic. c. 121).

I remain, yours truly,

W. S. STUDDERT.

Keeper View, O'Brien's Bridge,
20th July, 1877.

AMENDMENT OF THE MEDICAL CHARITIES SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—It strikes me that a good opportunity will shortly be afforded the hard-worked and wretchedly-paid dispensary and workhouse medical officers of Ireland of making known their many grievances and disabilities at the promised government inquiry about to take place regarding our workhouses and the re-arrangement of dispensary districts.

I earnestly hope the Irish Medical Association will bring all its great influence to bear on the Government through our representatives in Parliament, and otherwise for the purpose of having the question of the appointment, pay, and *status* of workhouse and dispensary medical officers brought within the scope of the inquiry, and have as many as possible of their body examined by the Committee.

Moreover, an amendment of the Medical Charities' and Poor-law Acts is almost as necessary as that of the Public Health Act (Ireland), as regards the multiform abuses which have cropped up during the last twenty years in the issue of visiting and dispensary tickets; the want of uniformity in the scale of medical salaries, and the insufficiency of the same; coupled with the capricious mode of apportioning them adopted by many boards of guardians; and the uncertain position in which aged and worn out medical officers—of very moderate means—are placed as regards superannuation. It is very probable that several workhouses will be dispensed with, and I think an effort should be made to have them utilised as union asylums and general hospitals, and also have the Poor-law, lunacy, and county infirmary systems *amalgamated,* and formed into a *branch of the civil service.* The medical appointments to be given away by competitive examination.

I am, dear Sir,

Your obedient servant,

SCRUTATOR.

VITAL STATISTICS OF DUBLIN—QUARTERLY SUMMARY

Births.—IN the Dublin District, the births registered

during the quarter amounted to 2,410 being equal to an annual ratio of 30·6 in every 1,000 of the population. The number of births in the City was 32·2 in every 1,000; and in the suburbs only 25·0 in every 1,000. There was registered in London during the same period an annual birth-rate of 35·1; in Glasgow 40·1; and in Edinburgh 36·1 in every 1,000 of the population.

Deaths.—The deaths registered in the Dublin District during the quarter—afford an annual ratio of 30·0 in every 1,000 of the population. Omitting the deaths (97) of persons admitted into Public Institutions from localities outside the district, the rate for last quarter was 28·8 per 1,000. The number of deaths north of the Liffey, afford an annual mortality of 31·2 in every 1,000 of the population; and south of the river 30·2. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, the number was 22·2 in every 1,000. The ratio of deaths registered in London during the same period was 22·1 in every 1,000 of the inhabitants; in Glasgow 26·6; and in Edinburgh 22·5.

Diseases.—The number of deaths from zymotic diseases registered during the quarter is 411 or 17·4 per cent. of the deaths from all causes, and equal to an annual mortality of 5·2 in every 1,000. The average number for the previous ten years was 398, and the number for the first quarter of this year was 345. The increase in the mortality from these diseases last quarter is due to the prevalence of measles. The deaths from this disease and its complications number 146, 60 occurred in the Summer-hill District; 23 in (Blackhall-street) District; 33 in (Meath-street) District; there were but few deaths from this cause in any of the other districts. In 42 of the 146 cases in which measles terminated fatally, the disease is stated to have been complicated with bronchitis, and in 30 with pneumonia. Eight deaths from small-pox were registered during the quarter. Fever caused 79 deaths, of which 27 were from typhus, 39 from enteric, and 13 from simple continued fever. In the preceding quarter 91 deaths resulted from fever, but in the second quarter of last year only 50 deaths from fever were registered. The remaining deaths from zymotic diseases include 23 from scarlet fever (an unusually low number), 34 from whooping-cough, 25 from croup, 9 from erisipelas, 5 from influenza, 2 from quinsy, 31 from diarrhœa, 3 from dysentery, &c. One hundred and sixty-five children died from convulsions. Some diseases of the respiratory organs were exceptionally fatal for the June quarter; thus, bronchitis alone caused 396 deaths against 299 in the second quarter of last year, and 253 in the corresponding quarter of 1875, the 396 deaths, being 16·8 per cent. of the deaths from all causes, and equal to an annual rate of 5 per 1,000 inhabitants; 93 deaths were referred to pneumonia or inflammation of the lungs, 5 to pleurisy, 2 to asthma, 1 to laryngitis, and 49 to lung disease unspecified. Fifty-eight deaths were attributed to paralysis, 25 to apoplexy, 13 to epilepsy, 8 to cephalitis, 2 to insanity, 51 to brain disease unspecified; 103 to heart disease, 7 to aneurism, 1 to pericarditis, 2 each to jaundice and hepatitis, 32 to liver disease unspecified; 11 to nephria, 4 each to diabetes and nephritis, 3 to cystitis, 1 to stone in the bladder, and 19 to kidney disease unspecified. Phthisis caused 299 deaths, or 12·7 per cent. of the total; mesenteric disease 50, hydrocephalus 53, scrofula 20, gout 1, and cancer 39.

Provincial Towns.—The death-rates in the seven Provincial town districts are:—Belfast, 30 per 1,000 of the population in 1871; Cork, 25 per 1,000; Limerick, 27; Londonderry, 19; Waterford, 22; Galway, 34; and Sligo, 24 per 1,000. There were no deaths from small-pox registered in any of these districts. In Belfast, 59 deaths from measles, 56 from fever, 17 from whooping-cough, 14 from scarlatina, 2 from diptheria, and 35 from diarrhœa were registered; these 183 deaths being equal to an annual rate of 4 per 1,000 of the population in 1871. The mortality in the other districts from the principal zymotic diseases was comparatively low.

CARLOW UNION.—BAGENALSTOWN.

THE Chairman called attention to a notice of motion to increase the salary of the medical officer of the Bagenalstown district from £100 to £120 a year.

Mr. Newton.—When Dr. Allen was appointed, he was given to understand that the reason that his salary was £20 less than that of the other medical officers, was on account of the large superannuation allowance granted to Dr. Trayer, and that when that allowance ceased he would be put on a par with the other Dispensary districts.

Mr. Malcomson said, if it were desirable to place Dr. Allen on the same footing with the other medical officers, they should level them all down.

Mr. J. F. Leckey we would not have the power of doing it. The Local Government Board would not allow it.

Mr. W. R. Fitzmaurice said if Dr. Allen were appointed on the understanding that his salary of £100 would be increased to £120 when the superannuation to Dr. Trayer would cease, he for one considered it would be a breach of faith not to increase it.

Mr. J. F. Leckey.—I do not see why he should not be put on the same footing as the other medical officers of the Union.

Mr. Newton.—And he has nearly double the number of tickets of any other, except Carlow and Tullow.

Mr. Butler said on going to the Dispensary, he found it clearly stated on the minutes that Dr. Allen was to get the increase when the superannuation to Dr. Trayer ceased, and in consequence he changed his mind at once.

A resolution was proposed to the effect that the salary be increased to £120 per annum.

A vote was then taken, with the following result:—

For—9. Against—6.

SLIGO DISPENSARY.

ELECTION OF A MEDICAL OFFICER.

A SPECIAL meeting of the Committee was held on Wednesday last, for the purpose of electing a medical officer in the room of the late Dr. Devany.

Three candidates offered themselves for election, Dr. Michael F. Cox, who lately came to reside in Sligo, Dr. Thomas D. Palmer, medical officer of the Boyle dispensary, Dr. O'Donovan withdrew.

Chairman—It is unnecessary for me to say anything on the subject, except to say why, at a recent election, the old rule which existed here of having a Protestant and a Catholic doctor was not acted upon.

The reason why they should elect a Catholic doctor that day was obvious. Nineteen-twentieth of the people of this dispensary district were of the Catholic persuasion.

Mr. Walker—It is a fact, that you recently attended at the meeting when Dr. M'Guire was brought forward in opposition to Dr. Laird, although there was then another Roman Catholic dispensary doctor in the district, but you voted for Dr. M'Guire.

Chairman—If I did, I forget it, and it is one act of my life I must regret.

High Sheriff proposed Dr. Palmer. I have been only recently appointed a member of the committee, and I really cannot say if this rule was in existence. But, if it ever did exist it certainly was broken by the candidature of Dr. Maguire. As regards the Roman Catholic poor wishing to have a Roman Catholic doctor, that argument cannnot be considered a reasonable one, as the doctor does not attend people to administer to them the last rites of their church. Perhaps some of us would call in a Mahomedan if we were sick, if we knew he was well qualified and a superior medical man.

Mr. James O'Connor proposed Dr. Cox as a candidate.

Chairman—It is not right the religious question should be now gone into (a laugh). Whoever introduced it did not act with much judgment.

High Sheriff—But who did introduce it?

Mr. Olpherts—I must say this foreign religious element has been imported into this matter. I think it would be better to discuss the qualifications of the candidates upon their merits as medical men.

Their voted for Dr. Cox, 11; for Dr. Palmer, 21.

ABBEYLEIX UNION.

SANITARY BUSINESS.

THE sub-sanitary officer, Dobbs, reported that closets from houses of the Rev. Mr. Fisher and Dr. Stoney emptied into the "sewer" which runs through the Main Street, Abbeyleix.

Mr. Talbot—I thought Dr. Stoney was a sanitary officer himself. (A laugh.)

Clerk—It is Mr. Dobbs' duty to call Dr. Stoney's attention to the matter.

Mr. Talbot—Dr. Stoney should call his own attention to it. Three-fourths of the money we pay for sanitary purposes goes away for nothing.

Mr. Foster said he was of a similar belief.

Mr. Talbot—Take the usual course, and serve them with notices.

This was agreed to.

CELBRIDGE UNION.

ELECTION OF A MEDICAL OFFICER OF THE WORKHOUSE.

THERE were six applicants for the post of medical officer, namely—Dr. White, Celbridge, Dr. Wade, Kilcock, Dr. Penny, Dublin, Dr. Buckley, Dublin, Dr. Kilbride, Athy, and Dr. Hughes, Dublin.

The votes were taken on all candidates, the lowest number of votes to retire.

Dr. White was elected by a majority of four.

DROGHEDA UNION.

SOME time in the past year, Dr. Delahoyde, the oldest and one of the most respected medical officers of the union, took leave of absence for a fortnight, appointing as his substitute a medical man accustomed to that kind of duty, and made application for payment under the circumstances. The guardians at that time did not think they would be justified in making payment. Dr. Delahoyde renewed his application in a letter to the Local Government Board. The Local Government Board transmitted it to the guardians to deal with it, as the Local Government Board declined to interfere.

Mr. Coddington referred to Dr. Delahoyde's long connection with the Board, and expressed the general feeling entertained of Dr. Delahoyde's great skill, kindness, and attention. Forty-one years was a very long connection with the charge of a medical district, and during that time he had not had one week's vacation. He had always been as efficient as any medical man he knew of, and after all these years of long service he had only asked for one fortnight's leave at the expense of the board, and he was satisfied it was not too much to ask from them.

It was agreed on that Dr. Delahoyde be paid two guineas a week.

CARLOW GRAND JURY.

MEDICAL EVIDENCE AT INQUESTS.

Mr. Lecky called the attention of the Grand Jury to an inquest held at Borris, where their resolution as to calling in the dispensary doctor had not been carried out by the coroner.

The Coroner explained that he was not aware of the existence of the rule in question. He would in future carry out the arrangement, but wished to know how he should manage in case the dispensary doctor was not available.

Foreman—The words are "where practicable."

SLIGO GRAND JURY.

THE CONSTABULARY AND CORONERS' INQUESTS.

The Secretary read a letter from the County Inspector, stating he had directed, in accordance with the request of the grand jury of last assizes, the constabulary *not* to request the coroner to attend in all cases of sudden death and hold an inquest. They would for the future merely notify the coroner, and leave it to him to see whether or not an inquest should be held.

ENNIS UNION.

THE REDUCTION OF OFFICERS' SALARIES.

THE following letter from the Local Government Board was received in reference to the reselution adopted on the 4th inst., reducing the salaries of workhouse officers therein referred to:—

"Sir,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of Ennis Union on the 4th inst., and they desire to state that they have had before them the resolution proposing to reduce the salaries of the medical officers of the workhouse, by £15 a year each; and in reference there to the Local Government Board, beg to say that they do not consider the salaries at present paid to these officers to be excessive, having regard to the extent and nature of the duties devolving respectively on them, and to the salaries allowed to similar officers in unions which admit of comparison with Ennis Union.

"The average salaries of the medical officers of workhouses are £123 a year, all of which salaries are in excess of the salaries allowed to corresponding officers of the Ennis Union.

"True, there is a second medical officer (Dr. Greene) who also acts as apothecary at a salary of £75 a year; but the guardians will bear in mind that the rates of remuneration for the medical officers were specially determined by them last year, when Dr. Cullinan required an assistant.

"In view of these circumstances, and having regard to the fact that no grounds have been advanced to warrant the Local Government Board in approving of the proposed reductions, the board must request the guardians to be good enough to take the matter again into consideration, with a view to rescinding the resolution.

"With reference to the resolution, 'that no application for an increase of salary to the officers of this union be entertained for this year, until the officers so looking for for the increase resign their situation,' the Local Government Board desire to state that they would recommend the guardians not to adopt resolutions of this general character, which would not be binding on the guardians assembled at any subsequent meeting.

"By order of the Board,

"W. D. WODSWORTH, Assistant Secretary."

No discussion followed the reading of the above letter, and after the usual routine business had been gone through, the board adjourned.

ANTAGONISM OF POISONS.

DR. F. L. HAYNES has published in the *Philosophical Transactions*, of Philadelphia, for 1877, some experiments on this subject. From 143 experiments on rats, cats, rabbits, and dogs, he concludes: 1, that strychnia and nicotin are in no degree antagonistic; 2, that strychnia increases the convulsive action, and does not diminish the motor paralysis of nicotin; 3, that nicotin, even in paralysing doses, increases the convulsive action of strychnia; 4, that both poisons cause death by paralysing the respiratory apparatus; and lastly, that animals may be killed by injecting together doses of the two poisons which, singly, are not fatal.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 8, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Abstract of Clinical Lectures on Syphilis. By S. Messenger Bradley, F.R.C.S., Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.—Lecture V. 99
Abstract of Report of the Rotunda Hospitals for the Year ending Fifth November, 1876. By Lombe Atthill, M.D., Master of the Hospital.—Part I. 102
On a Case of Psoriasis, Treated by Chrysophanic Acid. By J. C. Ogilvie Will, M.D., Surgeon to the Aberdeen Royal Infirmary 103

CLINICAL RECORDS.

St. Thomas's Hospital.—Two Cases of Strangulated Femoral Hernia successfully Treated by Operation—one in which the Sac was Opened; the other, Extra-Peritoneal. — Practical Remarks. Under the Care of Mr. Francis Mason .. 104
The Removal of Adherent Placenta from the Uterine Cavity. By Charles W. Hamilton, L.R.C.S.I., Medical Officer and Admiralty Surgeon at Achill 105

PAGE

British Medical Association.—Forty-fifth Annual Meeting 106

LEADING ARTICLES.

Home Hospitals for the Middle Classes 107
The Homœopathic Schism 109
Hospital Fees in Dublin 109

NOTES ON CURRENT TOPICS.

Experiments in Contagious Diseases 110
Therapeutics of Headache 110
Illegal Medical Certificates 111
On the Antagonism between Morphia and Atropine 111
Distribution of the Hospital Sunday Fund 112
Uranostaphylorrhaphia 112
Blood-letting in Pneumonia 112
Treatment of Croup 113
Hospital Fees in Dublin 113
The Parent of Obstruction 113
The Sale of Food and Drugs Amendment Bill 113
The Muscular Equivalent of the Human Animal 113
Lecture Advertisements amongst our Ancestors 114
New Members of the Profession 114
Invalids' Home Association (Home Hospitals 114

PAGE

Death of an Illustrious Chemist 114
Archæological Congress 114

CORRESPONDENCE.

The Temperance Hospital 115
The Fruits of Philosophy.—The Surplus Population 116
"The Fruits of Philosophy" 116
Midwifery Forceps 116

OBITUARY.

Dr. Williams, of Colchester 117

LITERATURE.

Medical Men and Manners 117
Tables of Materia Medica 118
A Report to the Surgeon-General on the Transport of Sick and Wounded by Pack Animals 118

MEDICAL NEWS.

Royal College of Surgeons in Ireland 119
Royal College of Surgeons of England 119

Notices to Correspondents, &c. 120
Vacancies 120
Appointments 120
Marriages 120
Deaths 120

Original Communications.

ABSTRACT OF CLINICAL LECTURES ON SYPHILIS.

By S. Messenger Bradley, F.R.C.S.,

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.

Lecture V.—*Pathology of Syphilitic Infection—Prognosis—Treatment of the Local Lesions of Acquired Syphilis—Treatment of Buboes.*

Pathology of Syphilitic Infection.—A slight glance at the pathology of syphilitic infection was taken in the first lecture, but it is necessary for you to have a somewhat fuller account of the character of the poison and the course which it takes.

Syphilitic Infection.—There are two theories of the pathology of syphilitic infection. The English school, influenced in a great measure by the teachings of Henry Lee, embrace the one, which argues that the virus enters the system and continues to operate through the medium of the blood-vessels. The second theory is that it is by the lymphatics alone that the work is done, and this is in a great measure the belief of the American school, guided by the writings of Fessenden N. Otis. It appears to me that neither is wholly in the right, though neither is entirely in the wrong: the evidence pointing rather to show that both channels are operating, though at different periods of time; that, in other words, it is by the lymphatics that the virus gains an entrance, but it is by the blood-vessels that it makes good its residence in the system. The arguments in favour of this view seem to be as follows:—

Chauveau and Burdon Sanderson have both demonstrated the remarkable fact, that if certain septic liquids taken from an animal suffering from some zymotic disease be filtered through porcelain, that the liquid so filtered is innocuous if injected into the veins of a living animal, but that the solid residue, which is composed of bacteria, is capable of producing the original disease from which the animal whence the liquid was obtained suffered. This fact, taken in connection with the asserted discovery by Lostorfer of a peculiar syphilitic cell, seems to me well worthy of notice. It is true that much doubt has been thrown upon this alleged discovery by subsequent observers, who allege that this so-called syphilitic cell is by no means peculiar to syphilis, but is met with in various other morbid conditions, and even in a state of health. This identity, however, of Lostorfer's cell with the cells or bodies subsequently noted in other diseases, is not by any means certain, nor in the present state of knowledge, and with our present means of research, does it seem capable of proof, inasmuch as it entirely depends upon an instrument—the microscope, which is clearly incompetent to decide the question. To the microscope many cells, notably embryonic cells, appear quite similar, and indeed identical, which yet have a widely different life history; and in pathological growths the same remark holds good, many totally different structures possessing cells which are undistinguishable from each other by the microscope. This being so, it follows that the existence of a syphilitic cell peculiar to the poison is by no means upset by the detection of apparently identical bodies in diseases non-syphilitic. Assuming, for the moment the veritable existence of such a cell, and further, that it partakes of the nature of bacteria, let us see, guided by our knowledge of syphilitic phenomena, what train of symptoms would arise on its introduction into the system by (1) the blood-vessels, and (2) the lymphatics.

Now, one of the most striking properties of bacteria, and allied organisms, is the marvellous rapidity with which they reproduce themselves, one organism, *e.g.*, producing some millions like itself in the course of twenty-four hours by fissiparous division. It follows from this that if the syphilitic cell be of this character, and introduced directly into the blood current, that the characteristic symptoms of syphilis would develope with great rapidity, and, indeed, that the disease would run its course like other zymotics when the blood is primarily

affected, as variola, scarlatina, and so on, in a few days, or at most a few weeks. Nor are we limited to speculation alone as to what would ensue, but have the firmer ground of experimental evidence to fall back upon. Some years ago, when experimenting upon the unity or duality of the syphilitic virus, I introduced some scraping from an indurated chancre into a vein of a guinea-pig. A fortnight afterwards I killed it, and found what I believed, and still believe, to be gummatous exudations in the liver and kidneys. How different to such a course as this is the actual career which syphilis runs. Let us turn, then, to consider in what way the progress of the disease would be modified if it entered the system through the lymphatic vessels. If this were the channel of infectiou we should expect the cells to pass without let or hindrance along the lymph paths to the nearest gland, when a temporary arrest would take place owing to the poison germs becoming entangled in the parenchymatous meshes of the gland itself. Here the cells would multiply, and after a time, by the exercise of amœboid movements akin to those enjoyed by the leucocytes, and which probably all living masses of protoplasm possess, some of them would reach the gland next in order, when a similar course would be pursued, and so on, the glands of course increasing in size with the increase in number of their guests, until the whole chain became loaded with the poison germs; a time would then come when some of the germs would pass on into the farther lymph current, by which they would be conducted to distant parts, affecting other glands in their progress, but certainly at some time reaching the thoracic duct, and so at last being emptied into the circulation, when we should expect a fresh and more general group of symptoms to manifest themselves.

Let us now glance at the actual course of an ordinary attack of syphilis, and see how far we can reconcile the phenomena with *this* mode of invasion. After a varying period, the average being about twenty-one days, during which nothing whatever is observed, the surface which has received the poison becomes abraded, while a hard base appears and increases beneath the sore. A short pause, followed by multiple inguinal adenopathy, ensues; then a longer pause, and after this the throat ulcerates and an eruption appears upon the skin: every tissue and viscera in the body becoming liable in time to some syphilitic affection. What is the explanation of this chain of symptoms, on the assumption of the existence of a syphilitic cell, and of its entering the system by the lymphatics? It appears to me that the course of events may be explained as follows: The poison germs are at first lodged upon the unbroken skin, or on the surface of some abrasion. Here they lodge and multiply, and by their presence give rise to the exudation of some inflammatory lymph, in which they for a time remain stationary. The nutrition of the part is so affected that molecular death takes place at the surface, and some of the germs are cast off in the resultant ulcer, while others are carried by the lymphatic vessels to the inguinal glands, where they give rise to enlargement and induration in the way before described; here they remain for some time, but eventually some of them sail away, and ere long fall into the blood current, when their presence gives rise to general pyrexia and to the malaise of syphilitic fever, which ushers in the secondary symptoms. Much of the poison, however, continues to circulate by the lymphatic vessels, and so produces the tonsillar affection (the tonsils being but a congeries of lymphatics), and the posterior cervical adenopathy, which is such a common affection. The virus in the blood nearly always excites some skin disease, the various cutaneous syphilides being so many efforts on the part of the blood vascular system to eliminate the poison. After a time the patient becomes more tolerant of the virus, though it is long before it dies completely away and loses its power; ever and anon it seems to gather fresh strength, and then gives rise to some fresh symptom or group of symptoms, every organ in the body being liable to its attacks, as every organ in the body is washed by the current of the blood. That it does eventually invade the blood is placed beyond dispute, as we have now several perfectly well-authenticated cases of syphilis following an inoculation with the blood of a person suffering from constitutional syphilis.

Prognosis.—Patients are, perhaps, too prone to look upon an attack of syphilis as a trifling affair, or, at all events, as an event not likely to threaten life, even if it interferes for a time with comfort. In fact, however, syphilis is always a serious malady, frequently fatal in infancy, and very often giving infinite trouble, and even shortening life in adult age. Having already glanced at the prognosis of the disease in the hereditary form, it remains for us to consider the question when the disease is acquired, and first, I would try to reply to the inquiry—how can we tell when syphilis is cured? This query, apparently so easy to answer, is, in reality, surrounded with doubt and difficulty. We often meet with cases where there is a hiatus of ten or twenty years between one set of symptoms and another, and in the interval the patient may beget healthy offspring, and himself present every feature of perfect health. We are, however, probably justified in prognosticating future immunity from the disease if the constitutional symptoms are entirely subdued within eighteen months from the date of the initial lesion, and when a period of two years has since elapsed without any recurrence. On the other hand the older the disease the more doubtful does eventual cure become; and when we meet with a case where there are shortly recurrent symptoms altogether extending over a dozen years, no cautious surgeon would venture to promise a future free from a reappearance of the hydra-headed malady. In many cases, after existing for several years, certain symptoms become chronic, and require a constant or frequently repeated use of iodide of potassium to render existence tolerable; occasionally, indeed, we find this drug as essential to life as food or raiment.

An important question is often asked as to the propriety of marriage, and here the surgeon must guard himself against future accusation of carelessness. In no case should he counsel marriage until a full year has elapsed without any trace whatever of the virus remaining active, and even then he will be wise not to promise more than a probable cure.

The only satisfactory evidence we have indeed that syphilis is completely curable, lies in the fact that a patient occasionally contracts the disease twice or more during his life. During the active residence of the virus in the system the patient is, so to speak, syphilis-proof; if he contract a venereal sore, that sore will be a soft chancre, and will not modify the progress of the former attack or itself contaminate the system. It occasionally happens, however, that we meet with an individual who has had two distinctly indurated chancres, each followed by a train of secondary affections, and separated from each other by a period of perfect health. Unfortunately, however, though we can thus confidently speak of the possible eradication of the poison, we have no certain means at our disposal by which we can, with safety for our patient, put this question of eradication to the test.

My own experience leads me to conclude that such cases are the exception, and not the rule, and that in the majority of cases *no* such immunity is met with. Both the initial lesion and the first secondary afford important evidence in forming a prognosis. If the chancre be a typical soft sore, unaccompanied throughout its course with any basal induration, and associated with the enlargement of but a single inguinal gland, which may or may not suppurate, it is almost certain that the systemic infection will never take place, and therefore that the virus will be entirely eliminated through the channels of the chancre and the bubo. If, again, the initial lesion be associated with slight basal induration, which soon becomes absorbed, and if, following this, a mild roseola appears towards the third month, the prognosis is very favourable, and a cure may be confidently anticipated. When, on the other hand, much hardness exists at the base, or when the sore becomes serpiginous or phagedænic, and very slow and difficult to heal, and, above all, when

such a chancre is followed by a pustular eruption of secondaries, the prognosis is much more unfavourable. The disease will surely prove serious and obstinate, liable to recur, and may perhaps exist in some measure throughout the rest of life.

Syphilis cannot be regarded as a disease directly dangerous to life until it has entered upon the tertiary stage; then, however, it is quite otherwise, and syphilis becomes a disease directly imperilling existence. This is particularly the case if the arteries, or the brain, or the lungs, or the liver become the seat of the gummy exudation. In any of these situations fatal consequences may ensue. In the arteries rupture may take place, and death from hæmorrhage; in the brain, pressure may produce any and every form of paralysis, some of which are necessarily rapidly fatal; in the lungs, fibroid phthisis may put an end to life; in the liver, a fatal ascites may ensue. Once entered, too, upon its tertiary stage, the curability of syphilis becomes more and more doubtful; it is quite certain that the majority of cases which may fairly be said to be cured never reach this stage at all.

Treatment of the Local Lesion. The Soft Chancre.—The surface of a soft chancre should be dressed with strong nitric acid, as soon as it is detected; this, not with a view of destroying the specific virus, but with the object of changing the nature of the local action, and substituting an ordinary inflammation for the more obstinate form of action set up by the syphilitic poison. The best way of applying the caustic is by means of a capillary tube, the surface of the sore being previously dried, either with blotting-paper or with lint. Nitric acid is preferable as a caustic to nitrate of silver; it goes deeper, and though the pain for the moment is probably sharper, it soon passes away. Rarely the application has to be repeated a second time: most frequently the chancre heals in three or four weeks by the subsequent use of black wash. If black wash does not seem to suit, then a grain of sulphate of zinc to an ounce of water may be tried, or a solution of nitrate of silver of the same strength, or a lead lotion, may prove most useful. Iodoform, too, is a most valuable agent in promoting the healing of soft chancre. It may be employed as powder or as ointment, in the proportion of one part iodoform to seven parts of spermaceti, or it may be combined in the same proportion with glycerine. The only objection to its general use is its penetrating odour—an odour not, perhaps, unpleasant, but impossible to conceal. If, in spite of every care in regard to local treatment, the ulcer will not heal, small doses of mercury should be given, five grains of Plummer's pill night and morning, or half a grain of the proto-iodide of mercury at the same intervals, and continued whilst the chancre lasts.

The object of the surgeon should always be rather to quickly and safely cure his patient than to confirm his own diagnosis: and acting upon this he will often not only hasten the healing of the local lesions, but render the advent of secondary symptoms less likely than they might otherwise prove.

In some rare instances a soft chancre becomes phagedænic in action, slowly healing in one situation, slowly advancing in another. I have found the actual cautery, employed whilst the patient is under chloroform, the most useful application under these circumstances: afterwards dressing the sore with either lead and opium, or with black wash. Should rapid sloughing take place, the parts should be freely rubbed over with fuming nitric acid, and afterwards dressed, as in the former case.

The chancrous erosion and the Hunterian chancre both require the same treatment as the soft chancre, but in addition mercury should always be steadily administered until the sores have healed and the basal induration has quite disappeared. This treatment, though it will probably not prevent the infection of the system, certainly tends to postpone the evil day and to render the constitutional symptoms slighter when they do come.

The dry papule only requires the internal administration of mercury, no local treatment being necessary unless the papule ulcerates, when a similar treatment to that recommended above should be enforced.

Treatment of Buboes.—I pass on to consider the treatment of the different kinds of bubo—viz., the multiple bubo, the bubon d'emblée (that rare form of bubo where there is no chancre, but where the poison is absorbed through an unbroken cuticle and makes its first lodgment in the inguinal glands), the virulent bubo, and the sympathetic bubo.

The Multiple Bubo which follows an infecting chancre.—No local treatment is of the slightest service in this class of cases, nor need this be a matter for regret, as the internal (or other) exhibition of mercury is all-powerful in removing the inguinal adenopathy.

The Bubon d'Emblée.—Precisely the same remarks apply to this as to the first kind of bubo.

The Virulent Bubo, which accompanies a soft chancre or sometimes a mixed sore.—As this variety of bubo tends to suppuration, it is best to hasten the progress thitherwards by warm fomentations and poultices, and by encouraging the patient to take exercise. The abscess should not be opened on the first detection of deep fluctuation, but suppuration should be allowed to proceed until the skin is somewhat thin and glazed; then the abscess should be opened freely along the entire length of the gland, and the cavity washed out night and morning with tinct. iod. one part and water two parts, and dressed afterwards with lint soaked in an astringent lotion. Exercise should now be very restricted, and any sinus which appears should be at once followed up and treated like the large abscess.

The blue overhanging edges of the incision, which are such common features in this form of bubo, are best destroyed with some caustic—none better for the purpose than potassa fusa cum calce. It not unfrequently happens, however, that the gland itself assumes all the characters of a suppurating chancre; and if this should prove to be the case there is no application so generally useful as iodoform. What Lanceraux says of the value of iodoform in the treatment of the soft chancre will almost, *mutatis mutandis*, apply to the virulent bubo with an ulcerated gland:—"Cette substance, dont l'usage est recent, peut être regardée en quelque sorte comme le spécifique de ce chancre, dont elle favorise la cicatrization et amène sûrement la guérison sans occasioner la moindre douleur. Je possède plusieurs faits qui ne laissent aucune doute à cet égard. Le chancre, saupoudré avec la poudre fine de l'iodoforme, cesse de s'étendre, puis au bout de quelques jours la couche grisâtre qui le recouvre disparait, des bourgeons charnus apparaissent, la plaie spécifique est transformée en une plaie simple qui ne tarde pas à se cicatriser. L'iodoforme détruit, sans aucune doute, les germes ou organismes qui constituent et entretiennent le chancre vénérien."

It is a good plan to give a grain of iodoform internally three times a day, combined, if other things indicate it, with a grain of reduced iron, while using it as a local remedy.

The Sympathetic Bubo.—This bubo may accompany a gonorrhœa or a soft chancre, or may be caused by a tight boot, or it may be more directly traumatic in origin, but the treatment is not affected by the diversity of its cause. This variety of bubo is, in a word, a simple adenitis, sometimes terminating in resolution, sometimes going on to suppuration, and the object of treatment is at first to induce resolution, and next, if this prove impossible, to promote suppuration. The best mode of proceeding with these cases is to apply a compress of lint soaked in a strong lead and spirit lotion, and kept in firm contact with the groin by a tightly-drawn spica bandage or well-fitting truss. Rest is also an essential element in the treatment.

If, in spite of this, the gland continues to enlarge, though without much pain or any throbbing, I am in the habit of injecting five or six minims of the simple tincture of iodine into the substance of the gland, and generally find that this treatment either succeeds in dis-

persing the tumour, or so accelerates suppuration as to make quick work of the resultant abscess. In cases where the gland becomes very large and hard, this plan is better than mere blistering, or than the application of a solution of the mercuric chloride to a previously-blistered surface. When suppuration has taken place, the abscess should be freely and early opened, and the patient enjoined to rest, and to syringe the sac of the abscess twice a day with some stimulating lotion. The injections of iodine may, if necessary, be repeated twice or thrice a week.

ABSTRACT OF REPORT OF THE ROTUNDA HOSPITALS FOR THE YEAR ENDING FIFTH NOVEMBER, 1876. (a).

By Lombe Atthill, M.D., Master of the Hospital.

Part I.—The Lying-in Hospital and Extern Maternity.

During the year ending 5th November, 1876, 1,047 patients were delivered in the hospital. Of these :—

59 were delivered with the forceps.
11 by version.
1 by the cephalotribe.
9 cases of twins occurred.
28 „ of breech or feet presentation.
4 „ of the hand or shoulder.
4 „ of face presentation.
12 „ of prolapse of funis.
2 „ of placenta previa.
18 „ of accidental hæmorrhage.
21 „ of *post partum* hæmorrhage.
8 „ of adherent placenta, requiring the introduction of the hand.
1 case of rupture of the cervix.
1 „ of rupture of the uterus, and
2 cases of convulsions.

The forceps was applied fifty-nine times, or once in about every 17 cases. No fixed rule was laid down with respect to the application of this instrument. In about one-fifth of the cases the os uteri was not completely dilated. Barnes's long double-curved forceps were almost invariably employed. Indeed, the short straight forceps were never used, except on one or two occasions, when the head being delayed at the very outlet by inertia, I applied it, with the sole object of showing the class the mode of doing so. Barnes's forceps are, in my opinion, so superior to any others for facility of application, lessened liability to slip, and greater power, that, while admitting that the short straight forceps (known in this city as Beatty's forceps) are quite sufficient to effect delivery in many cases where the head is low, it will, I am convinced, as prejudice subsides, entirely supersede the latter instrument.

CEPHALOTRIPSY.

In the single case in which the cephalotribe was used, the fact of the pelvis being under the average size having been demonstrated by the result of three previous labours, in all of which the child had been lost, I decided, in the hope of saving its life, to attempt delivery, on this occasion by version, with the most unfortunate results. Version was accomplished without much difficulty, but all the efforts which could, with safety, be exerted by myself and Dr. Macan, failed to bring the head through the brim; these efforts were continued for fully fifteen minutes. The child was then evidently quite dead, pulsation in the funis having ceased for some time. I, therefore, perforated behind the ear, applied the cephalotribe, and finally, with difficulty, extracted the head; the mother died. The child was very large, weighing, after evacution of the brain, upwards of 9 lbs.; had the child been of average size, possibly my efforts to save its life might have been successful, but the result of the case has had the effect of confirming my previous experience—namely, that turning in cases in which the pelvis is undersized is a proceeding of a very hazardous nature, and my opinion is adverse to its practice.

The deaths during the year were numerous, numbering in all 35, which may be divided into four classes.

Class 1.—Eight cases. Deaths directly traceable to the nature of the labour.

Class 2.—Eight cases. Deaths resulting from or supervening on diseases contracted before admission into hospital.

Class 3.—Eight cases. Deaths occurring in patients suffering from extreme mental distress.

Class 4.—Eleven cases. Deaths not traceable to any predisposing cause.

The cases comprised in the 3rd class, namely, those suffering from mental distress, deserve special attention, the majority of these were unmarried; the deaths among women of this class are always numerous, and consequently, for the future, as has been been the case during the last fifteen years, tend to render the mortality of the hospital relatively greater than formerly. Twenty years ago the number of patients admitted into the hospital was, on an average, 2,000 annually; now the deliveries do not much exceed 1,000. But now, as then, it is the great refuge for the very poor and the wretched. The condition of the working classes has materially improved in Dublin of late years, and the majority of the wives of the artizan class now remain in their own homes for their confinements. But it is always among the very poor and wretched that the majority of deaths occur, and they now form the great bulk of our intern patients. In the 4th class I have placed those in whom no predisposing cause appeared to exist. This class includes eleven cases, but of these some might fairly have been placed in the second class. Thus, case 4 was 56 hours in labour; case 9, 52 hours in labour, and was then delivered with the forceps; case 5, 40 hours in labour—very delicate previously; case 7, child putrid—had been in bad health for a month before her confinement. But as in none of them did the evidence of there being any sufficient predisposing cause to account for the fatal result seem satisfactory to me, I have placed them in class 4.

It is remarkable that out of the eleven cases comprised in this class, no less than six were due to septicæmia and one to pyæmia. Of the remaining four, one died of bronchitis, and one of pneumonia; two only of true puerperal peritonitis. Of these, one was a very delicate woman, her labour was very tedious (40 hours).

On considering the details of all the foregoing cases, and watching them as I did closely during life, I have come to this conclusion—that the great majority of the fatal cases recorded were due to septicæmia—most of them, if not all, being auto-generic. That puerperal fever in some of its forms is infectious is beyond all doubt. But I do not believe that form of the disease which is due to self-infection, and which in my opinion, is the most common of all, to be so. Nor am I satisfied that among the fatal cases enumerated above, anyone died of disease contracted in, or of infection emanating from, or present in, the atmosphere of the hospital.

A few words as to treatment. We tried various drugs with very nearly the same result, and that was altogether unsatisfactory. The hypo-sulphates and sulpho-carbolates when borne, seem to do good, but they were seldom, in bad cases, tolerated; frequently they were either vomited or induced purging, and had to be omitted. Sometimes quinine in full dose (5 to 10 grains), in combination with opium, agreed; but with the exception of opium, I have little faith in drugs in the treatment of any of the forms of puerperal fever; and of all means of administering opium none can compare with the hypodermic injection of morphia.

(a) Read before the Dublin Obstetrical Society, June 16th, 1876.

Packing was tried in five cases, in four it gave relief. In one it produced symptoms of collapse; from this the woman rapidly rallied, and subsequently experienced great relief from the distressing thirst from which she had previously suffered. None of the patients, however, were permanently benefited. It is right, however, to add that it was not only tried on patients whose condition afforded very faint hopes of recovery.

The process was carried out by placing the patient on a dry blanket, and enveloping her from head to foot in a sheet wrung out of cold water; this was frequently changed, the process being continued for about twenty minutes, the temperature being taken both before and after the packing.

The perchloride of iron was twice injected for the arrest of *post-partum* hæmorrhage; both patients recovered. Our experience of this method of treating *post-partum* hæmorrhage is very favourable.

It has been the practice in the hospital for several years past, to administer a dose of ergot of rye just before the terminations of labour, in all cases where the occurrence of *post-partum* hæmorrhage was anticipated; and also in cases of tedious or difficult labour requiring the use of the forceps, before the patient was put under the influence of chloroform, chloroform being always administered in instrumental cases; but the ergot often failed to be good, sometimes because it was vomited, sometimes doubtless because the drug had not time to be absorbed into the system, and so to produce its specific effects. I must, however, candidly say that I place no reliance in ergot in cases of *post-partum* hæmorrhage, at least when administered by the mouth. I have, therefore, for a long time past, had recourse to its hypodermic injection, diluting the extractum ergotæ liquidum with an equal part of water, and injecting twenty or thirty minims of this solution deeply into the substance of the gluteus muscle. I have no doubt but that, so employed, ergot is more energetic than when administered by the mouth; moreover it produces its effects much more rapidly.

Ether was injected hypodermically in several cases; in one or two it produced marked improvement in the pulse and the patient rallied wonderfully; in others it seemed to produce but little effect. It is, however, a perfectly safe remedy, and one which should be had recourse to in all cases of collapse.

In cases of rigid os uteri we rely altogether on warm hip-baths, and on the administration of the hydrate of chloral, giving usually 10 grains of this drug in an ounce of fluid every twenty minutes till 40 or 50 grains have been taken.

EXTERN MATERNITY DEPARTMENT.

For the following tables I am indebted to Mr. Dobbs, clinical clerk:—

Number of natural labours	547
Difficult, complex, or preternatural	56
Abortions	35
Total	638
I may here point out that the number of patients attended in their own homes during the preceeding year was only	275
Thus, there was as a result of the new arrangements an increase in the year of	363
Of presentations of the upper extremity there were	0
Of presentations of the lower extremity there were	19

COMPLEX CASES.

Prolapse of funis		3
Hæmorrhage	*post-partum*	16
	accidental	6
	unavoidable	2
Twins		9
Convulsions		1
Rupture of uterus		0
Prolapse of uterus (*a*)		1
Retained placenta		11

(*a*) The os uteri was outside the vulva before labour set in and during its progress.

ABNORMAL CONDITIONS.

Anencephalous monster	1
Mole pregnancy	1
The forceps was applied sixteen times, namely—	
For prolapse of funis	1
For tedious labour	15
Version performed three times—	
For presentation of funis	1
For placenta prævia	2
Perforation and cephalotripsy	1

A. F. Dobbs, Clinical Clerk.

November 9th, 1876.

ON A CASE OF PSORIASIS, TREATED BY CHRYSOPHANIC ACID.

By J. C. Ogilvie Will, M.D.,
Surgeon to the Aberdeen Royal Infirmary.

In the *British Medical Journal* for Dec. 23rd, 1876, Mr. Balmanno Squire directed attention to the treatment of psoriasis by the external application of chrysophanic acid, a substance obtained from Goa powder. The results following its use in the case he narrated, and in others subsequently described, induced me to prescribe it in a case lately under treatment in the Aberdeen Royal Infirmary; and as it seems to me to be a striking example of this simple mode of treating a decidedly intractable affection, I think a notice of it may prove not uninteresting.

J. W., æt. 14, was admitted on April 25th, 1877, suffering from psoriasis. His arms, thighs, and legs were covered with innumerable scaly patches, varying in size from a minute point to that of a shilling, and presenting the characteristic appearances of *P. punctata*, *guttata*, and *nummularis*, most marked on the extensor aspects, but also involving a considerable extent of the flexor aspects. His chest, abdomen, and back were very plentifully studded with nummular patches, and his scalp was in a similar condition. He complained of intense itchiness.

On April 28th chrysophanic acid ointment—fifteen grains to an ounce of hot lard—was prescribed, directions being given that it should be well rubbed into the affected parts night and morning. Three days afterwards the scales were peeling off freely, and the itch had ceased. On May 3rd the scaly patches had completely disappeared from the greater portion of the surfaces involved, and the infiltrated cutis was fast resuming its normal consistence. On May 7th the whole body was perfectly free from scales, and was dyed of a dusky purple colour; while the spots where the disease had existed, presented a smooth, white appearance, forming a marked contrast to the surrounding discoloured skin. The head was shaved on May 3rd, for the purpose of allowing the application of the ointment to the scalp; but the shaving caused so much irritation that the use of the acid was delayed until May 9th, when it was applied, the effects on the eruption being similar to that seen on the body. On May 10th the epidermis covering the unaffected portions of the body was found to be exfoliating, the whole surface being covered by fine furfuraceous scales; but after the use of warm baths the skin speedily became perfectly normal in appearance, no trace of disease remaining. For the purpose of observation, the patient was kept in hospital for some time longer, and on one occasion it was deemed expedient to re-apply the ointment to his back, which presented a somewhat suspicious appearance; but on June 4th he was dismissed with a perfectly healthy skin. As a precautionary measure, he was directed to take small doses of Fowler's solution for a few weeks.

This case was undoubtedly an aggravated example of the disease. It is not our usual custom to admit patients suffering from skin affections, but this one was so typical,

that I regarded it as a favourable opportunity for the students becoming acquainted with the clinical features of psoriasis, and I therefore requested the patient to remain in hospital.

Remarks on the progress of the case while under treatment seem superfluous, but it must, I think, be allowed that the result of the acid was marked and satisfactory. At the time when it was prescribed I said that I had but little faith in it, while I had every confidence in arsenic, if given in large enough doses; for though psoriasis is a very common affection in this neighbourhood, I have never yet seen a case which ultimately resisted the internal administration of that remedy. But experience has taught me that, to be of real use, arsenic must be given freely. As examples of this, I may mention that during last year in three cases no benefit was obtained until the patients were taking from twenty-five to thirty minims of the liquor three times a day; but after improvement once set in, progress was rapid. Still the free use of arsenic has its disadvantages; for disturbance of the digestive tract, and puffiness of the face, sometimes comes on very suddenly, and gives considerable trouble and annoyance, while some persons cannot take it at all, the smallest dose giving rise to sickness and distaste of food, and to swelling of the face, hands, and feet, symptoms which continue until the administration of the drug is entirely stopped. Tarry applications are much in vogue, and are often useful, especially oleum cadinum; but their curative action is slow and somewhat uncertain. Therefore, the introduction of a new remedial agent, apparently possessing the power of effecting a cure in a short space of time, seems a real gain; and if more extended trials are followed by equally beneficial effects, there is every reason to believe that chrysophanic acid will soon be regarded as the most reliable and quickest method of treating psoriasis. (*a*)

It has one disadvantage, however, which renders its use rather objectionable in private practice—viz., that it stains the clothing of the patient and bed-clothes a purple colour, which will not wash out; but it may be reasonably expected that some means may be devised by which this may be overcome.

When prescribing chrysophanic acid, it is a wise precaution to warn the patient against allowing it to come in contact with the eyes, as it gives rise to intense irritation, accompanied by great dilatation of the pupils. This I have seen thrice—once in a case of psoriasis rupoides (at present under treatment), and twice in cases of favus, where I may mention that the acid proved useless. The irritation subsides spontaneously in the course of a few days.

(*a*) Since this article was written I have used chrysophanic acid in two additional cases of psoriasis with perfectly satisfactory results.

Clinical Records.

ST. THOMAS'S HOSPITAL.

Two Cases of Strangulated Femoral Hernia successfully treated by Operation; One in which the Sac was opened; the other, Extra-Peritoneal.—Practical Remarks.

Under the care of Mr. Francis Mason.

[For the Notes of these Cases we are indebted to Mr. W. A. Cowen and Mr. Cream, dressers.]

A. A——, a widow, aged 66, was admitted under Mr. Mason's care May 26th, 1877. The history she gave was that she had had a swelling in the left femoral region for about twenty years. It increased in size when she exerted herself, but when she assumed the recumbent posture it disappeared to a great extent, but not completely. She had never worn a truss, and was ignorant of the precise nature of the enlargement. Although by no means a robust woman she stated that she enjoyed, as a rule, fairly good health. Six days previous to her admission, the swelling suddenly, and without any distinct cause, increased in size, and became exceedingly painful. She was advised to try and push it back, but failed in the attempt. In the course of the night she suffered from nausea and retching; and from that time—on a Monday—to the date of her admission, on the following Saturday, there was no satisfactory action of the bowels. On two occasions she had a spurious diarrhœa.

On admission there was an elastic tense swelling situated in the left femoral region. The least pressure caused great pain. There was no impulse on coughing. During the examination the patient had paroxysms of violent retching; and once after her admission the vomit was stercoraceous. The skin was bathed in clammy sweat, and the pulse was fairly strong, beating 120 in the minute. About an hour after her admission she was seen by Mr. Mason, who, on due consideration, decided on operating. The patient was, therefore, removed to the theatre, and, under ether, Mr. Mason, having first employed moderate taxis, made a vertical incision through the skin by transfixion over the neck of the sac. Each delicate layer of structure covering the sac was divided, and the sac reached. Guided by the finger-nail the hernia knife was carried in the direction of the neck of the sac, and an incision made with it slightly upwards and inwards. The incision, however, was insufficient to enable the rupture to be returned, and, therefore the sac was carefully opened. The intestine was found to be of a dark colour, and much congested, but not in the least gangrenous; and there was a piece of omentum, the size of a small orange, in the sac. One touch of the knife, applied in a direction upwards and inwards, released the strictured intestine, for, by raising the left leg so as to relax the parts, the gut was easily pushed back into the abdominal cavity. The omentum was tied in different portions with carbolised cat-gut, and then cut off with scissors. The wound was closed with silk sutures, and a bandage having been applied, the patient was removed to bed.

The patient progressed most favourably, sleeping well immediately after the operation. No opium was administered. The retching and vomiting entirely ceased. On the 27th of May (the day after the operation) the temperature was 98·2; and on the following day, 100·3. On the 29th, temp. 98·4; but after that time she went on without a single symptom worthy of record. The bowels were relieved naturally on the fourth day after the operation, and there was slight diarrhœa for a day or two afterwards. On June 26th the patient was quite convalescent, and remained in the hospital only for the purpose of having a truss fitted.

The second case is one in which the sac was not opened. The patient was a woman, aged 65, who was admitted into Elizabeth Ward under Mr. Mason's care on June 23rd, 1877, with a strangulated femoral hernia of the right side. This patient had never worn a truss, and was not aware, until the day of admission, that she was the subject of rupture. She stated that without any cause whatever a swelling came in the "upper part of her right thigh." This was succeeded by an attack of persistent vomiting, which led her to seek for advice. Her medical attendant at once recognised a hernia, and without making any special attempt at taxis, transferred her to the hospital. On her admission, Mr. Mason happened to be in the building, and, on examining the affected part, found a very tense swelling in the right femoral region. The patient was at short intervals very sick, the vomit being markedly stercoraceous. Her pulse was feeble, and she was very prostrate.

An operation being considered imperative, Mr. Mason, after having used moderate taxis, made an incision, as in the last case, by transfixing the skin over the neck of the sac. The sac was reached, and the constricted part divided in a direction upwards and inwards. On raising the leg the hernia was readily returned. No ligatures

were required, and the wound was closed by silk sutures, after which a bandage was applied.

In the after treatment this patient made excellent progress. No opium was given. Her temperature kept about normal. Soon after the operation the vomiting ceased, and she was enabled to take some beef-tea, with a little brandy. On the third day (*i.e.*, June 26) there was considerable pain in the abdomen, with a threatening of peritonitis. This was speedily alleviated by the application of a paste made of equal parts of extract of belladonna and glycerine spread on lint. There was no action of the bowels until the thirteenth day after the operation, when, inasmuch as the patient complained of some abdominal discomfort, a simple enema of warm water was administered. From that time up to the present (July 20) she has gained strength daily. The wound is healing well, and excepting that she had a slight attack of diarrhœa, which was readily checked by a little chalk mixture and opium, she may be considered convalescent.

Remarks.—In referring to these two cases, Mr. Mason took the opportunity on one occasion when visiting the wards, of saying that there were in them several points of practical interest, and that they were cases from which much might be learned, although there was nothing specially sensational or remarkable about them. It was curious, said Mr. Mason, that in the first case, although the patient knew she had rupture that she should never have worn a truss; in the second case, the woman was not even conscious of having a hernia, and according to her own statement had not exerted herself, nor had she done anything to induce the descent of the bowel. It was common to find that patients wore trusses which were ill-fitting, and which in fact did more harm than good, yet many of such patients were perfectly satisfied so long as a truss of any kind were on them. It acted as a species of amulet to ward off harm. Next there was the question of operating, and Mr. Mason dwelt most particularly on the importance of acting with decision in such cases. It was perfectly well known that when symptoms of strangulation had fairly set in that delay in operating was most dangerous. Operative interference was especially demanded in femoral hernia, in which the constriction was formed chiefly of unyielding fibrous structures. Then with regard to the method of operating, it was almost accepted at the present day that the best practice was to operate without opening the peritoneal sac, because there was less chance of exciting peritonitis. Yet Mr. Mason expressed a decided opinion that there was no more pernicious practice than that of making prolonged attempts to reduce the hernia in extra peritoneal operations. Incalculable mischief was the result of the bruising inseparable from such a procedure. Hence, Mr. Mason's plan was first to attempt reduction without opening the sac, using moderate force only, and dividing somewhat freely such structures as interfere with the reduction. If these means fail he then had no hesitation in carefully opening the peritoneum.

The operation in which the sac is opened had (he remarked) certain advantages, for the condition of the protruded intestine, as well as the contents, could be ascertained. In the first case there was a large portion of omentum to be dealt with. Inasmuch as there were no adhesions, this might either have been returned, or it might have been allowed to remain in the sac, or it might have been removed. Mr. Mason stated that he had had several cases of this kind, and, following his usual practice, he cut off the greater part of the omentum, leaving a short stump, which formed a very efficient plug to act as a barrier, and thus prevented, as was subsequently found in this case, a further protrusion of the intestine. Mr. Mason then briefly referred to the direction of the incision, which should be upwards and slightly inwards, and *not directly inwards*, and spoke of one case that he had had an opportunity of seeing after operation, in which Gimbernat's ligament had been so very freely divided in the inward direction, so that no truss could be found to retain the hernia in position.

Lastly, Mr. Mason alluded to the importance of the surgeon not being too anxious as to the speedy action of the bowels, and explained that when the intestine had been tightly constricted for a time its function was necessarily suspended. Time alone, in most cases, was all that was required, and should there be much discomfort or tympanitic distension, an enema of warm water would give relief. Purgatives at such a time were not to be thought of. These were just the cases in which, after the surgeon had done his part, the after-treatment might in many instances be safely entrusted to Nature.

THE REMOVAL OF ADHERENT PLACENTA FROM THE UTERINE CAVITY.

By Charles W. Hamilton, L.R.C.S.I.,
Medical Officer and Admiralty Surgeon at Achill.

(*Continued from page 490 in our last volume.*)

Case IV.—I attended Mrs. T. in the month of March last, as she had been under my observation previously. I was not surprised to find her abdomen immensely enlarged, and her lower extremities swollen and œdematous. The abdominal enlargement was also irregular in outline. She was unable to stand, or in any way use her legs, so great was the œdema. Tedious labour set in, and after some hours, a breech presentation could be diagnosed. In due time I delivered her of a still-born child. Considerable difficulty was experienced in extracting the head, which, I believe, arrested fatally the flow of blood in the funis. My patient had been now very much exhausted. After half-an-hour, and having convinced myself that another child, at least, remained in utero, I administered a few doses of ergot, which brought on some very weak pains, which, however, had had the effect of bringing the presentation to the brim of pelvis. The pains then ceased, so I put on the long forceps and delivered her of a living male child (a cephalic presentation having occurred). My poor patient now seemed entirely worn out; so I re-adjusted the binder which was applied after the delivery of the first child, and administered some brandy, with opium. Having somewhat rallied, I made traction on the cords separately, and then I suspected adherency.

Two hours after delivery of the second child, having satisfied myself that no more remained in utero, and having fairly tried every means of detaching the placentæ, I saw no other course to adopt, considering the state of the patient, than to pass my hand and arm into the uterine cavity. I found the uterus so much enlarged that I could not sufficiently grasp either placenta, being situated at the extreme end of fundus. I had, however, pressure applied externally, insinuating my fingers, with the back of my hand closely applied to the uterine wall, at the edge of the placental mass, and with a sweeping movement from left to right—the fundus having been well pressed down externally—I happily succeeded in detaching the entire mass, having the latter now in the bend of my wrist. I ordered her to be given a dessert-spoonful of brandy, and ℥ xxx. ʒss. of tinct. opii, when the uterus contracted, and expelled the mass, also my hand. She, and her child, are now quite well; the former having attended church, a distance of six miles, one month afterwards.

I will, with this case, conclude this important subject: Mrs. G. (Case III.), has, since the publication of these cases, fallen a victim to an epidemic of malignant fever, which unfortunately occurred during her convalescence.

Remarks.—Had I failed in Case IV. to remove the placentæ at the first attempt, I do not believe I could have made a second, as the patient was in a sinking state. Grasping each placenta separately, and twisting or tearing it away, could hardly be accomplished at the *one* introduction—*i.e.*, applied to both—as the poor woman could not have borne a *prolonged* primary, and certainly *not* a *second* introduction. The hand might also get quite benumbed and powerless, and thus cause failure at the

first attempt. The physician is thus placed in a dilemma, and in such "*rare*" cases (as stated in the preface to this contribution) "where the *entire* removal of the placenta would be followed by almost certain death to the patient, it may be left, and means taken to assist nature in its expulsion, and that a good recovery may follow." Of course, when hæmorrhage complicates the case, the treatment would not be applicable.

BRITISH MEDICAL ASSOCIATION.

Forty-Fifth Annual Meeting.

[From Our Special Correspondent.]

(*By Telegraph.*)

Victoria Park, Manchester,
Tuesday, August 7th.

From the interest taken by the local secretaries and the leading members of the profession in Manchester, this meeting promises to be a most successful one; and though visitors may not derive much scientific *benefit*, yet they will be able to enjoy themselves, to unbend the strain of professional work; whilst the social intercourse, the friction of so many different minds, must have a healthy influence, and be productive of some good. If the Association had only been designed for pleasure—for *soirées*, receptions, dinners, garden parties, excursions, — it would deserve support, for the average general practitioner has but few opportunities of indulging in such relaxations, and during the present meeting the programme looks very tempting.

The members of the profession in Manchester are men of education, and of broad and liberal views. They are courteous and hospitable, and the visitors, who are constantly arriving, will find that their "lines have fallen in pleasant places;" whilst for the lay public, I need hardly dilate on their world-wide reputation for those virtues so prized by the ancients, and the profession is receiving at their hands all the respect and attention that could be desired even by the most fastidious.

The greatest difficulty for the visitor will be to economise time, so as to condense and digest the mental pabulum offered him, and also to arrange for the inspection of hospitals, public buildings, warehouses, manufactures, and last, not least, for luncheons and dinners. The members of the Association will have an excellent opportunity of encouraging the total abstinence movement; for—as the power of example is very great, and practice is better than precept—I have no doubt a great impetus and encouragement would be given to the crusade against intemperance by a public dinner of the Association without the usual concomitants of alcoholic drinks. A great number will abstain for this reason, but many will prefer the medium course of temperance. Dinners without wine are generally supposed to be dull, the social influence of sparkling wine has long been recognised; it unbends, inspires, exhilarates, promotes the flow of conversation, and I suppose it would hardly be the correct thing to toast Her Gracious Majesty the Queen in water. This is, perhaps, only a habit, custom, or fashion about which it would be well if we could say it was more honoured in the breach than in the observance. Happily for his digestion, the visitor will not be able to attend all the luncheons or dinners, and he will have to select from the very varied programme what places to visit.

For some, the magnificent warehouses and cotton mills—those teeming hives of human industry which have made Manchester so rich and famous—will offer attractions, whilst the purely scientific will find ample work in inspecting the hospitals, of which there are a goodly number (Royal Infirmary, St. Mary's Hospital, Sick Children's Hospital (Pendlebury), Royal Eye Hospital, Clinical Hospital, Manchester Southern Hospital, &c.); whilst Owens College, with its school of medicine, its museum, its physiological laboratory, will form a centre of interest from which most will not feel inclined to wander, and where the principal work of the Association is to be carried on, though there is a reception-room at the Concert Hall, Oxford Street, for the convenience of members.

The week's work is thus cut out:—

Tuesday, Aug. 7.—Meetings in Concert Hall.

11 a.m.—Service at the Cathedral; sermon by the Lord Bishop of Manchester.
12.30 a.m.—Meeting of Committee of Council.
2 p.m.—Meeting of Council, 1875-76.
3 p.m.—General meeting. Address by M. A. Eason Wilkinson, M.D., President. Annual report of Council and other business.
9 p.m.—Reception and *soirée* by the President of the Association, and the Council and Senate of Owens College.

Dr. A. Ransome will give an address on the "Present Condition of State Medicine in England."

Wednesday, Aug. 8.—Meetings in Owens College.

9.38 a.m.—Meeting of Council, 1876-77.
10.30 a.m.—Second general meeting.
11.30 a.m.—Address in medicine by W. Roberts, M.D.
2 to 5 p.m.—Sectional meetings.
9 p.m.—*Soirée* by the Mayor and Corporation of Manchester at the Town Hall.

Thursday, Aug. 9.—Meetings in Owens College.

9 a.m.—Meeting of the Committee of Council.
10 a.m.—Third general meeting. Reports of committees.
11 a.m.—Address in Surgery by Spencer Wells, London.
12.30 p.m.—Demonstration by Dr. Sayre, of New York; of his method of treating curvature of the spine (lecture theatre of medical school).
2 to 5 p.m.—Sectional meetings.
6.30 p.m.—Public dinner of the Association in the Assize Court Hall.

Friday, Aug. 18.—Meetings in Owens College.

10 a.m.—Address in Obstetric Medicine by R. Barnes, M.D., London.
11 a.m.—Sectional meetings.
1.30 p.m.—Concluding General Meetings. Reports of Committees, &c., &c.
4 p.m.—Garden party by President and reception committee at Manley Hall.

Saturday will be devoted almost exclusively to excursions, as Macclesfield, Lancaster, Woodhead Water Works, Northwich, Castleton, Southport, Blackpool, and Messrs. Cook and Sons have organised a tour of seven days through the English Lake districts. I can recommend the excursion to Castleton; it will be personally conducted by Prof. Boyd Dawkins, and as he will give a short address on the recently discovered Cave deposits, the interest of the visit will be very much enhanced.

"Comparisons are odorous," and how shall I decide on the rival merits of Southport and Blackpool. The medical men of Southport invite a hundred members, and can show them an aquarium, winter gardens, pier, glaciarium, and new sewage works. It is situated 32 miles from Manchester. The climate is bracing and sedative, the air dry, but not irritating. Fogs are very rare, and the atmosphere is light and pure. As a summer and autumnal residence Southport is useful in laryngeal, bronchial, and pulmonary affections; in tuberculosis; in dyspnœa with constipation and flatulence; in chronic rheumatism; in some forms of paralysis; and in nervous depression after long illness. The mayor and corporation of Blackpool have invited as many members as choose to go, and will entertain them. Blackpool is more bracing, has a better sea, and the pier, promenade, recently extended, are well worth seeing.

The special subjects for discussion in the several sections are as follows:—

Medicine.—Aortic aneurism; the treatment of pleuritic effusion.

Surgery.—Antiseptic surgery; excision of the knee; treatment of stricture of the urethra.

Obstetric Medicine.—Transfusion of blood.

Public Medicine.—Hospital Out-Patient Reform. The Contagious Diseases Acts.

Psychology.—The best method of treating habitual drunkards.

THE MEDICAL PRESS AND CIRCULAR has had several good articles lately on this last subject, and I hope the writer of them will be present to further diffuse his opinions. The list of papers to be read is very long, and as by the rules of the Association all papers read become its property, the Journal will be well provided for during the ensuing year. *Apropos* of the Journal Dr. Haddon, of Monk's Hall, Eccles, has given notice that he will move—

"That a committee be appointed, consisting of members eminent in the several departments of medicine, surgery, midwifery, &c., who shall endeavour to make the journal a perfect epitome of the science, as well as the practice of medicine; and at the same time utilise the members in clearing up disputed points in the diagnosis or treatment of disease, so as to increase the value of the journal, and, if possible, raise it to a higher place in the medical literature of the day. Such committee to be responsible for the management of the journal and any correspondence admitted to its columns."

The day has opened unpropitiously so far as the weather is concerned. The proceedings were virtually inaugurated by a sermon from the Lord Bishop of Manchester, who took for his text—St. John's first Epistle, chap. iii., verse 2., "It doth not yet appear what we shall be."

The cathedral was well attended, and though our profession is accused of heterodoxy, I doubt whether his Lordship had ever a more attentive or intellectual audience. There is nothing of general interest about the meeting of council or committee; and it is impossible to condense for this week the president's address, which was both able, interesting, and fully worthy of his high reputation.

The exhibition of medical and dietetic plants at the Botanical Gardens is very interesting.

The *pièce de resistance* for this day will be the *soiree*, given by the President, at 9 p.m., an extremely interesting feature of which will be a collection, arranged by Professor Boyd Dawkins, illustrating the history of man in Britain from the Pleocene to the Historic period.

There will also be a series of fossils showing the ancient carboniferous flora of Lancashire.

The Mayor and Corporation will give their *soiree* at their new Town Hall, which has been in course of construction for the past eight years, and has cost nearly £1,000,000.

It is said to be probably the finest building of the kind in the world; its splendid architectural proportions and magnificent decorations will be highly appreciated by all lovers of the fine arts.

I will send a special report on new instruments, surgical appliances, and sanitary contrivances.

THE death-rate in the four principal cities of the United Kingdom last week was—Edinburgh, 16; Dublin, 18; London, 21; Glasgow, 21 per 1,000 of the population. In the second category, Wolverhampton was lowest with 15, Salford highest with 27 per 1,000 of the population.

THE deaths from small-pox still further declined in London last week, the official returns giving 17 deaths in public institutions and 10 in private dwellings. Thirteen were certified as unvaccinated, 4 vaccinated, the remaining 10 no certificates were given as to vaccination.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 8, 1877.

HOME HOSPITALS FOR THE MIDDLE CLASSES.

WE have just received the prospectus of the Invalid's Home Association, the object of which is to establish home hospitals for the middle classes. We have on a former occasion expressed our approval of this undertaking, and remarked how desirable it is that the advantages attached to our large hospitals should be brought within the reach of those who cannot command at their own homes all that is necessary for their proper care and treatment, and yet are too well off and too independent to become inmates of the hospitals provided for the relief of the poor. For a long time both the public and the profession have felt strongly the want of Institutions in which, for a certain weekly payment, the middle-class invalid could place himself in a position most favourable to his recovery, and where he might even remain under the care of his own medical attendant. The movement has received great and general support, and we have annexed to this prospectus a medical memorial in favour of the association, signed by upwards of 200 of the best-known members of the profession, as well as a lay memorial endorsed by a number of leading lawyers, bankers, merchants, &c. The only thing, therefore, that remained to be considered was the best way of carrying out the scheme, and finding sufficient funds to meet the primary outlay for the requisite buildings, furniture, and other appliances. At first it was proposed to form a company or association on the limited liability system, and to carry out the objects in view on strictly commercial principles, but now it would appear that this scheme has been abandoned for another, to which some objections will probably be made, which may even jeopardise the success of the undertaking, and prevent the very people taking

advantage of the proposed institutions, for whose special benefit they are projected. In order to provide the funds for the primary outlay, the provisional committee have decided to make an appeal to the public for about £20,000. Taking as their model the principle laid down in the governorship of some of the public schools, they intend to solicit contributions, either as subscriptions conferring certain privileges, or as free gifts. They propose :—"That every contributor of fifty guineas and upwards shall be regarded as a governor of the asssociation, with the privilege (1) of serving on the committee of management; (2) of nominating patients with priority of admission; and (3) of priority of admission, if necessary, for themselves and families. A donor of twenty guineas and upwards will possess the privilege of nominating one patient annually, and of priority of admission for himself. At the same time "it is regarded as essential to the success of the proposed association that the institution shall be self-supporting." It will be seen, therfore, that the plan they have agreed upon is one in virtue of which the home hospital will neither be a self-supported one, nor one supported by voluntary contributions. It is, in fact, to be *founded* by voluntary contributions, and *supported* partly by the payments of the patients, and partly by the public. This, unless we are mistaken, is a correct interpretation of the scheme as indicated by the published prospectus of the association. Now there can be no objection to a scheme of this kind being carried out, partly on the public subscription, partly on the self-supporting principle, provided that the principle is not acted upon in such a manner as to clash with the general aim and objects of the association.

The promoters of this movement, which is intended to meet a real public want, doubtless saw many difficulties in the way of effecting their purpose by forming a company. It is probable that had that plan been adopted the necessary funds would not be found to flow in very quickly, as this is not an undertaking in which the public would be likely to invest their money with a view to profit. But what the public would not do for the sake of speculation, they often will do out of charity, and in furtherance of a movement by the success of which they may themselves one day be personally benefited.

We can therefore find no fault with the scheme as a whole; but the privileges which they propose to confer upon the donors are open to criticism, for these privileges would in time create a monopoly which would operate very unfavourably upon that class of patients for whose benefit these institutions were ostensibly established; and instead of being open to all comers who could afford to pay for the accommodation they required, the wards would be closed to many who were not furnished with a nomination. But it is evident that people who could afford to pay two or three guineas a week, or even more for their residence, &c., in one of these home hospitals, would neither like to beg *in form pauperis* for a hospital "letter," "nomination" though it be called, nor would they like to see the room for which they were ready to pay the stipulated fees, monopolised by some dependent nominee of a rich donor, and whose case perhaps was far less urgent than the one which it excluded. If these privileges were confined to the original donors, whose money had mainly contributed to the foundation of the hospital, and to the defraying of the first outlay incurred, nothing could be said against them, for as these donors died off the institution would be left to its own resources, and there would be no one to stand in the way between the sick applicant and the home for which he was willing to pay. But there is nothing in the present programme to prevent any one becoming a governor and claiming the same privilege long after the hospital had been put on a self-supporting footing. Hospitals of this kind might become very popular among the wealthy classes, and in proportion as the donors of fifty or twenty guineas increased the more would the admissions into these institutions be restricted by patronage and favouritism, so that even priority of application, readiness to pay the highest fees, and the urgency of the case, might have to give way to the claims of the more fortunate nominee. The result would be that in time these homes would lose their reputation for being to the well-to-do invalid a ready means of enjoying the advantages attached to them, and a feeling of independence would preclude many of those persons applying for admission for whose especial benefit the homes were established. Nor was it necessary that the rich and the charitable should be tempted to come forward in support of this movement by the offer of hese objectionable privileges. There are thousands of the more wealthy classes who are continually giving handsome donations to our different charities without expecting any tangible return for their money. Their donation is a free gift which they think no more of after it is once given, and their after interest in which is very different to what it would be did they look upon it as investment. Indeed, it may be questioned whether they would not gladly dispense with this privilege of nominating patients, for it is well known that the most troublesome part of the duties usually imposed upon a governor of a charitable institution is to attend to the numerous applications they receive for their nominations. It will be seen that the above remarks do not apply to the eligibility of the donors to serve on the committee of management. This is not only a right they may justly claim, but it is a policy which is in the highest degree conducive to the success of the institution. Many wealthy donors would not allow their donations to be the only earnest of the interest they took in the welfare and management of an institution to the foundation of which they had liberally contributed. They might, therefore, wish to be placed on the committee of management, and the propriety of complying with such a wish cannot be for a moment questioned.

There is another point of very great moment in connection with the working of these desirable hospitals. A part of the scheme which has been sanctioned by the numerous representatives of the medical profession mentioned in the "medical memorial" is, to "provide for the assistance of the medical profession and for the benefit of the public a well-regulated hospital to which the former can send with confidence private patients who can afford to pay adequately for the accommodation they require, *and in which the patients will have the advantage of being treated by their own doctor.*" But in the prospectus itself this part of the scheme is not so much as

mentioned among the "aim and objects" of the Association. It is evident that one of the most important points for consideration is, how far this plan is to be carried out, or even whether it should be wholly abandoned, whether the patients are to be under the care of their own medical attendant, or under the care of a staff of physicians and surgeons especially attached to the hospital. It was at first suggested, and we believe it is still in contemplation, that both plans should be adopted in the same institution. But this could never be practically carried out. The great majority of applicants would, for obvious reasons, prefer being attended by their own family medical man, whilst, for equally obvious reasons, the latter would prefer parting with his patient with the understanding that he was to continue in charge of the case. The result would be that either the number admitted under these conditions must be very limited, a provision which would be very invidious and otherwise objectionable, or the patients under the care of their own doctors would become so numerous as to minimise the work of a permanent medical staff to an almost ridiculous extent, besides interfering much with the arrangements and general working of the institution. Space will not allow us to discuss this part of the scheme so fully as we would wish, but it is clear that the idea of allowing patients to be attended by their own doctors must be either given up altogether, or else the professional arrangements of the hospital must be based on the principle of carrying out this plan in its entirety. In the latter case a resident medical officer, a dispenser, and a consulting physician and surgeon would be all the medical staff required, a plan which might be found to work very well. If, however, the other scheme is adopted, and the home hospital is to resemble all other hospitals, with the exception of the superior and more private accommodation offered, and the payment made by the patients, we do not see how any of the latter can be allowed to remain under the care of his own medical attendant.

THE HOMŒOPATHIC SCHISM.

THE number of the *Monthly Homœopathic Review* for August has quite convinced us that it is little better than the pursuit of an *ignis fatuus* to continue our arguments on the subject. We appealed to reason, to experience, to logic, and we are simply met by negations and by the persistent repetition of premises, based on assumption and fallacy, and we now feel assured that we must leave to time alone the disintegration and destruction of the Hahnemannian school.

The discordant elements already entering into the domain of homœopathy, the "tangible dose"-men who resort to the frequent use of aperients, anodynes (of whom Dr. Wyld may be regarded as a type), will slowly, but surely, produce a beneficial effect; and without claiming the spirit of prophecy, should the editors of the *Review* be spared another twenty years, they will find our prediction has become verified, and that pure homœopathy will be only a curiosity of the past.

We have said, at the onset, it was a chimera to entertain Dr. Wyld's well-meaning propositions, as we knew he had no official standing, and that his views would not be adopted by his school; and the truth of this our readers may ascertain by perusing the correspondence of Dr. William Bayes, in the current number of the *Monthly Homœopathic Review.*

We would hardly have again touched on this subject, but for what is termed "a very interesting and suggestive letter" from Dr. Rabagliati (Surgeon to the Bradford Infirmary), addressed to Dr. Wyld, and published in the same columns, by his consent. The spirit which induced him to write this communication may be a very laudable one, but we think he has not sustained his position, and that few practitioners will agree with his conclusions.

We are not allopathists, hydropathists, or "pathists" of any kind. We are not animated by sectarian animosity, and we would at once abandon our position if we had a warranty that a better method was available, and we would advise our readers to at once embrace homœopathy if the weight of evidence was in its favour. We, in common with other medical journals, have followed the movement since 1838; we have read, digested, and analysed the data; and we have come to the conclusion that the Hahnemannian method is incompatible with ours, that there can be no amalgamation, and that homœopathy is based on error. We fail to see how Dr. Rabagliati can logically justify the following lines:—

"It appears to me that if a homœopathic practitioner should wish to see an allopathic, or *vice versâ*, or if the patient attended by the one should desire a consultation with a practitioner of the other school, there are no reasons which ought to continue to prevent the one practitioner from meeting the other and giving the patient the benefit of their joint advice. At least, I for one, am in strong hopes that a sectarian animosity, which should never have arisen, may come to an end some day or other."

HOSPITAL FEES IN DUBLIN.

WE note in another part of our issue the adoption by the hospital physicians and surgeons of Dublin of a compact under which all hospitals are to charge the same, to raise the fee for the nine months' attendance from £8 8s. to £12 12s., and to cease from the present arrangement of admitting pupils to perpetual attendance at a discount off the regular yearly fees.

This is a step which is worthy of notice from many aspects. It is certainly worthy of approval as a movement towards discouragement of underselling. Henceforth the competition which must and ought to continue to exist, will be a competition between hospitals as to which will give the most value to the student and thus attract the largest class, and we are glad that inducements to students to save money by entering at a third-class hospital have ceased to exist. We also cordially congratulate the profession on the abolition of perpetualism. The system under which a pupil, who at the moment of entering knows not what he is doing, was enlisted for four years and obliged to remain at one hospital where he got little teaching was radically bad, and the usual effect of it was that students habitually attended the hospital where they were best taught, although they had paid their money elsewhere. It will now be optional with them to go from or stay at their original hospital at the end of any session, and medical officers will find it urgent upon

them to exercise every persuasion to keep their classes together.

Whether the increase in the fee is just or judicious, is another question. We readily concede that, if a student is to pay heavily, he may more reasonably be asked to pay for his hospital than for any other part of his education; for it is undoubtedly within its walls that he has the chance of learning most. We feel, however, that the increase of fee is one more step towards the break up of the present medico-educational system. A few years since the student obtained all his lectures at £2 2s. per course. The fee was then advanced to £3 3s., and the cost of medical education increased by one-third at one swoop. It has lately been proposed to reduce the number of courses, but to maintain the aggregate fee, so that a lecturer who now receives £3 3s. per course for three courses would then receive £4 4s. and £5 5s. respectively for two courses. The step which we now discuss adds £12 12s. more to the burthen on the student's parent, and raises the cost of medical education to a very serious amount. We should offer no objection to this, because we consider that both the profession and the public would benefit by any move which would tend to restrict admission to our ranks and to increase the monetary reward of professional teachers; but we cannot forget that qualifying and teaching bodies remain, who will gladly give the two courses of lectures for £4 4s., for which others would charge £9 9s., and the same period of what they call hospital teaching for £3 3s. as is now fixed elsewhere at £12 12s.

It seems to us, therefore, that the increase of fees now decided upon in Dublin cannot fail to widen the gulf between the Dublin colleges (which now charge the student about £140 for his education and licences) and other qualifying bodies which profess to give equally good qualifications for £54; and as these anomalies are the groundwork of the radical reform of medical education which everyone awaits, we repeat that the course adopted by the Dublin hospital staff brings us nearer to the end.

Notes on Current Topics.

Experiments in Contagious Diseases.

In the July No. of the *Veterinary Journal* will be found an able article on the experimental method of investigation in reference to the subject of contagious diseases. The writer very properly points out the fallacy of too hastily drawing conclusions from negative results in experimentation, particularly when observation pointed in the opposite direction. When the results are positive, then the case is entirely the other way, and the conclusion drawn is of the highest value. For years the horses of the French army were decimated by glanders; because a few experiments at Alfort yielded negative results, the conclusion was jumped at that chronic glanders was not contagious, and therefore diseased horses were kept in the ranks among the healthy ones. For a long time, confidence in similar experiments led to the belief that horses and other animals could not become affected with this disease through the digestive organs, although now no fact is better established than that some animals are readily and frequently infected through the stomach. The caution to be observed in trusting to the results of negative experiment will be shown in the report of the experiments now being carried on at the Brown Institute, with regard to pleuro-pneumonia and foot-and-mouth disease. It will there be found that all the attempts made to transmit the latter malady by inoculation and other means—save actual cohabitation—failed with a number of animals, and this failure was being quickly seized upon to prove that, if contagious at all, the malady was, at any rate very much less so than had been imagined.

It will now be seen from the further report by Prof. Duguid, which appears in the "Proceedings" of the Royal Agricultural Society, that "four of the experimental animals have become affected with it (foot-and-mouth-disease), by feeding them with hay moistened with the saliva of diseased animals. *And had the virus of foot-and-mouth-disease been more readily obtained, the others would in all probability have been infected before the present time.*"

"Before members of the veterinary profession can receive as conclusive evidence of the non-contagiousness, either by mediate or immediate influence, of those diseases which their every-day experience has taught them to look upon as contagious, the experiments must be repeated again and again on a *large number of animals*, under every possible condition favourable for transmission, and with the most scrupulous care. One experiment yielding positive results, will upset the deductions drawn from countless *negative ones.*"

A few months ago we made some remarks on the fallaciousness of certain kinds of experiment, but then we referred more particularly to experiments that had been made on the action of certain drugs. There are few who will not endorse the observations of our able veterinary contemporary, but we think that while men like Dr. Burdon Sanderson can be found to conduct experiments in physiology and pathology, we shall not be so liable to fall into the same error as we formerly were, and to sacrifice the convictions we had formed from common observation to conclusions drawn from the negative results of experiment.

Therapeutics of Headache.

In a recent number of the *Canada Lancet* Prof. Smith, of New York, has an article on headache, in which the reader is supplied with a remedy for every species of this troublesome affection. For nervous headache, bromide of potassium and valerian; where there is sleeplessness, camphor, cannabis indica, and henbane. In nervous sick headache, guarana 15 gr. every quarter-of-an-hour, for six doses. In gouty headache, colchicum and bromide of lithium. In headache due to syphilis, 1-10th gr. of calomel every hour for a day or two, and afterwards iodide of potassium to the extent sometimes of 350 to 400 grs. per diem. For rheumatic headache, the mild Faradaic current to the scalp, and the internal use of iodide of potassium, chloride of ammonium, and infusion of hops. For the headache of acute alcoholism, or inebriety, a purgative dose of rhubarb and calcined magnesia; then sp. ammon. aromat., with tinctures of camphor, henbane, and lavender, every hour; and lastly, quinine and capsi-

cum before every meal for several days; and if there be sleeplessness, large doses of bromide of sodium, along with chloral hydrate. When dyspepsia is present, an emetic, or a dose of rhubarb and magnesia, or the dilute nitro-hydrochloric acid, if the headache is frontal or orbital; or an alkali before meals if the pain is "located about the roots of the hair;" or nux vomica and bismuth if there be flatulence; or a pill of aloes, nux vomica and belladonna, if there be constipation; or pepsine in a glass of sherry, if the affection comes on directly after a meal. When it proceeds from active cerebral congestion, evaporating lotions, saline cathartics, and a mixture of bromide of sodium, fluid extract of ergot, ginger, &c., or Fleming's tinct. of aconite, if the pulse be full and rapid, and the skin hot and dry. For fuller instruction on these and other kinds of headache, we must refer the reader to the journal above mentioned, for April 1st, 1877. The excerpt is given in the hopes that a hint or two may be taken therefrom. The precision with which Dr. Smith makes the "cap fit" in all these multifarious forms of headache, shows that in this sceptical age he at least has faith in his pharmacopœia; and we trust that the reader will not find in his practice that this confidence has been misplaced.

Illegal Medical Certificates.

Again we have to draw attention to the practice of giving certificates of death by persons quite unqualified to do so. A few days ago a medical student was prosecuted by the Treasury for having forged the name of a properly-qualified practitioner to a certificate of the cause of death.

It appears that Walter M'Irvine, the prisoner, had, up to January of last year, been engaged by Dr. Mason, of Sheffield and Stockbridge, as his assistant, and had in that capacity acquired a considerable reputation at Stockbridge for his medical skill; that when discharged in January last by Dr. Mason, being anxious not to lose the benefit of his connection at Stockbridge, he applied to Dr. Roberts, a duly qualified medical practitioner, to allow him to become his assistant and practise in his name at Stockbridge, an offer which that gentleman declined. The prisoner then began, and continued until after the commission of the offences charged, to practise on his own account, though not legally qualified, at Stockbridge. The offence charged against him arose from his so practising, and was this:—He gave a certificate of the cause of the death of one of his patients, Harriet Haigh, and signed it, not, however, in his own name, as he was not properly qualified to act as a medical practitioner, but in that of Dr. Roberts. It further transpired that the prisoner had systematically given these certificates when his patients died. Mr. Justice Manisty sentenced him to one year's imprisonment with hard labour and remarked that the offence is a most serious one. "You have acted," he said to the prisoner, "as though you were a properly qualified practitioner, in open violation of the law, of which I am unable to believe you can be ignorant. Your crime is that of forging the name of another person in order to conceal the fact of your want of qualification. This is an offence which, perhaps, is hardly likely to be repeated, still it is necessary to pass upon you a sentence which will mark the character of the offence, and operate, as I hope, a warning to others."

The justice of this sentence cannot be questioned. Forgery is under any circumstances one of the most serious crimes that can be committed, and never more so than when, in the cases of death it can be resorted to by any one for the purpose of usurping the functions of a legally qualified practitioner.

If a certificate of death is signed by the person who had been in attendance upon the deceased, but who was not qualified to do so, the circumstance could scarcely escape the notice of a watchful registrar of deaths; but if, through too lenient punishments, forgery were allowed to step in and to defeat the ends of justice, the consequences might be of a very serious nature. Even the homicide might have recourse to this species of forgery as a means of preventing the detection of his crime. The fact of the prisoner having committed the same offence before with impunity, shows that it is a crime which is not easily discovered, and one the serious aspects of which cannot be exaggerated.

On the Antagonism between Morphia and Atropine.

After numerous experiments (*Ann. di Clinica*, No. 77, 1877), Dr. Corona has drawn the following conclusions:—

1. Atropine increases respiration; morphia retards and modifies it.

2. Atropine produces convulsions in dogs and rabbits, but never sleep; morphia induces sleep and profound coma.

3. Atropine retards the heart's action; morphia increases it.

4. At the same time the former only slightly affects the temperature, whilst morphia lowers it.

5. Atropine dilates the pupil, and is one of the most constant and marked symptoms. Morphia may dilate, or contract, or may not exercise any influence.

6. Atropine injected in a large dose into the blood does not dilate the pupil because it paralyses at the same time the circular and radiating fibres of the iris.

7. Atropine always produces vaso-motor paralysis; morphia never.

8. Atropine affects reflex action, and always produces paralysis of the posterior part of the body in animals; morphia leaves reflex action uninjured or sometimes increases it.

9. On microscopical observation the lungs, liver and abdominal viscera were normal after poisoning by morphia and atropine.

10. The heart and large vessels were filled with coagulated blood after poisoning by morphia, whilst the blood was fluid and black after poisoning by atropine.

11. In both cases the meninges were congested, whilst the cerebral substance was anæmic.

11. The poisonous dose varied enormously according to the age and animal experimented on.

The toxic dose of morphia was less in dogs than in rabbits. Atropine was borne in large doses and never produced death below 50 centigrammes, except in very small young animals..

Dr. Corona has made the following reflections :—

Morphia administered in small doses causes the disappearance of the symptoms produced by atropine and induces sleep, but atropine even, in a large dose, does not interrupt the stupor or symptoms of morphia. The injection into the veins of these two poisons, even in small doses, is sufficient to produce sudden and serious poisoning.

Dr. Corona concludes that there exists a physiological antagonism between morphia and atropine, but that on the contrary we cannot admit the theory of a therapeutical antagonism of these bodies, *vis a vis* to one another. Morphia is useful in poisoning by atropine, but the latter is powerless in poisoning by morphia.

Distribution of the Hospital Sunday Fund.

We announced in our last the form which the Metropolitan Hospital Sunday Fund would take in its distribution amongst the various hospitals and dispensaries, also that the councils of certain hospitals would be called upon to explain certain incongruities before any sum was voted to them. This took place on Thursday last, when the members of the Council of this Fund met at the Mansion House, under the presidency of Sir Sydney Waterlow, M.P., to receive the report of the Distribution Committee for the present year.

The report stated that the total amount now recommended to be paid was £24,960, to be divided as follows : £22,747 to seventy-six hospitals (including four institutions which might be classed as hospitals), and £2,223 to forty-three dispensaries. Nearly all these awards were slightly below those of 1876, in consequence of an increasing number of applications to participate, and a decrease in the amount to be administered by the Council. It was proposed that any additional payment to the Fund after the present date be allowed to accumulate in aid of next year's Fund.

The Chairman, in opening the proceedings, stated that since the meeting of the Committee attention had been called to circumstances of a grave character affecting the management of, and the treatment of patients by, the Hospital for Diseases of the Throat, Golden Square, W., of which the Prince of Wales is patron, and at whose instigation an inquiry had been held. The Distribution Committee had received a report upon this inquiry ; but it was marked confidential, and he consequently could not read it to the Council. The Committee, however, recommended on such report that the award should be withheld for the present ; and he, therefore, took leave to move a resolution to the effect that, inasmuch as an inquiry had recently been held into the management of the Hospital for Diseases of the Throat, the proposed award to that hospital be temporarily withheld.

Bishop Claughton moved the adoption of the report, with the exception of the item referred to in the Chairman's resolution, which was carried.

The Secretary here made a statement, to the effect that in 1875 the collection made in 1,120 places of worship amounted to £24,901 18s. 10d. ; in 1876, in 1,089 places of worship, amounting to £25,655 ; whilst this year, 1,115 places of worship contributed.

Unanimous votes of thanks were then passed to the Distribution Committee for their labours, and to the Lord Mayor, and the proceedings closed with the usual vote of thanks to the Chairman.

Uranostaphylorrhaphia.

M. Lannelongue considers, with a view to operation, that we must introduce two divisions, according as the solution of continuity is total or partial. In the case of complete division the velum palati is itself divided. The partial presents two varieties; in the first are all the divisions, lateral or medium, which generally stop at the anterior palatine hole. In the second variety, that of posterior fissures, the velum is always divided, and the cleft of the palatine vault is always extended.

The complete posterior divisions are called median or bi-lateral when the vomer falls in the middle of the cleft; they are unilateral when the vomer encroaches on one of the borders.

As regards the question of age in children, four operations have been performed immediately after birth by Billroth, Simon, Rouge, and Otto Becker, but they all died from the ninth to the twenty-fifth day, one of dysentery, the other three of pulmonary consumption. Simon operated on a fifth child on the fourteenth day, but it also died.

The results are much more satisfactory if the operation is performed some months after birth, or any time during the first year. Out of five operations M. Lannelongue was twice unsuccessful, but had no death. Doubtless this difference in results has induced surgeons to defer the operation till the sixth month. M. Lannelongue does not think that this operation is one of urgency. He believes that the child should be in a healthy condition, but towards the age of three or four, when the functional exercise of speech is beginning, the operation is demanded, as a better result is obtained if the child has never spoken. The method which he employs is the one first suggested by Dieffenbach, but now called after Fergusson, who appropriated it and used it twenty-four times towards the end of his life. There does not appear to be osseous reunion, although the vault of the palate is capable of assisting mastication.

M. Lannelongue has performed this operation eight times ; six of his patients being girls, two boys, whose ages varied from four and a-half to eighteen years. Five were successful, two unsuccessful, and one incomplete.

Blood-letting in Pneumonia.

There can be no doubt that the profession has of late years committed a great mistake in so summarily abandoning the practice of wet cupping. Formerly there was scarcely a practitioner who had not a set of cupping instruments ; now there is scarcely a practitioner who has them.

A case was recently admitted into the University Hospital, Baltimore, in which this practice was adopted with success. The patient was a stout, robust young man, suffering from pneumonia of the left lung, with slight effusion into the pleural cavity. The temperature of the patient was 103°, pulse 120, and respiration 35. There were severe pains in the side, which caused great distress in respiration and coughing. As these symptoms became

worse, with high temperature and further embarrassment of the respiration, two wet cups were applied over the seat of pain, and two ounces of blood abstracted. Relief followed almost immediately; the patient enjoyed a refreshing rest. Convalescence was established on the following day, and on the sixth day after admission the patient was walking about the wards. The medical treatment consisted of a diuretic, and ten grains of Dover's powder at bed-time. The reporter remarks that there was every indication of the inflammation advancing, and that its progress was arrested by the local abstraction of blood by means of cupping. No sooner were the cups applied than the pain was relieved, and the general condition of the patient improved.

Treatment of Croup.

A "Backwoods Country Doctor," writing to one of the American journals, gives the following plan of treatment. In the early stages he administers purgative doses of calomel, after the action of which quinine, flowers of sulphur, and chlorate of potash, aa grs. xij., are mixed and divided into twelve powders, one of which is given (to a child three to five years old) every two hours, in some mucilaginous vehicle. If the dyspnœa is urgent, cloths wrung out of the coldest water procurable are applied constantly to the chest. If the false membrane is extensive, the throat is mopped once in six or ten hours with a solution of nitrate of silver (grs. x. ad ℥j.), and vomiting is induced with zinci sulph. when the swelling in the throat is very great. The child is also allowed plenty of fresh air, instead of being housed and muffled up, as these patients generally are. After the false membrane disappears the cautery and emetic are omitted, but the powders are continued at longer intervals.

The administration of the quinine and potash powders, in conjunction with a plentiful supply of fresh air, is by no means bad practice, but would, we imagine, be more useful in the epidemic forms of diphtheria than in sporadic cases of inflammatory croup. The exposure of the child to plenty of fresh air is, in our opinion, the part of the treatment most worthy of attention.

Hospital Fees in Dublin.

An adjourned meeting of the physicians and surgeons of the Dublin clinical hospitals, to receive the report of the honorary secretaries and adopt, finally, a scale of fees for hospital practice, was held on Monday, the 30th ult., at the College of Physicians. Representatives from the various hospitals were present, the chair being occupied by the President of the College of Physicians. The following resolutions were unanimously agreed to :—

1. That the fees for hospital practice be raised, from the 1st of October, 1877, as follows :—

For nine months,	£12 12s.
For six winter months,	8 8s.
For three summer months,	5 5s.

2. That the practice of taking perpetual pupils at the Dublin hospitals be abolished.

3. That the report as adopted, signed by each hospital physician and surgeon, be printed, and that copies be furnished to each hospital, and that the original document, so signed, be lodged with the registrar of the College of Physicians.

It will thus be observed that the scheme of fees as given above has been unanimously adopted, the several boards thus acquiescing in an arrangement which places all the hospitals upon an equable monetary footing.

The Parent of Obstruction.

At the meeting of the Edenderrry (Kildare) Guardians last week, Dr. Grattan, who boasts to be the Senior Member and Fellow of the King and Queen's College of Physicians, and resides on his property within the Edenderry Union, brought forward a notice of motion calling a special meeting of the board to take into consideration the best means of providing against famine, and of relieving destitution.

Chairman—I think this notice of motion is quite uncalled for.

Dr. Grattan—I think otherwise. What would we do if the Colorado beetle should come, or if cholera should come ?

Mr. Langan—We should try and obstruct its progress.

Dr. Grattan—Who was the originator of the policy of obstruction in the House of Commons ?

Chairman—You were.

Dr. Grattan—Yes. Dr. Richard Grattan, of Drummin House, county Kildare, advocated the policy of obstruction forty years ago.

Chairman—And you practised it here ever since.

It was moved that Dr. Grattan's resolution be not received.

The resolution was put, and all the guardians voted for it except Dr. Grattan, whose notice of motion was therefore not received.

The Sale of Food and Drugs Amendment Bill,

Which was introduced, as noted in our last issue, by Mr. Isaac, M.P., turns out to be a measure to enable public-house keepers and druggists to sell watered spirits if they sell it cheap, and to call it by the name of the unsophisticated article. The Bill consists of one clause, and enacts that "in determining whether an offence has been committed under sec. 6 of the Act, by selling to the prejudice of the purchaser, whether wholesale or retail, spirits reduced by the administration of water, regard shall be had not only to the extent of such admixture, but also to the price at which spirits so reduced are sold."

This proposal, it will be seen, would if adopted, carry with it the principle that a trader may sell any weakened or adulterated preparation under the name of the genuine article, if he sell it cheap enough. We imagine that the Bill is created to meet the case of the druggists who have been recently convicted of selling "sweet spirits of nitre" largely diluted with water. The *fiasco* in Parliamentary business which has arisen out of the obstructionist episode, has enabled Mr. Isaac to get his Bill through a second reading, but it has met with opponents in the person of Dr. Cameron, M.P., of Glasgow, aud the doughty Mr. Biggar, who have tabled a motion that it be read a third time in three months.

A very unusual death succeeding chloroform inhalation,

took place at Dawlish last week. The patient was a young woman of 23, whom it was necessary to cut for squint. She took about four drachms, and appeared to have perfectly recovered from the effects, which presented no unusual symptom, when she was found dead in her bed some hours afterwards. A *post-mortem* revealed the existence of cerebral apoplexy, and the jury returned a verdict that the death resulted therefrom.

The Muscular Equivalent of the Human Animal.

THE working value of the human muscular system has of late years received great development and wonderful illustration. Not long since, a man who could do his 50 miles in the day was a phenomenon. The first time that a pedestrian accomplished 1,000 miles in 1,000 hours, the feat was considered astonishing, but it was at once eclipsed by the walkers of 1,000 half-miles in 1,000 half-hours, and at length we have reached the acme of a performer who, though quite a novice—completely distances the "useful effect" of all former pedestrians in his line.

Last week, William Gale, a pedestrian well known at Cardiff, completed the extraordinary feat of walking 4,000 *quarter miles in consecutive ten minutes*, commencing each quarter mile at the commencement of every ten minutes. Although evidently fatigued he walked the last quarter of a mile but one in three minutes and the last in five minutes.

It involves a considerable stretch of imagination to realise the endurance of a man who can walk for nearly a lunar month night and day, never resting more than a few minutes at a time during the whole period, and travelling on foot a distance exceeding the limits of Europe.

Last week a pedestrian named Smyth, and appearing under the name of "the American Postman," achieved the task of walking 300 miles in six days at Dublin. His regimen during the walk was as follows:—He takes a small chop and some cocoa for breakfast. In two hours afterwards a raw egg beaten up. His dinner consists of a sago pudding and a small quantity of very raw beef, without drink, and his supper of as much cocoa and bread and butter as he wishes. Each day he is allowed a quart of milk and occasional sips of ginger ale. He takes no alcoholic beverage whatever.

Lecture Advertisements amongst our Ancestors.

THE *Union Médicale* gives us the text of a placard posted in the neighbourhood of the Paris University on 19th of May 1616. We give a translation.

"M. Charles Guillemeau is preparing to deliver his lectures in the abovenamed lecture theatre, they having been commenced long since in his own house.

"If God gives me life and health, I propose to read to the students a book which is in my library and which is very valuable for surgeons. It is entitled *Octavii Horatiani verum medicarum libri quatuor*. The book contains four volumes, and I have also Albucasis' 'Surgery.'

"God grant me strength and energy to do this."

New Members of the Profession.

DURING the first six months of the present year four hundred and twenty-three names were added to the official *Medical Register*. We have taken the trouble to analyse the returns just to hand, and find that of this number one hundred and ninety-nine passed the English qualifying boards, one hundred and nineteen the Scotch, and sixty-eight the Irish boards. Beside these, thirty took up the English and Scotch qualifications jointly; six the Irish and Scotch; and one the English and Irish. These figures are open to one or two suggestions: either the fees for Irish qualifications are higher, or the examinations are more difficult, as there were many Irishmen crossed the Channel for Scotch diplomas, while scarcely one went to England; again, of all those who obtained the Irish diploma, one only cared to add the English thereto. These would lead to the appearance that Irish degrees when once obtained place the holders in the proud position that any additions would be superfluous.

Invalids' Home Association (Home Hospitals).

THE Duke of Northumberland has promised to contribute £1,000 to the above association if the whole of the £20,000 named in the prospectus is raised by Jan. 1, 1879. About £4,000 has been promised already, and further contributions may be sent to the hon. secretary, at the Mansion House, or to the bankers', Messrs. Barnetts, Hoares, Hanburys, and Lloyds, Lombard Street, E.C.

Death of an Illustrious Chemist.

J. B. CAVENTOU, who died recently in Paris at the age of 82, was one of the most illustrious chemists of the present century. To him the world is indebted for some of the most important alkaloids in use. He was the first to isolate quinia, veratria, and strychnia, as well as a large number of others. It was he also who first demonstrated the existence of chlorophyll in plants. He entered the Academy of Medicine at the age of 27. For thirty-two years he held the Chair of Toxicology at the School of Pharmacy in Paris, which he resigned in 1858, despite the urgent entreaties of all his colleagues and pupils to remain.

Archæological Congress.

As previously announced, the annual Congress of the British Archæological Association, opens at Llangollen, on Monday, 27th inst. Excursions will be made by the members to places of interest in the district each day, and evening meetings will be held throughout the week. The Congress will close on Monday, 3rd prox.

IT is stated in the *Pharmaceutical Journal and Transactions* that a number of spurious drugs have appeared upon the London market: capalchi bark was offered as angostura bark; Para bark, devoid of alkaloids, but closely resembling quilled calisaya, was offered as such; besides a spurious cinchona. Black or striated ipecacuanha was tendered at a lower price than the true root. Indian dill seed (*Anethum Sowa*) have been offered as Sowu seed, instead of common dill seed.

We have always been of opinion that asylums, whether for the treatment of the insane or for inebriates, should be under the direction of medical men. Many fairly well-managed institutions are, it is true, licensed to the laity, but for obvious reasons, this is certainly an unwise course on principle. We are glad, therefore, to hear that Dr. L. S. Forbes Winslow has just opened an asylum for the care and treatment of dipsomaniacs at the Limes, Mortlake, within a few yards of the Thames. Some of our readers will doubtless be glad to learn where they can send patients under skilled medical supervision.

In order to familiarise the public with that dreaded pest, the Colorado beetle (*Doryphora decemlineata*), about which there has been so much talk of late, Messrs. Hardwicke and Bogue have published a coloured plate of the creature in its natural size, and also highly magnified and coloured. As the sheet is only sixpence, we doubt not many will be glad to become acquainted with it on paper, so as to be able to put their foot on it when they see it *in propria persona*.

The Swedish University of Upsala is preparing to celebrate the 400th anniversary of its foundation. This University, one of the richest in Europe, was opened on the 21st of September 1477. It accommodates 1,500 students and has four faculties, one each of medicine, theology, law and philosophy, which latter includes literature and science.

A statue of Linnæus is to be erected in the "Hop Garden" at Stockholm. The great naturalist is to appear surrounded by allegorical figures of Botany, Zoology, Mineralogy, and Medicine—the four sciences to which he devoted his attention.

Dr. Richardson's Abode of Health (Hygeiopolis) is likely to prove a reality. The architect and engineer are said to have nearly finished their designs, and the first stone of the buildings will probably be laid before the winter, at Courtland, Worthing.

For the first time for more than a year the mortality rate of Dublin for the last week was (17·7 per 1,000) below that of London and Glasgow, though still above that of Edinburgh.

A new highly-praised remedy for skin diseases, said by Dr. Murray to produce wonderful effects in some cases of tinea and eczema, is a new Chinese drug, *Tong pang chong*, said to be the product of *Akebia quinata*.

The Queen has forwarded a donation of £50 in aid of the repairs and improvement, now in progress at the Westminster hospital, to which her Majesty has been a large annual subscriber since 1838.

The Goldsmiths' Company has made a grant of £100 in aid of the funds of University College Hospital.

Correspondence.

THE TEMPERANCE HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having perused the correspondence and articles which have appeared in your columns with reference to the Temperance Hospital, I write to state the following facts:—

While lately in practice at Notting Hill I sent into the Temperance Hospital several cases of a very severe character, and such as were unmanageable in general practice. They all received the greatest attention from the medical officers, and they all did remarkably well under treatment, which was entirely non-alcoholic. There is no doubt that the managers have had the wit to secure the services of a most able staff of medical officers. They have, moreover, had the good sense to act upon advice given, I believe, by Dr. Edmunds, and, instead of asking men whose time is of great value to work for nothing, they have affixed an honorarium of one hundred guineas a year to each of the visiting medical officerships. In this way a sense of real responsibility is no doubt attached to work which, in many of our hospitals, is done in a perfunctory manner, and merely made a convenience of. I venture to suggest that if only this one point were imitated by the managing bodies of all other hospitals we should have fewer of the abuses which now mar the results of their practice, and that the true value of gratuitous medical advice would soon be more correctly estimated.

It would be to the advantage of the profession, and the public as well, if there were fewer of a certain class of ambitious young University physicians and surgeons (in the out-patients' departments especially), who, to advertise themselves and get a little experience, cut up general practice and manufacture paupers, by giving for nothing at all advice and medicine to patients who, in a great many cases, can well afford to pay at least something for it.

Reverting, however, to the results of the medical work done at the Temperance Hospital, and allowing for all the advantages which the managers have thus secured for the treatment of their patients, there still remains the fact that some 5,000 patients, including all such cases as are usually received in our great London hospitals, have been treated most successfully altogether without alcohol. In fact, except upon one occasion, I understand that alcohol has not been given either pharmaceutical, medically, or dietetically; nor has there been any question of using "substitutes," at any rate, not in the practice of Dr. Edmunds, with whom I happen to have come most into contact. A work of this kind, supported as it is by a body of most active and energetic philanthropists, cannot be without its influence upon the public mind, and I do not wonder at the subject becoming a theme for active discussion among your medical readers.

I should like to refer to one notably severe and anxious case which was among the patients sent by me into the Hospital—that of Madame R., in which the Cæsarian operation was performed by Dr. Edmunds, and in which the patient recovered without a bad symptom. Now, I can hardly imagine a case in which, upon general principles, alcohol would be required if not in this one; still, I should give alcohol in cases of syncope from hæmorrhage, uterine or otherwise, under my own care, because that is the usual practice, and I have not seen enough cases treated otherwise to justify me in recasting my practice in cases of such instant jeopardy to life. What I have seen at the Temperance Hospital, however, more especially in connection with the operation already referred to, has made a deep impression upon my own practice in regard to the use of alcohol. Perhaps, also, I may add that, since witnessing this case, and the active work done by Dr. Edmunds for many years as a total abstainer, I have myself recently become an abstainer, and have come to the conclusion that alcohol, when used as a common beverage, acts injuriously on the body, impairs the memory, deadens the understanding, and perverts the will. When I left off alcohol I first limited myself to a pint of malt liquor each day for my own sake, but some months afterwards, on the recommendation of Cardinal Manning, I undertook to abstain totally for the sake of example; and now, my health having been greatly improved by total abstinence, I shall never again take alcohol nor recommend it as a beverage.

Yours very truly,

M. Annesley Lamb, M.R.C.S.E.

457 Commercial Road, E.,
July 31, 1877.

THE FRUITS OF PHILOSOPHY.—THE SURPLUS POPULATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I quite agree with your views, and thank you for your defence of morality, and if you will allow me space I will give a very beautiful quotation from Charles Dickens which may strengthen your position. It is from his "Christmas Carol," on the subject of our surplus population, and is addressed to the Malthusian Scrooge :—

"Man," said the Ghost, "if man you be in heart, not adamant, forbear that wicked cant until you have discovered what the surplus is and where it is. Will you decide what men shall live, what men shall die? It may be that in the sight of Heaven you are more worthless and less fit to live than millions like this poor man's child. *O, God, to hear the insect on the leaf pronouncing on the too much life among his hungry brothers in the dust.*"

May I say with the enigmatical Jack Bunsby, "The bearings of this observation lays in the application on it."

"That an't no part of my duty."

"Awast, there; keep a bright lookout for'ard, and good luck to you."

Echoing the last words, I must sign myself—

One-who-might-never-have-been-born-if-the-"Fruits-of-Philosophy"-had-been-practised, or, in other words,

Yours faithfully,

THE FIFTH OF A LARGE FAMILY.

Aug. 3, 1877.

"THE FRUITS OF PHILOSOPHY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent, Dr. Drysdale, concludes his last letter to you with these remarkable words, "Until I have heard something *really* telling against the advice of Knowlton . . . . I shall look, as I have always done, on *conjugal prudence* as the truest basis of every social virtue."

To me, sir, it seems incomprehensible that a man of Dr. Drysdale's social and professional standing should, after your own and Dr. O'Flanagan's able *exposés* of the "Fruits of Philosophy," persist in writing in favour of the miserable practices inculcated in that now notorious brochure, and I can only conclude that the worthy doctor is happily ignorant of the true nature of the "fruits" he recommends for the consumption of others.

If you will permit me, I will endeavour to show him what some, at least, of these points really are—In the first place, the practice of systematically preventing conception, while still indulging *ad libitum* in sexual congress, cannot, I think, but conduce in a most lamentable manner to the moral degradation of the persons so acting, and when mutual respect between married people has been thus lost, what are their relations better than those of a prostitute and her customers?

The doctor tells us that the highest social virtue is to limit our families—not by continence, be it understood, but by *conjugal prudence;* and points to France as a happy country, where that fruit of philosophy is comprehended and practised. But the French peasant, bourgeoise, propriètaire, noble even, knows nothing, and cares less about "the Rev. Dr. Malthus and his immortal theory that there is a constant tendency in population to increase faster than the means of subsistence" (is there? I really doubt the fact). He simply knows that his property will be divided at his death in equal proportions among all his children, and that, consequently, the fewer of them he leaves behind him the richer each of them will be. His motive, then, in limiting, by recourse to dirty and unnatural practices, the number of his children, is far from being so loftily philanthropical as the doctor would lead us to infer, but is simply and meanly *selfish*.

Can anything be more fallacious than the doctor's reasoning (?) on this point? Germany has a larger birth-rate than France, consequently Germany is poorer (!) What of England, whose birth-rate is greater than either? Will the doctor venture to assert that we are poorer as a nation than our Teutonic relations? But if he does it will not alter facts. Poor France! I believe the time is not far distant when the average Frenchman will have no need of *conjugal prudence* to limit the number of his family; his gaûts de collège will confer ample immunity.

What, again, are the social qualities of small families? The population decreases in an alarming manner, so much so that from being the leading power on the Continent, France is fast declining to a third or fourth-rate place, and that in spite of the individual wealth of her remaining inhabitants.

The race, too, is positively deteriorating. Where are the stalwart grenadiers who came so near making mince meat of Wellington and his Guards at Waterloo? The average French soldier is a dwarf, let Dr. Drysdale deny it if he can. I have lived nearly twenty years in France, and do not speak from hearsay, but from intimate personal knowledge.

Another consequence of small families is to destroy all family feeling, all sense of *home*, a word unknown to Frenchmen, and to them quite incomprehensible. Jealousy and hatred take the place in the majority of French families of the love and affection which we are used to associate with the home circle; and naturally so, each French child is a rival to the one born before him. I shall not soon forget one of my schoolfellows when M. le Principal came with a grave face to tell him of the sudden death from fever of an only sister. The boy—he was about fourteen—jumped up, clapped his hands, and exclaimed, "Oh! I shall now be twice as rich as I expected to be!" So much for the social virtues engendered by the limiting of one's family, for this incident, sir, unnatural as it is, is by no means a solitary instance of similar sentiments existing among the French; like the straw in the river, it shows which way the current flows. If there happened to be two brothers at school they invariably hated each other and seldom spoke.

Such, sir, are a few of the fruits of the pseudo-philosophy advocated by Dr. Drysdale and his Malthusian friends.

Conjugal prudence is necessary, your correspondent asserts, to enable men to marry and prevent them falling into prostitution and masturbation. I presume the doctor means falling in with prostitutes. Well, it is an open question whether a natural connection with a prostitute be not preferable to an unnatural connection with "a wife in name only." Even masturbation, in my opinion, is preferable to *conjugal prudence*, for it only ruins the health and destroys the morals of *one* person, while conjugal prudence has the destruction of *two* to answer for.

The doctor appeals to Scripture and "pious persons." I will not remind him of another individual who also quoted Holy Writ when it suited his purpose to do so; but I should be glad to know what weight he considers is due to the thousands of clerical authorities whose conclusions are the opposite of those of the "Reverend" Mr. Malthus and Dr. Drysdale, in respect of "voluntarily limiting one's family"?

One would imagine, to hear these gentlemen declaim, that the world is over-populated! Some small corners of it may be, but surely there is room enough and to spare on its surface for all the people that will be born for thousands of years to come, to the utter neglect of Dr. Drysdale's *conjugal prudence*.

These filthy practices having, then, no *raison d'être*, I trust we shall hear no more about them; but let those who admire them adopt them in silence, and not disgust the vast majority of Englishmen by parading them in public.

For my part, sir, until I have heard something *really* telling IN FAVOUR of the advice of Knowlton (and Dr. Drysdale) to proportion the family to the means of the parent (what means? present or future? and would a very rich man be justified in begetting as many children as he could?) and to the state of civilisation and capital (whose capital? individual or national?), I shall look, as I have always done, on *conjugal prudence* as the truest basis of moral and physical corruption, individual as well as national, and of every social vice.

I am, sir, yours respectfully,

W. T. GREENE, M.A., M.D. T.C.D.

218 Old Kent Road, S.E.

MIDWIFERY FORCEPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A letter from me on the above subject appeared some time ago in yonr journal. In it I suggested some changes in Knight's forceps, and by those alterations I believed they would possess all the *advantages* of Tarnier's forceps. I believe so still. Dr. Hart accuses me of claiming credit for this: I am not aware of making any such claim. He says

any ordinary forceps is capable of the curves I proposed—I say they are not, for the handles must be nearly as long as the blades. I hope it will please Dr. Hart to learn that my "suggestions have been carried into effect, and that the instrument is made by S. Maw, Son, and Thompson, and if he attends the meeting of the British Medical Association in Manchester I will let him see them, and give him any further information he may require. Does it offend Dr. Hart that I try to rival a Frenchman? If so it is a pity. Drs. Tarnier and Hart may think it a great advantage *to see* in what direction to employ traction. I prefer the old-fashioned plan of *feeling my way*, because it is the safer plan. If Tarnier's forceps are screwed on so tight that you are sure they will not slip, you will be almost equally certain that you will kill the child. Dr. Atthill, a man of experience, bears me out in this. But I believe Dr. Hart does not understand my instrument at all, and his idea of the anatomy of the pelvis is ridiculous—he talks of the *posterior* edge of the fourchette! (it has no posterior edge unless the part is dissected out). I hope no one will attempt to rob him of the *credit* of *this* discovery. I have fourteen years' experience in the use of forceps, and have operated about 140 times, and I have invariably found if I could move the child's head at all (by way of extraction) when it was in the inlet of the pelvis, I had no difficulty afterwards, and the principal reason of my having any difficulty then was because I could not use traction in the axis of the pelvis; I always kept one hand in contact with the child's head and the instrument; this gave me all the information I required. My instrument, I maintain, enables the operator to employ traction in the axis of the pelvis, from inlet to outlet, *without using dangerous or continued pressure*—this *no other instrument* can do. The extremities of the handles of my forceps are *not* joined by a cross-bar, but, as I said before, they end in blunt hooks; these are grasped by a link, to which is attached a swivel on crossbar or handle, by it to employ traction—at the same time it permits the child's head to rotate. The link is broad in the middle, sharp at one end, and blunt at the other. When the instrument is applied and locked and the handles pressed together with whatever force may be considered necessary, it will then be seen which end of the link is the proper size for keeping them at that pressure after traction has been applied to the handle. The link acts as a double inclined plane on the extremities of the handles, and presses them together in proportion to the amount of tension employed, until they rest on the end of the link; this is the limit, and of course the maximum, of compression that can be made. The moment traction is discontinued the blades relax of their own accord, there is no danger from continued pressure. I will now contrast my instrument with Tarnier's:—1st. Mine is easy to apply because it is the shape of the axis of the pelvis; Tarnier's is difficult. 2nd. Mine can be used as a tractor in the axis of the pelvis, and permits rotation, and does not injure by continued pressure; Tarnier's is a good tractor and permits rotation, but injures by continued pressure. 3rd. Mine will not slip; the greater the tension the firmer they grasp; Tarnier's may slip. 4th. Mine can be removed quickly; Tarnier's can not. Perhaps Dr. Hart will now tell us which of the instruments has the most advantages.

Yours truly,

DAVID CHRISTIE, L.R.C.P.ED., &c.

Carrigart, co Donegal, 28th July, 1877.

Obituary.

DR. WILLIAMS, OF COLCHESTER.

DURING the past few weeks it has been our painful duty to record the death of several well-known and popular provincial medical men, and now we have to add thereto that of Dr. Edward Williams, whose name will probably be familiar to our readers in connection with his papers on the "Etiology of Consumption," which appeared in our columns. To others he will be remembered for his rather clever monograph "On the Tongue," which reached a second edition. Dr. Williams was born in January, 1808, consequently he was between sixty-nine and seventy when he died. He graduated at the University of Cambridge in 1832, from which Institution he obtained both the M.B. and M.D. degrees. At Colchester, where he resided, he was a very popular man, albeit a few idiosyncrasies, which we will not mention here. He was four times elected mayor of that city, and was for many years magistrate and alderman of the borough, besides holding the appointment of consulting physician to the Essex and Colchester Hospital, and to the Essex Hall Idiot Asylum.

Literature.

MEDICAL MEN AND MANNERS.(a)

THE most rare—the least popular the most unfruitful to its friends, yet the most valuable to its enemies—the most universally professed but most seldom practised of all human arts, is TRUTH. A taste for it is ruinous to the unhappy victim of that appetite, who, while deserving of admiration and respect, is treated as a nuisance and to be avoided, "Honesty is the best policy," *Magna est veritas et prevalebit*, and such like aphorisms, serve an excellent purpose, truly, as copy-book headings, but should be carefully forgotten as soon as they have served their turn as an injunction to those who have not yet learned their fatuity in practice. The truth-teller is, paradoxically, at the same time a criminal and a public benefactor, and while every man's hand is against him, there can be no doubt that his offence yields great benefits to those who hate and avoid him. In no walk of life is this more true than amongst doctors. We all know what we know, but woe to the man who is rash enough to speak it out!—yet from whom comes any hope of medical reform? Not, certainly, from the quiet, harmless, silent, and respectable gentlemen who have learned the wisdom of holding their tongues, but from the bores and hare-brained fellows who drag the peccadilloes of our professional system into the full public gaze. One of these is the demented author of "Contradiction: or, English Medical Men and Manners"—a brochure already well known and widely read, and we say the more widely the better, because we look for the only cure for the ills of the profession in a full exposition of the system before the eyes of those who may be able to enforce a remedy. Beginning with universities, schools, and colleges, the author conjugates the profession through all its moods and tenses. His historical introduction is interesting and much of it new, and of itself is worth perusal, but it is carried on through the past legislation of the profession until the author is led up to our present *status quo*, to which most of his attention is devoted. He opens his disquisition on this subject with the following paragraph:—

"Most reforms by legislation in this country produce, at any rate while under preparation or discussion, more or less public excitement. The *Medical Act* produced none at all. It passed through both Houses of Parliament and received the Royal assent in almost utter stillness. But if indifference awaited it from without, within the profession it had its share of attention. Before the Act was prepared and before anything was done in Parliament, it was felt that in the profession, things were so bad that worse they could not be, and therefore any law, or any interference, must have a good effect. To produce this the doors of the profession should be better guarded than they were, and this at the very outset any law was certain to effect. . . .

"Doctors so ignorant have ornamented the profession within these thirty years, that they could not 'work' all the simple rules of arithmetic, although they made a 'shift' now and again at 'multiplication' and 'division.' Nor could they spell correctly some words of only one syllable in the English language, not to mention any other language, 'living' or 'dead.' As to how they ever obtained

a) "Medical Men and Manners of the Nineteenth Century." 'Ατιθάσσευτος. 1877. London: Baillière, Tindall, and Cox.

a diploma is a mystery known only to themselves and their examiners (always putting aside the question of personation at examinations). But in the 'good old days,' before the Medical Act, diplomas were not hard to get. Among general practitioners, those qualified within at most these fifteen years know the full value of such a thing."

Describing the various sorts of doctors, which he does with much pith, "Men and Manners" speaks thus of a species of medical man with whom we are all occasionally acquainted :—

"Brought to a consultation at the request of the ordinary attendant (general practitioner or otherwise), if this man gives the great man *all* his consultations, he confirms all that he (the ordinary attendant) has said or done rightly or wrongly, and he condemns all that he has condemned. But if brought in by the wish of the family, and against the wish of the attendant, he almost as certainly condemns all that he has done, and suggests or institutes a treatment—*in appearance*, at least—entirely different. This he does, not always openly, but by hints, shrugs, and other expressions of displeasure, either of countenance or by pantomime in general. And if the case ends favourably at last, he takes every pains to make it be understood that he, and he alone, was the instrument of this. But if unfavourably, he takes quite as much pains to disclaim all responsibility. Thus in whatever way any case of his ends, he is ever prepared to justify and even to exalt himself."

We give these paragraphs, not as our own creed, but as specimens of the author's style, which we cannot afford space to continue further. The brochure contains very much plain and painful truth, which in many instances might be made less repulsive without abating its force, and when the second edition comes to be isssued (as we doubt not it will) we should counsel a weeding out of unnecessarily offensive phrases. The frequent repetition of italics, capitals, and quotation points are also a grave literary blot upon the book, and the author will achieve more respect for his utterances if he confines himself to plain type and unalloyed fact.

TABLES OF MATERIA MEDICA. (*a*)

The great reputation attained by the compiler of these "Tables" as a teacher and as a scientific worker in the subject of Materia Medica led the writer of the present notice to look forward with great interest to their publication. The expectations entertained have not been realised. The "Introduction," indeed, is worthy of Dr. Brunton's pen, but the body of the work is the baldest production in the existing literature of Materia Medica. This subject, taught as it is at present, is almost universally disliked by students ; it is considered to be a mere uninteresting collection of unconnected botanical, chemical, pharmaceutical, and therapeutical details. This is not the place to advocate reform in the manner of teaching and the matter taught, but surely it is the duty of a reviewer to pronounce an adverse opinion on a work which presents the subject matter of a science, if what is meant by "materia medica" can be so denominated, in its most repulsive aspect. A student could never learn materia medica from this volume—very few students will ever try. Actual inaccuracies are not numerous, but the matter is meagre in the extreme and the arrangement is faulty. One great characteristic of the "Tables" is the enormous space occupied by blanks and the absurd reiteration of the word "ditto." We do not wish to deny the value of a judicious tabular arrangement, but "Tables" which are for the most part made up of blank spaces and "dittos" are not to be commended. It is a matter of sincere regret to the writer to have to speak thus disparagingly of Dr. Brunton's book, for the labour which has been bestowed on the compilation must have been excessive, and must command respect, while at the same time regret must be felt that valuable time was not more worthily expended.

(*a*) "Tables of Materia Medica : a Companion to the Materia Medica Museum." By T. Lauder Brunton, M. D., Lc. O., F.R.C.P., F.R.S., Assistant Physician and Lecturer on Materia Medica at St. Bartholomew's Hospital, &c.

A REPORT TO THE SURGEON-GENERAL ON THE TRANSPORT OF SICK AND WOUNDED BY PACK ANIMALS. (*a*)

The subject of the transport of sick and wounded by pack animals has latterly attracted much attention in the United States Army, owing to the contests with Indian savages, during which expeditions have frequently penetrated into unexplored regions, and engagements have taken place in situations altogether inaccessible to wheeled vehicles. The conditions of such warfare entail the necessity of modifying the arrangements for providing surgical assistance for the wounded or disabled. The ambulance equipment must be able to keep up with the troops, and not to interfere with their rapid movements ; must provide the essentials of surgical aid far from a base of supply, and often improvise, for the comfort of the wounded, appliances that cannot possibly be transported. Under such circumstances, officers have recalled the expedients of the hardy explorers of the frontiers, and have endeavoured to improve them or to adopt them to unexpected exigencies. A number of interesting reports on the various devices employed have been transmitted to the Surgeon-General's office. These have been collected and arranged by Assistant-Surgeon Otis in the monograph before us.

Dr. Satterles's report from Florida contains the earliest mention of any scheme of ambulance administration and equipment in the field service of the United States army. This was during the hostilities against the Seminole Indians (1835-1838). In consequence of the roughness of the road, litters between two horses had to be used. Described as a very comfortable means of transportation, but difficult in consequence of the number of men and horses required. For the efficient use of cacolets, it would appear, as the result of experience, that horses and pack mules of sufficient strength and docility were essential.

In the campaign in Mexico, in 1864, M. Gouchet, Médecin-Major, 1st Zouaves, carried his sick on a field-stretcher, secured to a pack saddle. "This adaptation of ordinary hand-stretchers to the purposes of a single-litter mule conveyances," writes Dr. Otis, "is admirable in principle ; and if means can be devised to secure such stretchers on pack animals, without pitching them so high as to endanger the patient and encumber the animal, such arrangement would be the simplest and best."

In a memorandum forwarded from Fort Saunders, Wyoming, January 15th, 1877, Surgeon Clements writes: "Litters drawn by horses or mules are not to be regarded as a last resort for the transportation of wounded men. On the contrary, they are superior to any mode of land transportation for certain classes of wounds. These wounds are, especially, gunshot fractures of the bones of the lower extremity, and particularly of the femur. Mules are preferable to horses, being smaller, more sure-footed, and having a shorter step."

At another page, Assistant-Surgeon J. H. Petzki writes: "Ready transportation, available at any moment, is a great *desideratum* in Indian warfare ; it would expedite the movement of the troops, lessen suffering, and reduce the danger of the wounded and dead falling into the hands of savages."

There are many illustrations of the *travée*, or Indian horse-litter. A sacking bottom is lashed to two poles, that are separated by traverses, and secured to the stirrup-leathers of a cavalry horse, equipped with the regulation

(*a*) "A Report to the Surgeon-General on the Transport of Sick and Wounded by Pack Animals." War Department, Washington, March 1st, 1877. By George A. Otis, Assistant-Surgeon, U.S. Army

saddle. The soldier's pack makes a pillow, and a blanket is thrown over him. Owing to its being easily constructed, requiring but one animal and one man to manage, it is considered by some surgeons superior to the two-horse litter.

Dr. Otis very properly remarks on these various improved forms of litter, that "it is not prudent or economical to confide the matter of sick-transport to the ingenuity of troops; for in the medical service of armies, if the difficult problems concerning the transport of sick and wounded men, with due care for the safety of their lives and alleviation of their sufferings, are not sudied out in advance, there will be great detriment, on numerous occasions in campaigning, to the efficiency of the fighting force. Experience having demonstrated that some other mode of transport than by hand-litters and wheel-vehicles is imperatively necessary, it is important to determine the best method. Assuredly this cannot be the devotion of two animals and four soldiers to the carriage of the sick man. As it is known that in countries varying in climate and geographical configuration as Algeria, Russia, Italy, and Mexico, it has been found possible to transport two wounded men by one mule, and that only one muleteer was needed for every two mules, the utility and economy of such an arrangement are so obvious, that—notwithstanding the expense and systematic care required to provide animals of sufficient strength and docility, and men adequately instructed in the training of the animals and care of the wounded—it would be possible and desirable to renew the attempt to secure its advantages, as has been successfully accomplished in other armies." An opinion few will differ with who have had any experience of actual warfare.

We commend this interesting and excellently illustrated report to the notice of military surgeons of all armies, as containing much practical information on the carriage of sick and wounded troops in inhospitable and mountainous regions.

Medical News.

Royal College of Surgeons in Ireland.—The undernamed gentlemen passed the required examination for the First-Half of the Letters Testimonial of the Colleges at the examinations held on the 7th of July and following days, viz. :—Alfred Ausbery, Henry Banks, Thomas W. Beale, Edward Butt, John Carmichael, John J. Daly, Maurice O'Connor Drury, Albert J. Duffey, Constantine R. Egan, John English, John R. Hamilton, Richard J. Hassard, Edward C. Hynes, Denis M'Donnell, John R. M'Munn, Edward Morissy, John W. Mullen, Hairy O'Hara, Patrick J. O'Shaugh, nessy, William J. Patton, Bernard Reddy, Thomas Ryan, Thomas Sheedy, Simon D. Sproule, Alfred Vavasour Lane, Henry A. Wall, Cicel G. Westropp, and Vincent S. White.

At the examination held in General Education on the 18th July the undernamed gentlemen were awarded certificates, viz. :—Herbert J. Bermingham, Walter Boyd, Humphry J. Bloomfield, George V. Byrne, Arthur C. Clance, Robert Heron, Francis Philip Colgan, Anthony L. Courteney, Louis Finigan, Edward T. Geoghegan, Nicholas J. Hannan, Samuel W. Handy, George H. Harding, John Hare, James Heath, Robert Hickson, John T. Holmes, James J. H. Jackman, William G. Kennedy, Patrick A. Keogh, Thomas S. Lacy, Peter E. Lemas, Thomas Magnor, Daniel J. Manning, Thos. R. M'Dermott, William M'Geoghegan, Henry S. M'Gill, Philip M'Patton, Thomas Mulcahy, George C. Moutray, Edward De Lacy Wickham, Robert A. Williams, and Samuel R. Wills.

At the examination held on the 23rd of July and following days the undermentioned gentlemen, having passed the required examinations for the diploma, and having made and subscribed the declaration, were admitted Licentiates of the College, viz. :—Thomas F. Arthur, William H. Bagnell, Joseph J. Beattie, Thomas V. Bell, Edward J. L. Blacker, James Bothwell, Patrick J. Carmody, Henry A. H. Carleton, Patrick J. Collins, William R. Cooper, Thomas Curran, Louis Delmege, William G. Evans, David A. M. Finlay, John R. Hamilton, William H. de Burgh Hoctor, Matthew Kehoe, Laurence Kerrigan, Edward G. Leary, William B. Mackey, Bartholomew Madigan, Joseph M'Cann, Edward P. M. Donnell, John W. Mullen, Robert O'Callaghan, David W. Orr, Daniel O'Sullivan, Benjamin Poirotte, Samuel Russell, Henry R. Sherrard, Thomas P. Sillard, Andrew C. Thompson, Edmund J Thunder, Thomas G White, and John B Yourell,

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination, were duly admitted members of the College at the last meetings of the Court of Examiners :—

Arthur, W., L.S.A., Oakley St.
Atkey, Wm. T., Chichester.
Bathe, A. I., Purton, Wilts.
Battle, William H., Lincoln.
Bennett, A., Stawell, Victoria.
Berdoe, E., L.R.C.P., Victoria-Park Road.
Bigg, G. K. S., L.S.A., Wimpole St.
Blackman, J. G., L.S.A., Southampton.
Budler, C. F., Cape of Good Hope.
Clark, J. G., L.S.A., West Hartlepool.
Coffin, T. W., Earl's Court Road
Collier, H., L.R.C.P.E., Turnham Green.
Coumbe, J. B., L.R.C.P., Plymouth.
Cripps, Charles C., Bristol.
Dalton, C. G., L.S.A., Lincoln.
Dale, H. R., St. George's Sq.
Davies, Louis W. Carmarthen.
De Latour, B. E., Hammersmith.
Duncan, J. T., Tunbridge Wells.
Dunstan, Wm., L.S.A., Brixton.
Edgelow, Samuel H., Savile Row.
Fraser, G. B., Weston-super-Mare.
Fulford, John, Melbourne.
Gimlette, G. H. D., Southsea, Hants.
Gipps, A. G. P., Lonsdale Sq.
Golland, Alfred, Oxford.
Hadden, W. B., Liverpool.
Hammond. Thos., Whitehaven.
Harding, Arthur, Warminster.
Harle, W. I. V., L.S.A., Hackney.
Hawkins, Cæsar F., Bristol.
Heath, Wm. L., Totnes, Devon.
Hinton, J. T., Croydon, Surrey.
Hodgson, George G. Liverpool.
Holland, Phillip A., Oxford.
Hyde, S., Buxton, Derbyshire.
Inman, R. E., L.S.A., Hackney Road.
Instone, S. V., L.S.A., Addison Road.
Jaynes, Victor A., Gloucester.
Keer, I. C., L. S. A. Wickham Market.
Lowdell, Ch. G. W. Wadhurst, Sussex.
Maberly, Wm. H., Leamington.
Makern, J., L.R.C.P.L., Blackheath.
Maybury, L., Frimley, Surrey.
Miller, Richard S., Lowestoft.
Milles, W. I., Staplehurst, Kent.
Neale, J. E., St. John's Wood.
Neylan, John, Ennis, co. Clare.
Nickoll, J. S., Milton, Kent.
Norman, R., Manton, Rutland.
Norton, Ritchie R., Carmarthen.
Pain, Alfred, Bridgewater.
Pemberton, Robt., Madras.
Pinder, J. W., Cleethorpe, Lincoln.
Potts, L., L.S.A., Beckenham.
Prideaux, T. E. P., L.R.C.P.L., Scarborough.
Proctor, S. F., L.R.C.P.E., Trinidad.
Quicke, Wm. J., L.S.A., Exeter.
Ross, Richard A., Brighton.
Sheldon, T. S., Congleton, Cheshire.
Sheppard, C. E., Addison Gardens.
Shipton, Arthur, Buxton.
Smith, Hugh, L.S.A., Wimpole Street.
Stock, Gregory, Bristol.
Sutton, T. S., L.S.A., Thame, Oxon.
Taylor, H. G., Queen's Road.
Tritton, Wm. P., Kilburn Park.
Vachell, Edward S., Bath.
Vachell, H. R., L.S.A., Llandaff.
Verdon, M. J., Craven Street.
Von Beverhoudt, W. T. H., Plymouth.
Wagstaffe, J. P., L.S.A., Dalston.
Wallis, P. E., Hartfield, Sussex.
Weller, J., L.S.A., Amersham.
Weekes, F. H., L.S.A., Auckland.
Wilmot, T., L.R.C.P.E., Fenton, Lincolnshire.
Wishart, J., Ontario, Canada.
Woods, Arthur, A., Belfast.
Yoshida, Kenzo Hidenari, Japan.

At the Annual Meeting of the General Council of the Apothecaries' Hall of Ireland, convened in pursuance of the Statute of Incorporation, on the 1st day of August, 1877, the following members were elected as the office bearers for the ensuing year :—Governor, James Shaw, L.R.C.S.I. Deputy-Governor—Henry Palmer Nolan, M.D. Court of Directors and Examiners.—Edward Howard Rolland, M.D., M.R.C.S.E.; Thomas Collins, M.R.C.S.E; John Evans, Esq.; Arthur Harvey, Esq.; Charles Holmes, M.D.; Charles H. Leet, M.D., M.C.; Charles F. Moore, M.D., F.R.C.S.I.; Robert Montgomery, M.R.C.S.E.; Jerome O'Flaherty, L.R.C.S.I.; Edward J. O'Neill, M.D., L.R.C.S.I.; George B. Owens, M.D.; John Ryan, M.D., M.R.C.S.E.; George Wyse, M.D. Examiners in Art.—John W. Moore, M.D. T.C.D.; Edward W. Collins, M.D. T.C.D. Representative on the General Medical Council—Dr. Charles Henry Leet.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in Loadon, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal

regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Dr. Dolan, Halifax.—Paper received will appear as soon as possible.

Inquirens.—A knowledge of French is certainly desirable if you wish to attend the Geneva Congress; if you have no objection to figure as a dummy with the object of impressing your *clientele* on your return, by all means go. We have already given the subjects of the papers, and, if space permits, will also furnish the provisionary conclusions.

Mr. E. M. Boddy.—Your communication shall appear as soon as space permits.

Dr. Williams will find the subject referred to in our issue of July 25.

Talipes.—1. There is an orthopædic hospital in Dublin. 2. Dr. Sayre, of New York, is now in England.

Accoucheur.—You will find plates of Tarnier's forceps in Medical Press, May 9, p. 371. We were the first to introduce them to English readers. Their probable cost would be about £2 17s.

An Interested One.—The Lunacy Commission has not furnished its inquiry, but has adjourned to next session.

Not behind the Scenes.—Of course the reports in some of our contemporaries as to the health of H.R.H. Prince Albert Victor are what Carlyle would call "shams," they are written "ad captandum vulgus." Would you consider it professional or honourable to give to the public all particulars about your private patients. Should not royalty have the same privileges as are accorded to the subject? When you see such reports you may rest assured the writers of them know no more than the general public, as the medical attendants on royal patients are not likely to betray their trust.

General Practitioner.—We would prefer another *nom de plume*. Write to the General Secretary.

Dr. Kelly's communication will receive our attention.

To the Editor of the Medical Press and Circular.

Sir,—My attention has been called to an article in your issue of July 11th, anent the debate on vaccination in the House of Commons, in which you recommend that the father of an unvaccinated child dying of small-pox should be indicted for manslaughter. May I ask if you would also recommend that the doctor should be indicted for the same offence in every case of a failure of vaccination to give "protection from death by small-pox?"

I am, respectfully,
A. Wheeler.

6 Blackwellgate, Darlington,
August 3, 1877.

[We are surprised that Mr. Wheeler does not see the difference between a man who conscientiously performs a duty, although, perhaps, unsuccessfully, and one who wilfully neglects a duty in the face of serious and even fatal consequences. To say that a vaccinator should be punished because the person he vaccinated caught the small-pox, is as absurd as to say that a surgeon should be punished for an unsuccessful operation.—Ed. M. P. & C.]

"THE VIN DE BAUDON."

To the Editor of the Medical Press and Circular.

Sir,—My attention having been called to an advertisement of the Vin de Baudon in which my name is mentioned in such a manner as to beget the idea that I had employed this compound, that to its employment I had ascribed the recovery of a patient from empyema, and that I recommended its use. Perhaps you will kindly permit me to state in answer to many communications on the subject, that the wine was prescribed by the Resident Medical Officer of the London Hospital, that in my opinion its use exerted no favourable influence upon the patient's recovery, that I have never prescribed the preparation, that the garbled extracts from the reports of the case—neither written nor revised by me—used by the advertisers to promote the sale of their commodity, have been published without my knowledge, and that the continued use of the advertisement as it now runs is contrary to my judgment of what is right.

I have the honour to be, Sir,
Your obedient servant,
Andrew Clark, M.D.,
Aug. 6, 1877. Physician to the London Hospital.

[*** We are sorry to see advertisers, in their anxiety to push their wares, resort to such a reprehensible device as that so justly exposed by Dr. Clark; and we consider that they should at once withdraw the objectionable references. The advertisement has not appeared in our columns, although we understand from our Publisher that an order was offered some time since on condition of a notice first appearing in the Medical Press. A few weeks ago the agents of a certain food for infants also had to be taken to task for using in their advertisements a testimonial given by a physician years ago for another purpose. We are not now offering an opinion on the merits or demerits of these articles, nor do we consider that, where a preparation or an instrument has been found of real value, a medical man should not give it the recommendation it deserves; but it is these "tricks in trade" tricks which would not for an instant be tolerated by well-known and established firms, that we condemn, and we have no hesitation in adding these two to the category.—Ed. M. P. & C.]

Mr. Duncan McNab.—Received as we were going to press.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Manual of Orthopraxy. Third Edition. By Hy. Heather Bigg, C.E. London: J. & A. Churchill.

The Hair in Health and Disease. By E. W. Cottle, F.R.C.S. London: J. & A. Churchill.

A Report on the Sanitary Condition of Birkenhead. By F. Vacher, Medical Officer of Health.

The Transport of Sick and Wounded by Pack Animals. By George A. Otis, United States Army Medical Department.

On the Diagnosis of Urethral Stricture by Bulbous Bougies. By J. W. White, M.D., Philadelphia.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. XV. London: Sampson, Low, & Co.

VACANCIES.

Royal Free Hospital, Gray's Inn Road, W.C.—Assistant Physician and Assistant Surgeon. Honorary. Testimonials to Mr. Blyth, Secretary. (See Advt.)

Westminster Hospital.—House Physician, House Surgeon, Obstetric Assistant. Board and lodging furnished for each appointment, but no salary. Applications to the Secretary.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board. Applications to the Clerk of the Visitors, Devizes.

Tamworth Union.—Medical Officer of Health for Rural Sanitary Board. Salary, £120. Also Medical Officer to the Union Workhouse and District. Salary, £105, with fees extra. Sealed applications to the Clerk to the Union.

South Yorkshire Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and apartments. Address Dr. Mitchell, Wadsley, near Sheffield.

Ennistymon Union, Miltown, Malbay Dispensary.—Medical Officer. Salary, £100. Election, Aug. 8.

Queenstown Dispensary.—Resident Apothecary. Salary, £70 per annum, with perquisites amounting to £45. Election, Aug. 29.

Cavan Union, Ballananagh Dispensary.—Medical Officer. Salary, £100 per annum. Election, 18th inst.

Kent and Canterbury Hospital.—House Surgeon. Salary, £80, with board, &c. Applicants must address the Secretary.

Tunbridge Wells Dispensary.—Dispenser. Salary, £80, with furnished rooms, &c. Address W. C. Satchell, Esq., 1 Monson Place, Tunbridge Wells.

St. Mary's Hospital, Paddington.—Pathologist and Medical Tutor. Salary, £100. Full particulars of the Dean.

North Witchford Union, Cambridgeshire.—Medical Officer for the Manea District. Salary, £50, with extra fees for midwifery, vaccination, &c. Address the Clerk to the Guardians.

Roscommon Infirmary.—Resident Apothecary and Registrar. Salary, £60 per annum, with apartments, &c. Election, 17th inst.

APPOINTMENTS.

Cantlie, Dr. J., Demonstrator of Anatomy at the Charing Cross Hospital Medical School.

Curwen, C., M.R.C.S.E., House Surgeon to the Male Lock Hospital.

Dean, T. N., M.R.C.S.L., Consulting Surgeon to the Ardwick and Ancoats Hospital, Manchester, on resigning as Honorary Surgeon.

Friend, F. W., M.R.C.S.E., Medical Officer for the Hoxne District of Hoxne Union, Suffolk.

Joule, Mr. J. S., Physician's Assistant and Pathologist to the Wolverhampton and Staffordshire General Hospital.

Laver, H., M.R.C.S.E., Surgeon to the Essex and Colchester Hospital.

Nunn, T. W., F.R.C.S.E., Consulting Surgeon to the City Provident Dispensary and Surgical Appliance Association.

Palmer, T. D., L.R.C.P.Ed., L.F.P.S.G., Medical Attendant to the Royal Irish Constabulary, Sligo, and Surgeon to the Duke of Connaught's Artillery Militia.

Partridge, J. H., M.R.C.S.E., a Consulting Surgeon to the Essex and Colchester Hospital, upon retiring in accordance with the rules.

Riordan, T. F., M.D., Resident Medical Officer and Apothecary to the Cork Union Workhouse.

White, W., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer to the Workhouse, Celbridge Union, co. Kildare.

Marriages.

Holmes—Coqui.—July 25, at St. George's, Bloomsbury, London, Dr. W. Gordon Holmes, to Maria Therese, third daughter of Adolph Coqui, formerly of Natal.

Macfee—Cross.—Aug. 2, at the Parish Church, Hackney, John Macfee, M.D., to Anne Eliza, eldest daughter of the late John Cross.

Deaths.

Bradley.—On July 23, at High Bentham, Yorkshire, John Bradley, M.R.C.S.E., aged 33.

Dalgairns.—On July 25, at St. Mildred's, Weston-on-Sea, Dr. Charles Anderson Dalgairns, aged 52.

Davies.—On July 23, at Holywell, John Davies, formerly House Surgeon at the Flintshire Dispensary, aged 35.

Foot.—On July 22, at Ludwell, Wilts, Stephen Foot, Surgeon, in practice prior to August, 1815, aged 80.

Forbes.—On July 24, at Greenbank, Auchterarder, Alexander Forbes, M.D., aged 67.

Gimlette.—On Aug. 1, at Southsea, Hart Gimlette, M.D., Fleet Surgeon R.N., aged 54.

Handy.—On July 28, at Killala, co. Mayo, of typhus fever, Samuel Wesley Handy, M.D., aged 37.

Moir.—On July 17, at Strathblane, John Moir, M.B., aged 23.

Noad.—On July 23, at Lower Norwood, Henry M. Noad, Ph.D., F.R.S., Professor of Chemistry at the St. George's Hospital Medical School, aged 62.

Reeve.—On July 24, at Upper Norwood, J. Foster Reeve, M.R.C.S.E., aged 87.

Reith.—On July 16, at Fetteresso, John Reith, Surgeon, aged 69.

Walker.—On July 20, at Dumfries, James Walker, M.D., late of Cupar, Fifeshire.

Williams.—On June 24, at St. Martin's, Colchester, Edward Williams, M.D., aged 69.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 15, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Address in Medicine. By William Roberts, M.D., F.R.C.P., F.R.S., Physician to the Manchester Royal Infirmary, Professor of Clinical Medicine in Owens College, &c.—The Doctrine of Contagium Vivum and its Applications to Medicine 121

Surgery Past and Present. By T. Spencer Wells, F.R.C.S.E., F.K.Q.C.P.I., Surgeon to the Household of Her Majesty the Queen 126

Note on Tinnitus Aurium. By Lennox Browne, F.R.C.S. Edin., Senior Surgeon Central London Throat and Ear Hospital 127

Abstract of Clinical Lectures on Syphilis. By S. Messenger Bradley, F.R.C.S., Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.—Lecture VI. 128

PAGE

LEADING ARTICLES.

The British Medical Association..... 131
Our Bank Holidays 131
The Irish Public Health Act..... 132

NOTES ON CURRENT TOPICS.

The Anti-Tobacconists in Paris 133
The Health of the Russian Army 134
The Geneva Medical Congress 134
A Quarter's Mortality from Small-Pox in England 134
The Cost of Irish Pauperism..... 135
A Clinical Ticket of the Old Time 135
The Work Done by Irish Workhouses 135
Repression of Drunkenness in Galicia 135
Deaths in Irish Workhouses 135

BRITISH MEDICAL ASSOCIATION—

Forty-fifth Annual Meeting 136
The President's Address 137
Presentation to the Pontypridd Surgeons 137
Public Health Section..... 137
The Obstetric Section 138
Psychological Section..... 138
The Address in Surgery 138
The Medical Section..... 138
The Last General Meeting..... 139
Garden Party at Manley Hall 140

PAGE

The Influence of the Meeting 140
Special Report on New Instruments, Surgical Apparatus, Chemical and Sanitary Appliances..... 140
New Drugs—Articles of Diet 141
Exhibition of Sanitary Appliances..... 141
Microscopes and Microscopic Specimens 142
Photographs, Drawings, &c..... 142

LITERATURE.

Headaches 142

"Castor-Oil" Pills 143
Army Medical Service..... 143

MEDICAL NEWS.

University of London..... 143
Royal College of Surgeons of England 143
Royal College of Physicians and Surgeons, Edinburgh 143
Royal College of Surgeons, Edinburgh 143

Notices to Correspondents, &c. 144
Vacancies 144
Marriage 144
Deaths 144

ADDRESS IN MEDICINE,

By William Roberts, M.D., F.R.C.P., F.R.S.,

Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine in Owens College, &c.

THE DOCTRINE OF CONTAGIUM VIVUM AND ITS APPLICATIONS TO MEDICINE.

Gentlemen,—The notion that contagious diseases are produced by minute organisms has prevailed in a vague way from a remote age; but it is only within the last twenty years—since the publication of Pasteur's researches on fermentation and putrefaction—that it has assumed the position of a serious pathological doctrine. In the last decade startling discoveries of organisms in the blood have given this doctrine the support of actual observation; and its application as a guide in the treatment of wounds by Professor Lister has made it a subject of universal interest to medical practitioners.

The resemblance between a contagious fever and the action of yeast in fermentation—or the action of bacteria in decomposition—is in many points so striking that it is difficult to avoid the impression that there is some real analogy between them. If, for example, we compare the action of yeast with small-pox, this resemblance comes out very distinctly, as the following experiment will show. I filled two pint bottles, A and B, with fresh saccharine urine, and inserted a delicate thermometer in each. A was inoculated with a minute quantity of yeast, but nothing was added to B. Both bottles were then placed in a warm place in my room, at a temperature of about 70° Fahr. In order to get a correct standard of temperature for comparison, I placed beside these a third bottle, C, filled with water, and inserted a delicate thermometer in it. All these bottles were carefully swathed in cotton-wadding, for the purpose of isolating their individual temperatures, and to obviate as much as possible the disturbing effects of the varying temperature of the room. For twelve hours no change took place; but at the end of this time A began to ferment, and the thermometer marked a distinct elevation of temperature. On the second day A was in full fermentation, and its temperature was 2·7 deg. above B and C. This disturbance continued for five days, the temperature ranging from two to three degrees above the companion bottles. The disturbance then subsided, and the temperature fell to an equality with B and C, and a considerable sediment, composed of yeast, settled at the bottom. In the meanwhile B showed little alteration; but on the sixth day it began to ferment, the temperature went up, and for more than a week its thermometer stood about two degrees above A and C. Finally, the temperature in B declined, the disturbance subsided, and the newly-formed yeast settled to the bottom of the vessel.

The fever in a bottle resembled small-pox in the following points:—A period of incubation intervened between inoculation and the commencement of disturbance; then followed a period of disturbance accompanied by elevation of temperature; this was succeeded by a subsidence of the disturbance and a return to the normal state. Great multiplication of the infective material (or yeast) took place during the process, and after its conclusion the liquid was protected from further infection with the same contagium. We likewise notice that the contagium of fermentation, like that of small-pox, may take effect either by direct purposive inoculation or by fortuitous infection through the atmosphere. In both cases the infective material has the power of preserving its activity for an indefinite period. The comparison fails in at least one important point—in the fermented urine sugar is replaced by alcohol and carbonic acid, but we are not aware that any pronounced chemical changes occur in the blood or tissues during an attack of small-pox. I would, moreover, carefully guard myself against being supposed to suggest that the enhanced temperature in the fermenting urine is a real analogue of the preternatural heat of fever.

Let me direct your attention to another example—a kind of partial decomposition or fermentation which takes place in boiled hay-infusion when it is inoculated with the *Bacillus subtilis*. The *Bacillus subtilis* is a very common bacterium, found in vegetable infusions and in curdling milk. I hope you will take note of this little organism;

for I shall have to refer to it more than once in the course of this address. I took a flask containing hay-infusion which had been sterilised by boiling, and inoculated it with a drop of fluid swarming with *Bacillus subtilis*. After the lapse of twenty-four hours the previously transparent infusion became turbid. This turbidity increased, and on the second day a film or crust formed on the surface of the infusion. On the third and subsequent days, the crust broke up, and fell in pieces to the bottom of the vessel. In about a fortnight the turbidity passed away, and the original transparency of the infusion was perfectly restored, so that it looked exactly as it did before the process began, except that there was now a sediment consisting of the spores of the little organism at the bottom of the flask. In this case, again, there was the same succession of events—a period of incubation, followed by a period of disturbance, succeeded by a period of subsidence, and, finally, restoration to the normal state. There was also great increase of the infective material and immunity from further attack by the same contagium.

The yeast-plant and the *Bacillus subtilis* may be taken as representatives of a large class of organisms, in regard to which we are only beginning to realise their vast importance in the economy of Nature and in the life of man. They are, as I shall presently show, the essential agents in all fermentations, decompositions, and putrefactions. We may group them together, for the convenience of description, under the general designation of *saprophytes*—a term intended to include, under one heading, all the organisms associated with the decomposition and decay of organic matter. The yeast-plant and its allies, and all the numerous species and varieties of bacteria, belong to this group. In size and form they are among the smallest and simplest of living things, but their vital endowments are wonderful.

All the organisms hitherto found associated with infective inflammations and contagious fevers belong to the tribe of bacteria, and we cannot advantageously enter on a study of that association without a knowledge of the origin and attributes of these organisms. This brings us into a field of active controversy. It has been alleged, as you know, on high authority, that these organisms, under certain conditions, depart entirely from the universal law of generation, which is expressed in the aphorism *omne vivum è vivo*, and that they may arise spontaneously by a process of abiogenesis. It is also alleged that these organisms are not the actual agents of decomposition, but are merely associated with that process as secondary or accidental accompaniments. I propose to lay before you evidence that both these allegations are unsustainable, and to prove that bacteria, like other organisms, arise from pre-existing parent germs, and in no other way, and that they are the actual agents in all decomposition and putrefaction.

The first proposition I shall endeavour to establish is this: that organic matter has no inherent power of generating bacteria, and no inherent power of passing into decomposition.

I have here placed before you samples of three sets of preparations, out of a large number in my possession, which serve to substantiate this proposition.

The first set consists of organic liquids and mixtures which have been rendered sterile by a sufficiently prolonged application of the heat of boiling water. They are composed of infusions of vegetable and animal substances, fragments of meat, fish, albumen, and vegetables floating in water. They are contained in oblong glass bulbs, and are protected from the dust of the air by a plug of cotton wool inserted into the necks of the bulbs, but freely open to its gaseous elements, which pass in and out through the cotton-wool. They are all, as you see, perfectly transparent and unchanged, though most of them have been in my possession for several years.

The second set consists of organic liquids which have been simply filtered under pressure through unglazed earthenware into sterilised flasks. They include acid and neutralised urine, albuminous urine, diluted blood, infusions of meat and of hay. As these preparations were obtained by a method which is in some respects new, I will describe it to you. A piece of common tobacco-pipe, about six inches long, served as the filter. This was secured by india-rubber piping to the exit-tube of one of the little flasks used by chemists for fractional distillation. The flask is first charged with distilled water, and then a tight plug of cotton-wool is inserted into its neck. The flask is next set a-boiling briskly over a lamp. The steam rushes through the cotton-wool plug and through the tobacco-pipe, clearing both these passages of any germs they might contain. When the water has nearly boiled away, the end of the tobacco-pipe is hermetically sealed with melted sealing-wax. After a little more boiling the flame is withdrawn, and the neck of the flask is instantly closed with a tight vulcanite cork. The apparatus is now ready for action, and the tobacco-pipe is immersed in the liquid to be filtered. When the flask cools, a vacuum is created within it, and this serves as a soliciting force to draw the liquid through the earthenware into the flask. The process of filtration is very slow; it takes two or three days to charge the flask. When a sufficiency has come over, the apparatus is removed and placed on a shelf for a few days, until the pressure inside and outside the flask is equalised. The vulcanite cork is then withdrawn, and the exit-tube is separated and sealed in the flame of a lamp. In this way you obtain a sterilised flask charged with the filtered organic liquid, and protected from outside contamination by a plug of cotton-wool. Preparations obtained in this way, if due precautions have been used in the manipulation, remain permanently unchanged; organisms do not appear in them, and decomposition does not ensue.

The third set of preparations are in some respects the most significant of the three. They consist of organic liquids which have been simply removed from the interior of the living body, and transferred, without extraneous contamination, into purified glass vessels. I will not detain you with the methods employed to obtain them; it is sufficient to say that, by the use of proper precautions, it is possible to convey blood, pus, urine, ascitic fluid, pleuritic effusion, blister serum, or the contents of an egg into sterilised glass vessels without contact with any infecting agency. Preparations thus obtained are exhibited in these flasks; they are protected from air-dust by a simple covering of cotton-wool. All of them are absolutely free from organisms and from any signs of decomposition.

What meaning can we attach to these preparations? You all know that liquids and mixtures such as these speedily decompose, and swarm with organisms, when left to themselves exposed to the air. They are of most varied composition, and the most apt of all known substances to breed bacteria and to become decomposed. They have been exposed to the most favourable conditions in regard to warmth, moisture, and air. Many of them have been in my possession several years, and all of them for several months, yet they are wholly barren and without sign of decomposition. I venture to say that these preparations substantiate in a positive manner the proposition with which we started—namely, *that organic matter has no inherent power of generating bacteria, and no inherent power of passing into decomposition.*

A second proposition is likewise established by these preparations—namely, *that bacteria are the actual agents of decomposition.*

In all the preparations, the absence of bacteria coincides with the absence of decomposition. If I were to cause bacteria to appear in them, either by purposive infection or by exposing them to the unfiltered air, decomposition would infallibly follow. The filtration experiments supply a new and telling argument on this point. Some of the liquids became decomposed and full of bacteria while the filtration was going on, but the part which came over into the flasks remained without further change, showing that decomposition cannot go on without the actual contact of the living organisms.

We have next to ask ourselves, What are the sources and what is the nature of the fecundating influence which causes organic liquids, when abandoned to themselves without protection, to become peopled with organisms? In regard to their source, the answer is not doubtful. If I remove the covering of cotton-wool from any of these preparations, and admit unfiltered air, or a few drops of any ordinary water, however pure, or anything that has been in contact with air or water, organisms make their appearance infallibly in a few hours. As to the nature of the infective agents, we can say positively that they must consist of solid particles, otherwise they could not be separated by filtration through cotton-wool and porous earthenware. Is it not a most natural inference that they are the parent germs of the brood which springs up at their impact? They are, however, so minute that we cannot identify them as such under the microscope; but Professor Tyndall has demonstrated that air which is optically pure—that is, air which is free from particles—has no fecundating power.

It is contended in some quarters that these particles are not living germs of any sort, but simply particles of albuminoid matter in a state of change which, when they fall into an organic liquid, communicate to it their own molecular movement, like particles of a soluble ferment, and so produce decomposition, which, in its turn, provides the conditions necessary for the abiogenic generation of bacteria. Filtration through porous earthenware furnishes a complete answer to this theory; for I found on trial that the soluble ferments passed with ease through the porous earthenware. If, therefore, this theory were true, the filtered liquids, if already commencing to be decomposed, would go on decomposing, and would develope bacteria after infiltration; but instead of that they remained unchanged and barren. We are absolutely driven to the conclusion that these particles are living germs: no other hypothesis squares in the least degree with the facts of the case.

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We now approach the more practical side of our subject—that which concerns us as practitioners of medicine and students of pathology. I have already directed your attention to the analogy between the action of an organised ferment and a contagious fever. The analogy is probably real, in so far, at least, that it leads us to the inference that contagium, like a ferment, is something that is alive. We know of nothing in all our experience that exhibits the phenomena of growth and self-propagation except a thing possessed of life.

This living something can only be one of two things; either it is an independent organism (a parasite) multiplying within the body or on its surface, or it is a morbid cell or mass of protoplasm detached from the diseased body and engrafted on the healthy body. Possibly, both these conceptions may have their application in the explanation of different types of infective diseases. In regard to the latter conception, however—the graft theory—which has been so ably developed by my friend Dr. Ross, I will only say that it has not, as yet, emerged from the region of pure speculation. It lacks an established instance or prototype; and it fails to account for the long enduring dormant vitality so characteristic of many contagia, which conforms so exactly with the persistent latent vitality of seeds or spores, but which contrasts strongly with the fugitive vitality of detached protoplasm.

If, then, the doctrine of a contagium vivum be true, we are almost forced to the conclusion that a contagium consists (at least, in the immense majority of cases) of an independent organism or parasite, and it is in this sense alone that I shall consider the doctrine.

It is no part of my purpose, even if I had the time, to give an account of the present state of knowledge on this question in regard to every contagious disease. My object is to establish the doctrine as a true doctrine—to produce evidence that it is undoubtedly true in regard to some infective inflammations and some contagious fevers. In an argument of this kind it is of capital importance to get hold of an authentic instance, because it is more than probable—looking to the general analogy between them—that all infective diseases conform in some fashion to one fundamental type. If septic bacteria are the cause of septicæmia—if the spirilla are the cause of relapsing fever—if the *Bacillus anthracis* is the cause of splenic fever—the inference is almost irresistible that other analogous organisms are the cause of other infective inflammations and of other specific fevers.

I shall confine my observations to the three diseases just named—septicæmia, relapsing fever, and splenic fever—merely remarking that, in regard to vaccinia, small-pox, sheep-pox, diphtheria, erysipelas, and glanders, the virus of these has been proved to consist of minute particles having the character of micrococci; and that, in regard to typhus, scarlet fever, measles, and the rest of the contagious fevers, their connection with pathogenic organisms is as yet a matter of pure inference.

Septicæmia.—We will first inquire how it stands with this doctrine in regard to traumatic septicæmia and pyæmia. You are all aware that foul, ill-conditioned wounds are attended with severe, often fatal, symptoms, consisting essentially of fever of a remittent type, tending to run on the formation of embolic inflammations and secondary abscesses.

The notion that septicæmia is produced by bacteria, and the *rationale* of the antiseptic treatment which is based thereupon, is founded on the following series of considerations.

1. It is known that decomposing animal substances—blood, muscle, and pus—develope at an early stage of the process a virulent poison, which, when injected into the body of an animal, produces symptoms similar to those of clinical septicæmia. This poison is evidently not itself an organism; it is soluble, or, at least, diffusible in water, and it is capable, by appropriate means, of being separated from the decomposing liquid and its contained organisms. When thus isolated it behaves like any other chemical poison; its effects are proportionate to the dose, and it has not the least power of self-multiplication in the body. To this substance Dr. Burdon-Sanderson has given the appropriate name of pyrogen. It is the only known substance which produces a simple uncomplicated paroxysm of fever—beginning with a rigor, followed by a rise of temperature, and ending, if the dose be not too large, in defervescence and recovery.

2. We know further, from the evidence I have laid before you, that decomposition cannot take place without bacteria, and that bacteria are never produced spontaneously, but originate invariably from germs derived from the surrounding media. We are warranted by analogy in regarding pyrogen as the product of a special fermentation taking place in decomposing albuminoid mixtures, but we cannot name the particular organism nor the particular albuminoid compound which are mutually engaged in the process.

3. In the third place, we know that when a wound becomes unhealthy, as surgeons term it, the discharges become offensive—in other words, decomposed—and when examined under the microscope they are found to swarm with organisms resembling those found in all decomposing fluids. Meanwhile the patient becomes feverish, and suffers from the train of symptoms which we call septicæmia.

It is a natural inference that what takes place in decomposing blood or muscle in the laboratory takes place also in the serous discharges and dead tissues of the wound. These become infected from the surrounding air, or from the water used in the dressings, with septic organisms; on that follows decomposition and the production of the septic poison, or pyrogen; the poison is absorbed into the blood, and septicæmia ensues.

It was the distinguished merit of Lister to perceive that these considerations pointed to a means of preventing septicæmia. He argued that if you could prevent the access of septic organisms to the wound, or destroy them there, you would prevent decomposition, prevent the pro-

duction of the septic poison, and thus obviate the danger of septicæmia. It is not within the scope of this address to describe the means by which Lister attained this object, still less to pass judgment on his practice, but I may be permitted to express my belief that the principle on which the treatment is founded is unassailable.

We should probably differ less about the antiseptic treatment if we took a broader view of its principle. We are apt to confound the principle of the treatment with Lister's method of carrying it out. The essence of the principle, it appears to me, is not exactly to protect the wound from the septic organisms, but *to defend the patient against the septic poison.* Defined in this way, I believe that every successful method of treating wounds will be found to conform to the antiseptic principle, and that herein lies the secret of the favourable results of modes of treatment which at first sight appear to be in contradiction to the antiseptic principle. Take, for example, the open method of treating wounds which is sometimes compared in its results with Lister's method. What is this treatment but another way (only less ideally perfect than Lister's) of defending the patient against the septic poison? Because, if the surgeon succeeds in providing such free exit for the discharges that there is no lodgment of them in the wound, either they pass out of it before there is time for the production of the septic poison, or if any be produced, it escapes so quickly that there is not enough absorbed to provoke an appreciable toxic effect.

Before we can understand the pathology of septicæmia we must have clear ideas on the relation of septic bacteria to our bodies. We see in old laboratories that dead animal tissues, when exposed to ordinary air or ordinary water, invariably breed septic organisms ; in other words contact of the septic germs with the dead tissues never fails to produce successful septic inoculation. But it is quite otherwise with the same tissues when alive and forming part of our bodies. You cannot successfully inoculate the healthy tissues with septic bacteria. It has been proved over and over again that these organisms, when separated from the decomposing medium in which they grow, can be injected in quantity into the blood or tissues of a healthy animal, or applied to a sore on its skin, without producing the least effect. The healthy living tissues are an unsuitable soil for them ; they cannot grow in it ; or, to put it in another way, ordinary septic bacteria are not parasitic on the living tissues.

This fact is of fundamental importance in the discussion of the pathology of septicæmia. We have a familiar illustration of its truth in the now common practice of subcutaneous injection. Every time you make a subcutaneous injection you inject septic germs into the tissues. I had the curiosity to test this point with the morphia solution used for this purpose in the Manchester Infirmary. I injected five drops of this solution into four flasks of sterilised beef-tea which had remained unchanged in my room for several months, taking care to avoid any other source of contamination. In forty-eight hours they were all in full putrefaciton. But we know that no such effect follows when similar injections are made into the bodies of our patients.

It seems also probable that septic organisms enter constantly into our bodies with the air we breathe and the food we take ; they pass, presumably, like any other minute particles, though the open mouths of the lymphatics and lacteals, and penetrate some distance into these channels ; they certainly come in contact with the accidental cuts, sores, and scratches which so often bedeck our skins. Notwithstanding all this, our bodies do not decompose ; indeed, if ordinary septic organisms could breed in the living tissues as they do in the same tissues when dead, animal life would be impossible, every living creature would infallibly perish. How these organisms are disposed of when they do enter our bodies accidentally, as it were, in the various ways I have suggested, we cannot say ; we can only suppose that they must speedily perish, for we find no traces of them in the healthy blood and healthy tissues. (*a*).

Bearing in mind, then, that ordinary septic organisms cannot breed in the living tissues, unless, at least, they are reduced to near the moribund state ; bearing also in mind that there is a sharp distinction to be drawn between the septic poison and the organisms which generate it, we are in a better position to consider the course of events in a wound, which leads on to septicæmia and pyæmia. What probably takes place is this : An unprotected wound receives infection from the septic organisms of the surrounding media. If the discharges are retained in the sinuosities of the wound, decomposition of them sets in with production of the septic poison. This is absorbed into the blood, a toxic effect follows, and septicæmia is established. As this effect increases with the continuous absorption of the poison, the vitality of the system is progressively lowered, and especially the vitality of the tissues bordering the wound, which may be topically affected by the poison which percolates through them. These tissues at length become moribund or die outright ; the septic organisms then invade and breed in them, more septic poison is produced and absorbed ; the toxæmia becomes intense, embolic centres of inflammation and suppuration are formed, and the end comes. In all this history there is no necessity to assume, nor even a probability, that septic organisms invade, or at least multiply in, the blood. They may do so at the near approach of death, but scarcely before that period.

In the course of traumatic septicæmia there sometimes occurs an event of great importance which imparts a new feature to the disease ; I mean *infectiveness.* How this arises is a matter of speculation. To me it appears probable that, under a certain occurrence of conditions in and about the wound, a modification takes place in the vital endowments of the septic organism, whereby it acquires a parasitic habit, which enables it to breed in tissues of degraded vitality or even in the healthy tissues, and in this way to produce the infective endemic pyæmia which we sometimes witness in the wards of our large hospitals. (*b*). I shall develop this idea more fully bye and bye.

Before leaving the subject of septicæmia, I may allude to the possibility of wounds being infected with septic organisms from within. As a rare occurrence, I am inclined to think that this is possible, and that it may account for the occasional alleged infection of protected wounds. From an observation by Chauveau, it may be inferred that septic organisms, when injected directly into the blood, are able to survive for two or three days, although unable to breed there. (*c*) It is conceivable that occasionally a septic germ entering the body in some of the ways which have been suggested may escape destruction and pass into the blood and lurk there awhile, and finding by chance some dead tissue or liquid within its reach, may multiply therein and produce septic effects. Such a contingency, if it ever occur, must be very rare, and would not appreciably detract from the value of the antiseptic mode of dressing wounds.

Relapsing Fever.—In 1872, Dr. Obermeier, of Berlin, discovered minute spiral organisms (spirilla) in the blood of patients suffering from relapsing fever. This discovery has been fully confirmed by subsequent observations. The organisms are found during the paroxysms ; they

(*a*) Exception must apparently be made in regard to the tissues and organs in the immediate vicinity of the absorbent surfaces. Both Klebs and Burdon Sanderson found that portions of the liver and kidneys removed from the body without extraneous contamination, produced bacteria, contrasting in this respect with the blood and muscles.—*British Medical Journal,* February 13th, 1875.

(*b*) Such a modification or "variation" might be correlated with a modification of the ferment action, whereby a more virulent septic poison is produced. Would not such a view explain the sudden intensification of the infecting virus which was found by Chauveau and Dr. Sanderson in their experiments on infective inflammations ?

(*c*) *Comptes Rendus,* 1873, p. 1092.

disappear at the crisis; and are absent during the apyrexial periods.

The drawings represent the various appearances presented by these little parasites. They consist of spiral fibrils of the most extreme tenuity, varying in length from two to six times the breadth of a blood corpuscle. In the fresh state they move about actively in the blood. They have not been detected in any of the fluids or secretions of the body except the blood, nor in any other disease than relapsing fever. In form and botanical characters they are almost identical with the *Spirochaete plicatilis* of Ehrenberg (*Spirillum* of Dujardin), a species of bacteria found in dirty water and occasionally in the mucus of the mouth. Cohn designated the variety found in the blood *S. Obermeieri*, in honour of its discoverer.

In the beginning of the current year, Dr. Heydenreich (*c*) of St. Petersburgh, published an elaborate monograph on this subject, which, I think, goes far to reconcile the conflicting statements and opinions put forth by previous writers in regard to the connection of the spirilla with relapsing fever. It is based on forty-six cases; these cases were studied with the most minute care; the blood was examined, and the temperature observed from two to six times each day. Altogether, over a thousand examinations of the blood were made.

Relapsing fever still prevails extensively in certain districts of Germany and Russia, but it is almost a forgotten disease in this country; and probably the majority of those in this room have never seen a case. It will, therefore, not be amiss if I remind my hearers, and myself, of its principal features. It is a contagious epidemic fever, characterised by a sharp paroxysm of pyrexia, which lasts about a week, and ends with a severe critical sweating. This is succeeded by an intermission, also of about a week, during which the patient is apyrexial; then follows a second paroxysm, or relapse, which lasts four or five days, and ends, as before, in a critical sweating. Recovery usually follows the second paroxysm, but not unfrequently a third paroxysm occurs, and sometimes a fourth.

The paroxysms are occasionally broken by remissions or pseudo-crises; and the apyrexial periods are sometimes interrupted by slight temporary rises of temperature.

Bearing these characteristics in mind, we shall be able to understand the significance Heydenreich's observations. He found that every rise of temperature, whether that of the true paroxysm, or that following a pseudo-crisis, or those occurring during the intermissions, was invariably preceded by the appearance of spirilla in the blood. They disappeared entirely shortly before the crises, and remained absent during defervescence and the subsequent apyrexial periods. During the whole of the main paroxysms spirilla was usually to be found in the blood, but their number varied in the most puzzling manner from day to day. One day they were abundant, the next day they were scanty, and the day after again abundant; they even varied at different hours of the same day; some times they vanished altogether for a time, and then reappeared in vast numbers a few hours later. Throughout these variations the temperature remained steadily high, or with only slight or moderate oscillations.

These discrepancies had been observed by previous inquirers, and had led some to doubt whether the spirilla had anything to do with the virus of relapsing fever; but a happy idea suggested itself to Heydenreich which seems capable of explaining them.

He found that when a little blood containing spirilla was abstracted from the patient and kept at the ordinary temperature of the room, the organisms lived in it for several days; but if the blood was placed in an incubator and maintained at the normal temperature of the body, they died in from twelve to twenty hours, and if the temperature was kept up to fever heat (104 deg. F.) their life was still shorter; they only survived from four to twelve hours. This led him to the conjecture that during the main paroxysm, not one, but several successive generations of spirilla were born and died before their final disappearance at the crisis. He surmised that in the usual course, the broods would overlap each other more or less, the new brood making its appearance before the last survivors of the old brood had passed away. This explained the variable number of spirilla found on different days and different hours of the same day. Sometimes the old brood would have altogether perished before the new brood reached maturity; this explained the occasional temporary absence of spirilla from the blood; it also explained the remissions or pseudo-crises sometimes observed in the course of the paroxysms. So precise was the correspondence found to be between the appearance of the spirilla and a subsequent rise of temperature, that Heydenreich was able to predict with certainty, during the apyrexial periods, the approaching advent of a transient rise of temperature from the re-appearance of spirilla in the blood, although at the time the patient presented no other indication of what was about to happen.

If these observations are to be relied on—and they appear to have been made with the most scrupulous care—we are led to the conclusion that the spirilla are the actual virus of relapsing fever.

The same conclusion is also strongly indicated by the results of inoculation experiments. Relapsing fever is easily communicated to a healthy person by inoculation with the blood of a patient suffering from the disease. Experiments made in Russia on individuals who voluntarily submitted themselves to this practice, show that the blood is only infective during the paroxysms, but not at the crises or during the apyrexial periods. None of the fluids or secretions of the body except the blood are infective. All this shows that the virus is intimately associated with the spirilla, and is absent or present in exactly the same circumstances as the latter.

The occasionally observed vanishing and re-appearance of the spirilla during the paroxysms, without a possibility of new infection, seems to indicate that when the spirilla disappear they leave behind them something in the nature of seed or spores, from which the new brood springs forth. Ocular evidence of such germs is, however, still wanting. Several observers have noticed minute particles in the blood of relapsing fever which might pass for spores, and Heydenreich observed that some of the spirilla had a dotted appearance. But hitherto all efforts to cultivate the spores out of the body have failed, and their power of developing spores is more an inference than a demonstration.

Splenic Fever.—The first trustworthy observation of the presence of organic forms in an infective disease was made in splenic fever. This formidable disorder attacks sheep, cows, and horses, and is not unfrequently fatal to man. In 1855, Pollender discovered minute staff-shaped bacteria in the blood of splenic fever. This discovery was confirmed in a very extensive series of researches by Brauell, and has been corroborated by Davaine and other inquirers in France.

The bacterium of splenic fever is a short, straight, motionless rod, about as long as the breadth of a blood-corpuscle, and so far as is known, it exists in no other form in the living body. It is found, besides the blood, in the spleen, in the lymphatic glands, and in some other tissues. That this organism is the true virus of splenic fever, has long been probable: and the labours of Davaine, Bollinger, Tiegel, Klebs, and, most of all, of Koch, have removed the last doubts on the subject. The work done by Koch is not only valuable as a triumphant demonstration of a disputed pathological question, but is noteworthy as a model of patient, ingenious, and exact pathological research.

We here come across an example of scientific prescience on the part of two distinguished men which is worth notice. It had been remarked by several observers that the contagium of splenic fever, as it existed in the blood, was comparatively short-lived and fugitive, but that, under some unexplained circumstances, the contagium was very persistent, and lurked for years in stables, and

other places where cattle were kept. Dr. Burdon Sanderson, writing in 1874, inferred from this circumstance that the organisms of splenic fever must have two states of existence; namely, that of the perishable bacteria found in the blood and some other more permanent form, like seeds or spores, in which they were capable of surviving for an indefinite period. In like manner, Professor Cohn, guided by the botanical characters of the rods found in the blood, classed them in that group of bacteria named by him *Bacillus;* and as he had observed that all the *Bacilli* produced spores, he inferred that the *Bacillus anthracis*—for so he named the bacterium of splenic fever—would also be found to produce spores. These previsions were proved by the researches of Koch to be perfectly exact.

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The laws of variation seem to apply in a curiously exact manner to many of the phenomena of contagious diseases. One of these laws is the tendency of a variation, once produced, to become permanent and to be transmitted ever after with perfect exactness from parent to offspring; another and controlling law is the tendency of a variation, after persisting a certain time, to revert once more (under altered conditions) to the original type. The sporting of the nectarine from the peach is known to many horticulturists. A peach-tree, after producing thousands and thousands of peach-buds, will, as a rare event and at rare intervals, produce a bud and branch which ever after bear only nectarines; and, conversely, a nectarine at long intervals, and as a rare event, will produce a branch which bears only peaches ever after. Does not this remind us of the occasional apparent sporting of diphtheria from scarlet fever? My friend Dr. Ransome, who has paid so much attention to the laws governing the spread of epidemics, relates the following instance:—A general outbreak of scarlet fever occurred at a large public school. One of the masters who took the infection exhibited diphtheritic patches on the throat. This patient was sent to his own home in Bowdon. Six days after his arrival, his mother was attacked, not with scarlet fever, but with diphtheria; though there were no cases of diphtheria at the time, neither at the school nor in Bowden. (*a*)

Take another illustration: cholera suddenly breaks out in some remote district in India, and spreads from that centre over half the globe. In three or four seasons the epidemic dies away and ceases altogether from among men. A few years later it reappears and spreads again, and disappears as before. Does not this look as if the cholera virus were an occasional sport from some Indian saprophyte, which by variation has acquired a parasitic habit, and, having run through countless generations, either dies out or reverts again to its original type? Similarly, typhoid fever might be explained as due to a variation from some common saprophyte of our stagnant pools or sewers, which, under certain conditions of its own surrounding, or certain conditions within the human body, acquires a parasitic habit. Having acquired this habit, it becomes a contagious virus, which is transmitted with its new habit through a certain number of generations; but finally, these conditions ceasing, it reverts again to its original non-parasitic type.

In regard to some contagia, such as small-pox and scarlet fever, it might be said that the variation was a very rare one, but also a very permanent one, with little or no tendency to reversion; while others, like erysipelas and typhoid fever, were frequent sports, with a more decided tendency to reversion to the original type. In regard to some pathogenic organisms, it might be assumed that the parent type had disappeared, and the parasitic variety only remained—just as the wild parents of many of our cultivated flowers and vegetables have disappeared, leaving beind them only their altered descendants.

How aptly, too, this view explains what used to be called the "Epidemic Constitution," and the hybrid forms and subvarieties of eruptive and other fevers.

I must not pursue this vein further. I have said enough to indicate that this conception enables us—if it does nothing else—to have coherent ideas about the origin and the spread of zymotic diseases.

In applying the doctrine of pathogenic organisms—or *pathophytes*, as they might be termed—to the explanation of the phenomena of infective diseases, we must be on our guard against hard-and-fast lines of interpretation. So far as our very limited knowledge now extends, the pathophytes hitherto discovered all belong to that group of the fungi which are called bacteria. Now, fungi have two marked characteristics, namely, the tendency to assume the parasitic habit, and the possession by some of them of a special ferment action. Both these characteristics may bear a part in the action of pathogenic organisms. In the complex phenomena of septicæmia such would appear to be the case—a poisonous ferment-product first intoxicates the system, and then the organisms themselves prey upon the dead or moribund tissues.

There is, as Dr. B. Sanderson has pointed out, a marked distinction to be drawn between those common processes of infective inflammation which are shared in by animals generally—such as septo-pyæmia, erysipelas, and the diphtheritic process—and those specific contagia which are strictly confined, like ordinary parasites, to particular species. There is nothing in all nature more wonderful than the intimate and subtle nexus which unites a parasite to its host. A hundred examples might be given. Even different varieties or races of the same species have different and exclusive parasites. It would seem as if this nexus depended on some delicate shade—*a nuance*—something like an odour, or a savour, or a colour, rather than on differences of structure or chemical composition. The same minute correlation is seen in specific contagia—all are strictly confined to one or a few species. Vaccinia is confined to man, the horse, and the cow; scarlet fever is confined to man, and perhaps the swine; most of our specific diseases are absolutely confined to man. The human and ovine small-pox, although so wonderfully similar, are not intercommunicable. I am, therefore, inclined to believe that, in regard to specific contagia, we shall find more guiding analogies in parasitism than in fermentation. Our information at present is, however, so defective that it is not wise to enter into further speculations on this subject.

Gentlemen, I have brought my task to a conclusion. I believe that the doctrine of a contagium vivum is established on a solid foundation; and that the principle it involves, if firmly grasped in capable hands, will prove a powerful instrument of future discoveries. And let no man doubt that such discoveries will lead to incalculable benefits to the human race: our business in life is to do battle with disease, and we may rest assured that the more we know of our enemy the more successfully we shall be able to combat him.

(*a*) Complex cases of mingled scarlet fever and diphtheria are sometimes seen. Similarly the peach-tree will occasionally, among a multitude of ordinary fruit, produce one fruit of which one-half has the peach character and the other half the nectarine character.—DARWIN.

SURGERY PAST AND PRESENT. (*a*)

BY T. SPENCER WELLS, F.R.C.S.E. F.K.Q.C.P.I.
Surgeon to the Household of Her Majesty the Queen.

THE author commenced his address by tracing the progress of the science from the Elizabethan age to the present time. He contended that the science of surgery had in the period mentioned advanced as much as any other art or science; great as those advances had been, and considering how the advance might be further carried on, he drew attention to the subject of anæsthesia and anæsthetics. He reminded his hearers of the anæsthetics at present in vogue, and remarked that in 1872 he made known his

(*a*) Abstract of an address deiivered in the Surgical Section at Manchester. August 9th 1877.

opinion that all the advantages of anæsthesia, with fewer drawbacks, could be obtained by the use of bichloride of methyline or chloromethyl than by any other known anæsthetic. It was the result of an experience of five years and of 350 serious operations. The experience of the five succeeding years, with more than 600 additional cases of ovariotomy, and many other cases of surgical operation, had fully confirmed him in that belief. Perhaps they were hardly aware how much the public expected from them in this matter. Deaths from chloroform were alarmingly frequent, yet no substitute for it had found universal or even general acceptance in this country; and he was not speaking too strongly if he said it was the duty of the Association at once, without any unnecessary delay, to satisfy the public that all that was possible was being done to discover the means by which anæsthesia, effectual now, might be rendered safe for the future. A certain section of the community, well meaning it might be, but led astray by thoughtless enthusiasts or self-interested itinerant lecturers, vehemently asserted that if medical men were to perfect themselves in these or in other modes of saving human life or lessening human suffering, they must only do so by practice upon the human subject; they must not, as a surgeon or a physiologist, take the life of a dog or a cat, a rabbit or a sheep, a pigeon or a frog, for any scientific purpose, or with the object of benefiting the human race. Anybody might slaughter oxen and sheep by thousands for human food in any way he pleased, oysters might be eaten alive—the pheasant or the partridge, the fox or the deer might be expressly reared to supply the sportsman with exercise or the amusement of killing; in a word, the lower animals might be devoted to the use of man for any purpose that was not scientific. But if a surgeon experimentally sacrificed half a dozen dogs or rabbits in the hope of improving some operation which might prevent the loss of human life or lessen human suffering, he was branded as inhuman, and barely escaped the supervision of the police. Possibly some of those benevolent individuals would voluntarily offer up themselves to the committee on transfusion, in the hope of perfecting the practice. Until they did so, they would perhaps be a little less clamorous if a few sheep or rabbits were used in the cause of humanity. With regard to splenotomy, pancreotomy, and nephrotomy, accident had proved that the spleen, or the pancreas, or a kidney might be lost without great injury to the human being. Surgeons had removed wounded pancreas and enlarged spleens, and a diseased kidney had been extirpated on two occasions at least, but the operative proceedings were still imperfect. Were surgeons to be allowed to excise the spleen or a kidney of a dog or a rat, or would zealous members of some anti-vivisection society enrol themselves as candidates for that immortality which was gained by anyone who immolated himself upon the altar of science? It would be false modesty if he were not to say boldly before the Association that he was proud of the share which British surgeons had had, and of the share which he himself had had in placing ovariotomy upon the roll of successful surgical operations. Great leaders among them, Simpson and Syme, Stromeyer and Billroth, Velpeau and Nélaton, had shown a generous appreciation of their work. And could they imagine a greater pleasure to a surgeon than to hear the president of the Medical and Chirurgical Society speak of his improvements in the operation of ovariotomy as "one of the greatest achievements of surgery in this century, and that the influence for good extended through every department of operative surgery?" While at the same society in 1850, Lawrence had asked whether this operation "can be encouraged and continued without danger to the character of the profession?" less than a quarter of a century after that denunciation Lord Selborne publicly stated the result of a calculation, that by his (Mr. Wells's) first 500 operations he had added something like 10,000 years to the lives of European women.

What number of operations had been done by other surgeons he knew not, but supposing that the same probability of the duration of life applied to the women who have recovered from operations he had done since the results of his 500 cases were published in 1872, the gain would be about 18,000 years, and this by one surgeon alone, and by an operation which only thirty years ago was denounced as so fearful "in its nature, often so immediately fatal in its results," that, whenever performed, "a fundamental principle of medical morality is outraged." When German princes practise surgery, and a brother of an English Earl, a Cabinet Minister, was met with as a practising physician, they might think less of the admission of members of their profession into royal and noble families, and look with more hope for recognition by the Government of services rendered by medicine and surgery to the nation. They would not then have to notice anything so disheartening to a learned profession as the fact, that while for the affair of Magdala Lord Napier was honoured by a title and rewarded with a pension, the extended average duration of life of the whole population, and its actual increase, due to sanitary and medical science, and far exceeding in importance the annexation of a province, or even of a kingdom, had earned for Simon the barren right, shared by many less honourably known men, of putting the magic letters C.B. after his name, and William Farr still remained without any mark of national gratitude. Why should a baronetcy be the highest titular distinction conferred upon members of their profession? Was Jenner or Paget less worthy of a life-peerage than anyone of the eminent men who now sit on the bench of bishops—or any of the lawyers, soldiers, or sailors who had been rewarded by hereditary peerage? None of their leaders had time for electioneering or the turmoil of party struggles in the House of Commons; whereas many of them were well fitted for the more dignified position, and would be quite able to devote their time and energy to sanitary legislation in the Senate.

If, in the 40 years since the Association was founded, the great progress which he had so hastily and imperfectly endeavoured to review had been made, what might they not augur for it in years to come? The Association had its early struggles, and had passed through them. The history of the past and the study of the present, alike helped them to look forward with hope and trust to the future. He further urged the importance, or rather the absolute necessity, that the surgeons of the future must be educated gentlemen; that schemes of education should be so ordered as to bring into the profession, as far as possible young men who had had the advantage of the highest general culture to be obtained by any English education. Until this was secured the flower of the University youth would still choose the church or the bar, the army or the navy, or some branch of the Civil Service of the State, where they at once took an enviable social position as members of an honourable profession, and where a successful career might lead to a seat in the House of Lords, to the pensions and tithes freely granted to the fortunate soldier or sailor, and more sparingly, to the meritorious Civil servant of the Crown. It was rather surprising that without any of those inducements, and in spite of the taint of trade forced upon the profession by the powers of the Apothecaries' Company, and its continued alliance with their colleges and universities, they still had abundant evidence of a rapid rise of the profession in the social scale.

NOTE ON TINNITUS AURIUM.

By Lennox Browne, F.R.C.S., Edin.
Senior-Surgeon, Central London Throat and Ear Hospital.

My friend, Mr. Douglas Hemming, has very concisely pointed out (in your issue for August 1st) some of the principal local causes of which singing in the ears is a prominent, distressing, and obstinate symptom, and he has accurately noted the indications for relief of the various local lesions, as he has witnessed them in hospital practice. It is important to point out that this same

condition often occurs without any distinct local indication, and as a result of general systemic disorder or of a particular diathesis. The following cases, which at once occur to me, are taken from notes of my private practice, in which naturally the exact history of symptoms are often more carefully noted than in hospital out-patient work :—

Case I.—A lady, æt. 46, consulted me on the 26th ult. on account of distressing and perpetual noises in the ear, as of "the sea roaring on the beach." Hearing power was almost normal, a 60-inch watch being heard at over fifty inches. The patient is principal of a very large governess training college, and finds that her complaint is always aggravated by her duties, is relieved by food and by complete rest; but she shrewdly states that in her vacations the noises are almost as bad or worse, since visiting friends, amusements, &c., are more provocative of her symptoms than her routine work. The tinnitus (which is probably due to brain exhaustion) first commenced after a severe attack of menorrhagia, producing general anæmia and great prostration.

Case II.—A barrister, æt. 36, consulted me on Dec. 29th, 1876, on account of some impairment of hearing (increased if in a railway carriage or noise) and tinnitus. W. P. $\frac{18}{60}$ not much increased by Politzer inflation. Inhalations forced through the Eustachian tubes by the Valsalva method appeared to do more harm than good, and in fact no change took place, until I found that the patient was in the habit of sitting up working very late at night and of smoking to excess. Abstinence from tobacco at once relieved the noises, which recurred if the habit was resumed.

Case III. is that of an Indian merchant, æt. 35, some time resident in Singapore, first seen by me June 14th last, by recommendation of Dr. De Gorrequer Griffith. It was not possible to do more than relieve impaired hearing power in the left ear of this patient by inflation, &c., until his tobacco was reduced in quantity. With him Manilla cigars and Cavendish tobacco invariably produce tremors, and I was always able in this case, by the appearance of the fauces, to accuse him, without fear of contradiction, of an excess.

Case IV.—A young lady, æt. 17, was sent to me by Dr. Dabbs, of Newport, Isle of Wight, July 2nd, suffering from deafness and tinnitus, of sea-shell character, in left ear. W. P., right ear, $\frac{10}{60}$; left ear on contact only. The tonsils were enlarged, and their removal, followed by Politzer inflation, greatly improved the hearing. The tinnitus was only removed by extraction of an upper and lower molar tooth, each very decayed.

Case V.—A single lady, æt. 50, sent to me by Mr. Samuel Cowan, of Bath, on June 5th last, in whom tinnitus of the pulsating character, with deafness of the left side, were caused by a nasal polypus, removal of which has been attended by thorough relief of the aural symptoms.

In addition to the foregoing—which, as may be observed from the dates, are taken as just fresh in my recollection—cases of tinnitus constantly occur as the result of a gouto-rheumatic disposition, in which the hearing may not be much impaired, but in which there is not unfrequently a more or less eczematous condition of the external auditory passages; and there are also many cases due to simple dyspepsia. I have occasionally seen cases in which the symptoms were due to renal disease. And, lastly, progressive deafness with tinnitus often originates with child-bearing, each succeeding pregnancy making the condition worse in degree and in obstinacy against treatment.

In the United Kingdom the births of 293,855 children, and the deaths of 176,585 persons of both sexes, were registered in the three months ending 30th June, 1877. The recorded natural increase of popoulation was thus 117,270.

ABSTRACT OF CLINICAL LECTURES ON SYPHILIS.

By S. Messenger Bradley, F.R.C.S.,

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.

Lecture VI.—*Treatment of acquired Syphilis in Secondary and Tertiary Periods—Various Methods of Treatment by Mercury—Subcutaneous Injection—Mercurial Fumigation—Inunction—Internal Administration of Mercury—Syphilisation—Use of Iodide of Potassium—Objection to any one Universal Plan—Treatment of Hereditary Syphilis.*

Having discussed the treatment of the local lesions of syphilis, we may to-day proceed to speak of the secondary and tertiary periods of the disease. It is, perhaps, too much to say that mercury is a true antidote in the sense that so much syphilis can be counteracted and neutralised by so much mercury; but, nevertheless, mercury does exercise an astonishing influence, and it is to mercury that we have chiefly to trust in our treatment of the disease. During the later stages of secondary affections, and throughout the whole of the tertiary period, iodide of potassium becomes indispensable, sometimes combined with mercury, at other times alone—indeed, the value of the two drugs alternates; as the power of the mercury falls that of the iodide rises, until the latter becomes almost alone beneficial. There are many different plans of administering these drugs, particularly mercury, but all have the same object in view. Our endeavour is to bring the patient quietly under the influence of mercury, just reaching a point of gum tenderness, never proceeding to absolute salivation, and there keeping him for a period of from four to six months. The gums may then be allowed to regain their firm condition of perfect health, when the mercury should be recommenced and continued for another six or eight months. In all cases of constitutional syphilis the mercurial treatment should extend over a twelvemonth, and in no case should treatment of this kind be desisted from until there has been complete immunity from all specific symptoms for a period of six months. When acute symptoms of a serious nature arise, such as iritis, then we should advance more boldly, and by vigorous action bring the system under the influence of mercury as speedily as possible. All the modes of treatment, then, aim at this for their end, and each requires a few words of explanation.

Inunction.—The treatment by inunction consists in rubbing a drachm of strong mercurial ointment thoroughly well into the skin, once each day, until the desired effect is produced, when the mercurial action may be maintained by a less frequent application of the unguent. This is essentially the treatment practised at Aix-la-Chapelle, which has attained such notoriety, for the sulphur baths and the other adjuvants are of little importance. The rubbers employed at Aix take a different portion of the skin each day, so as not to over-irritate any particular surface; thus, they first select the right leg, next day the right thigh, third day the left leg, fourth the left thigh, fifth the right side, sixth the left side, seventh the right arm, eighth the left arm, and on the ninth day of rubbing they return to the right leg. This most excellent plan may be carried out in England either by the patient himself, or by making special arrangements with the shampooer at a Turkish bath. There are two modifications of this plan of inunction, viz., the mercurial belt and the use of dry calomel. The belt consists of two folds of flannel, 1¼ yards long and ¼ yard broad, on the front of which a quarter of an ounce of mercury is smeared every morning and worn during the day next to the skin. This method is necessarily less speedy and active than inunction, but answers exceedingly well in keeping up the desired action short of salivation. If the use of dry calomel be determined upon the patient should be instructed to dust the heel of each stocking with five grains of calomel every morning, so that

some of the drug may be absorbed during the day's exercise.

Mercurial Fumigation consists in treating syphilis by the mercurial bath. This bath is a small tin construction, procurable at any instrument-makers, having a little plate for the calomel at the top, surrounded by a fosse, in which is placed the water; heat is applied by means of a spirit lamp, situated beneath the trough and the plate. The water boiling produces moist heat, which opens the pores of the skin, and the calomel being first volatilised, and then falling in powder upon the surface of the body, is readily absorbed. The bath should be kept alight for twenty minutes, and then blown out, the patient sitting and cooling for another ten minutes, after which he should, if possible, at once retire to bed. If properly arranged, the whole of the powder, consisting of half a drachm of calomel, is sublimated in the process. The baths may often be continued nightly for five or six months without producing salivation.

Subcutaneous Injection.—Either mercuric-chloride or cyanide of mercury may be administered subcutaneously in doses ranging from the one-thirtieth to the one-fifteenth of a grain. The skin of the arms or buttock may be selected, and the injections repeated two or three times a week as long as is found necessary.

Internal Administration.—It often happens that this is the plan resorted to. Almost any of the preparations of mercury are occasionally selected for the purpose, but the protoiodide and the chloride, the sub-chloride, or crude mercury, in the form of blue-pill, are the preparations most frequently chosen. One of the most active forms is the iodide; one of the least irritating (in my experience), is the sub-chloride, when given in combination with sulphurated antimony, as is the case when we prescribe Plummer's pill. I append in the form of a footnote a list of particular prescriptions containing mercury, each of which has been highly lauded by certain practitioners (*a*). Whatever preparation be fixed upon, it should be continued until the gums are rather soft and sore, and then given in smaller and less frequent doses, to prevent this condition either entirely passing away or proceeding to absolute salvation.

Syphilisation.—It is necessary you should understand what is meant by this term, though by no means necessary, or even desirable that you should ever practise it. The matter for the inoculation is taken from a soft chancre or a chancrous erosion, and introduced into the circulation of the patient through three punctures upon the side: here the inoculation is repeated every third day so long as any effect is produced; then a fresh site is chosen, the arm for example, and so on until the whole body is syphilis proof. This method, which never obtained a secure foothold in England, is fast falling into a deserved desuetude in those countries where it once enjoyed a false and ephemeral reputation. A variety of this plan, equally condemnable, is termed "revulsion," and consists in producing a pustular eruption by inoculating with tartar emetic.

Such very simply are the different methods of treating constitutional syphilis, and, with the exception of the last, each plan has certain advantages which in certain instances renders it the best method to adopt; before, however, summarising these plans I must say a few words as to the use of iodide of potassium in the treatment of syphilis. Quite inoperative during the period of the primary lesion, iodide of potassium, begins to exercise control over the manifestations of syphilis as soon as it enters upon the period of general eruption, and from this date its value constantly rises as a therapeutic agent until the termination of the disease. Under its exhibition the red corpuscles of the blood are increased, and syphilitic exudations melted away: it exercises a special control over affections of the white fibrous tissues, and may be counted on with confidence to remove for the time being most of the later lesions of syphilis. It cannot, however, be regarded as a substitute for mercury, as it does not seem to do much more than remove the manifestations of syphilis during the time of its administration; mercury is almost entitled to be called an antidote to the syphilitic poison: iodide of potassium cannot be said to be more than a valuable remedial agent; in a word, mercury cures syphilis, iodide of potassium only removes the present symptoms.

The dose for an adult varies, five grains may be given to begin with, and if this fail to exercise the desired effect it may be increased by two-and-a-half, or five grains, at a time, until as much as half a drachm is given three times a day. Beyond this dose it is useless to push the remedy; iodism will probably be induced, but no other result can be looked for.

I am not one of those who hold that the *rôle* of mercury is played out with the end of the second chapter of syphilis, but on the other hand regard it as *the* agent to employ throughout the period of gummy exudation, for given in small doses mercury acts as a tonic, and may be safely prescribed in the most weakly subjects; indeed, when judiciously handled, it is common enough to find the appetite improve, the weight increase, and the general look of health return. Let us turn for a moment to consider the disadvantages which, from time to time, attend the administration of mercury according to any particular fixed plan.

The objection to giving mercury by the mouth is the very sufficient one that some stomachs will not tolerate the internal administration of mercury in any form; indeed, it is a matter of experience that in some constitutions it not only purges, but acts as a veritable poison. (*a*)

The objection to inunction as a universal remedy (besides its essential dirtiness and the necessary exposure it involves) lies in the fact that the skin of some patients is so irritable that the inunction produces an intolerable rash.

(*a*) *Sedillot's Pill*—
℞ Strong mercurial ointment, gr. 1·5;
Medicinal soap, } ā gr. 1·5.
Powdered marsh mallow, }
For one pill.

Van Swieten's Drops—
℞ Bichloride of mercury, 12 parts;
Corn spirit, 1000.
A tablespoonful night and morning.

New Form—
℞ Bichloride of mercury, 1 part;
Distilled water, 900 parts;
Rectified alcohol, 100 parts.

Cullerier's Pills—
℞ Bichloride of mercury, 1 part;
Wheat flour, 15 parts.
Powdered gum, 2 parts;
Distilled water, 9·0, at first warm.
Two-and-quarter grs. to be taken night and morning.

Dupuytren's Pills—
℞ Bichloride of mercury, gr. 0·18;
Extract of opium, gr. 0·22;
Extract of guiacum, gr. 0·75 parts.
For one pill. One night and morning.

Larrey's Syrup for Children—
℞ Simple syrup, 500 parts;
Muriate of ammonia, }
Bichloride of mercury, } āā ·30 parts.
Extract of opium, }
One to six tablespoonfuls daily.

Ricord's Pills—
℞ Proto-iodide of mercury, }
Extract of lettuce, } ā 45 grs.;
Extract of opium, 15 grs.;
Confection of roses, 90 grs.
For 60 pills. One three or four times a day.

(*a*) The homœopaths employ a preparation of mercury, which is very free from irritating properties, and which is often extremely useful in treating syphilis. They call it Mercurius dulcis 1; it is composed of calomel one part, and sugar of milk ninety-nine parts. Ten grains of this preparation (*i.e.*, equal to one-tenth of a grain of cal.) will generally purge an adult; five grains three times a day will cause any syphilid to speedily disappear without imperilling the health.

It is true that a continuance of the treatment will sometimes cause this to subside, but it is not always true, and in these cases it must perforce be given up. Both the plan of inunction and its modifications, the mercurial belt, and wearing calomel in the heel of the stockings, are open to the same objections, inasmuch as they are both uncertain, sometimes quite failing to produce any result at all owing to some local error in the absorbent system, and at other times operating with undesirable swiftness and vigour on account of some abnormal activity in the lymphatic and capillary vessels.

Then there are objections to the mercurial vapour bath, though neither numerous nor grave ones, but sufficient to prevent us considering it in the light of a universal remedy. It is found that in some constitutions it produces profuse sweating, and, as a consequence, seriously debilitates. For these reasons the bath is generally found to be an intolerable mode of treating syphilis in hot climates. Again, the general abolition of the morning tub renders it a very unpleasant method to some patients.

The subcutaneous treatment will probably never be largely adopted; it entails the constant attendance or supervision of the surgeon, and besides this the repeated prickings are not unlikely to produce subcutaneous abscesses. It has, however, proved fairly successful in the hands of those who have tried it, and does not appear to have caused abscesses as often as we should *à priori* have expected.

Again, not only are there occasional objections to each plan of giving mercury, but some subjects cannot safely be treated with mercury according to *any* plan. It is impossible to lay down any precise description of those subjects who may not with propriety have mercury at all, but nevertheless such subjects exist. It is not correct to say that scrofula, or age (whether extreme youth or extreme old age), or debility, or any definable cause, forbids its uses; for though in the cases I have mentioned it requires great caution, yet such a preparation as the homœopathic combination of calomel and sugar of milk may nearly always be safely given. It is satisfactory to know that those patients who are forbidden the use of mercury are not thereby necessarily injured for all future time; for syphilis, like all other specific fevers, runs a definite course, and tends in course of time to become naturally eliminated, when the system becomes open to a fresh attack. We can no more lay down precise rules for the *quantity* of mercury or the length of time it has to be given than we can for the mode of giving it. We must be guided solely by the effect produced. We certainly can judge from the first syphilid whether the treatment by mercury is likely to be a long one or not, the mild syphilid, such as roseola, indicating a speedy elimination of the poison; the more virulent eruption, such as rupia, pointing to greater resistance, and hence to a more lengthened period of treatment. (*a*) In giving alcohol we know if the pulse becomes fuller and less frequent, the tongue moister, and the delirium less, that the stimulant is doing good; and in the same way we know that if while taking mercury the patient gains flesh and strength the drug is being administered with benefit.

Whatever treatment is adopted, it is of the first importance to maintain the general health; syphilis hits a man when he is down, and we must endeavour to keep him up to prevent such a catastrophe. *Apropos* of this, the advice of Ricord is worth remembering. "En un mot, l'accident le plus saillant, l'épiphénomène quel qu'il soit, est celui qu'il faut combattre, sans negliger aucun des élémens qui peuvent fournir des indications thérapeutiques."

(*a*) "The first syphilid is the most valuable sign to rely upon. In fact, the greater or less intensity of the prodromata show only the greater or less power of resistance in the constitution of the subject of them. With a roseola pure and simple, continuing as such during the whole of its duration, not showing any disposition to become papular, and becoming effaced in ten or fifteen days, much is to be hoped, spontaneous cure is almost certain. But the contrary is not less true; vesicular and pustular syphilides always carry with them, of course, an unfavourable prognosis."—Diday, "Histoire Naturelle de la Syph.," p. 119.

It is altogether beyond the scope of these lecture to go further into details of treatment, but I may conveniently recapitulate a few essential points. In regard to the initial lesion, local treatment will generally suffice to heal it; but should it not, mercury, either by the mouth or skin, will nearly always ensure cicatrisation. Even with phagedænic chancres, a mild mercurial course, especially by inunction, is sometimes necessary, though a change of air will often cure such an ulcer better than anything else. Phagedæna and phymosis are indeed the most troublesome complications of the first stage. In cases of phagedæna the best plan is to chloroform the patient, and then, by means of the gas cautery, to thoroughly destroy the *edges* of the sore; dressing with black wash or dry calomel, combined with change of air, will always effect a cure after this is once efficiently done. The occurrence of phymosis is also a troublesome complication, and requires prompt treatment. I remember in the summer of 1864, the boatswain of the Cunard steamer *Asia* sending for me during the homeward voyage in a case of this kind. He had only noticed that something was wrong the day before, and yet when I saw him the phymosis was so extreme as to render exposure of the glans impossible; as I thought I could detect an ulcer beneath the swollen foreskin, I slit up the prepuce freely and found that almost all the glans had sloughed away. Further destruction was, however, arrested by the application of strong nitric acid, and by the time we reached Liverpool, cicatrisation was going on very favourably.

In conclusion, I would say that though the treatment of syphilis can be summed up in very few words,—that although the whole principles might be epitomised thus—for the initial lesion, destruction with some powerful caustic, such as Ricord's carbo-sulphuric paste, or strong nitric acid, then healing with black wash or other suitable lotion,—for the early stage of secondaries a mercurial course, so as slightly to affect the gums, which should be kept a little tender for from four to six months,—for the late secondaries the combined use of mercury and iodide of potassium, (*a*)—and for the tertiary affections minute doses of mercury, iodide of potassium, cod-liver oil, iron, sea air, and sarsaparilla, the best possible health being maintained throughout by careful hygiene and strict *moderation*—still, though it is true that the treatment can be thus briefly summarised, it is none the less true that no disease demands more skill in diagnosis, or more judgment and care in treatment, than hydra-headed syphilis.

Treatment of Hereditary Syphilis.—It remains for me to say a few words upon this head. The career of hereditary syphilis is beneficially influenced by the use of anti-syphilitics administered to the mother during the period of gestation, and if the mother persists in suckling her child, this method of treatment should be steadily persevered with during lactation. In addition to this it is at the same time necessary to treat the little patient more directly, and with this end in view we should get to work as soon as possible. If a child's skin would stand it there is no doubt that mercurial inunction, or wearing a mercurial belt, would always be preferable to the internal administration of the drug. Unfortunately, however, it often happens that persistence in the external employment of mercury produces an intolerable rash, which compels us to abandon it. In such a case a grain of hydrargyrum cum cretâ may be prescribed to an infant a month old, night and morning, and continued as long as the symptoms last—this quantity may be cautiously increased, grain by grain, as the child grows older. When the milk teeth are cut the mercury may be accompanied by a teaspoonful of Parrish's food, or a teaspoonful of the syrup of the iodide of iron. It is desirable to anticipate fresh explosions of the poison by periodical dosings of this character, especially is this necessary at such epochs as the first and second dentition, and at the age of puberty. If confidently and persistently attacked it

(*a*) It is well known that ammonia materially increases the good action of iodide of potassium; it is for this that the French are in the habit of so frequently giving iodide of ammonia.

is astonishing how hereditary syphilis will yield, symptoms may burst out again, from time to time, but if vigorously and promptly met they will rarely fail to be beaten back, and eventually they will be completely routed and conquered, and the system finally freed from the ravages of the poison.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 15, 1877.

THE BRITISH MEDICAL ASSOCIATION.

THE annual meeting of the British Medical Association is one of those events in which the whole profession must feel more or less interested. If, as our special correspondent well remarks, the Association had only been designed for pleasure—for *soirées*, receptions, dinners, excursions—it would deserve support, for the average general practitioner has but few opportunities of indulging in such relaxations. It has, however, other claims upon the attention of the profession, and the immense gathering that has just taken place at Manchester, and the brilliant success of the meeting altogether, show that these claims have not been lost sight of. The number and character of the addresses that have been read on this occasion testify to the scientific spirit of the Association, while the respect in which it is held by the *élite* of the profession is shown by the eminence of the physicians and surgeons by whom those addresses were delivered. At the same time it may be as well to remember that the conduct of the Association has not been free from many sins of omission, and that the work they have done has not been so conspicuous for the impetus they have given to the advancement of medicine and of the social interests of the profession, as for the good feeling they seek to promote among all ranks of medical men. However admirable the addresses and papers may be, it should be borne in mind that they are not the product of the proper work of the Association. They are the result of the individual and independent labour and thought of certain of its members, and might have been composed, written, and published had the Association never existed. But quite a different view must be taken of the plan of scientific grants that has been adopted, and if the Association is to increase its sphere of usefulness from a scientific point of view, it must be by increasing the number and value of these grants, as well as by encouraging that system of co-operation amongst its members upon which truthful observation and the advancement of medicine so much depend. And as respects the social status of the profession, it is to be hoped that the Association will take a more active interest in everything that affects the social condition, the dignity, and education of the profession; that it will do more than it has hitherto done to check quackery, imposture, and all illegal practices; that it will set its face against all such professional behaviour and modes of practice as tend to lower the profession in the estimation of the public, and will take care that none of its members are guilty of any other conduct than that which deserves its approval.

OUR BANK HOLIDAYS.

OUR Bank Holidays have already become such an institution amongst us, and are so appreciated by the great mass of the community, that few will venture to say a word in their disparagement. Nor is it difficult to account for their popularity. They afford the opportunity of rest or recreation to thousands of hardworking people, who before they were established, were in nine cases out of ten, confined to work, or who, at the most, had but a few days' holiday, throughout the year. To the poor clerk who toils at his monotonous task from nine in the morning to seven or eight at night; to the still more unfortunate shop-girl, who is kept standing behind the counter of a crowded shop for nine or ten hours every day; to the seamstress, the artisan, and many others we might mention, it is no small boon to be able now and then to exchange the air of the close and ill-ventilated office or workroom for the fresh breezes of the coast or the balmy zephyrs of the country.

There can be no doubt that a week or ten days' holiday is not sufficient for those who have, without any intermission, been congregated at work all the rest of the year. And this is the case, whether we look at it from a hygienic, a social, or commercial point of view. Both body and mind have been too much jaded by the uninterrupted labour to respond to the otherwise salutary influences of change of air and scene; life and society are alike spoiled and degraded by this continued drudgery; and even the employer finds that unremitting work is not synonymous with greater despatch of business or increase of profits.

Nevertheless, we feel it our duty to remind the public that, in some respects, their bank holiday cannot be regarded with unmixed feelings of satisfaction, and that the noble object which Sir John Lubbock had in view in establishing it can, under present arrangements, only be attained at the expense of several evils, which cannot be disregarded by those who take an impartial view of the

effects of this holiday upon the health and morals of the working classes.

It is not, however, our intention to join in some of the ill-natured remarks that have been made upon the subject. It would, for instance, be rather captious to say that the temperance movement is not likely to find an ally in the people's holiday, as a little uproarious mirth is excusable on such occasions, and, considering the multitude let loose upon her Majesty's highways and byways, it would be strange if a few were not found to abuse the advantages offered to them. Our concern is more with circumstances that are inseparably connected with the scope of the Bank Holiday. This is of such magnitude as to make the term "bank holiday" quite a misnomer. Bankers' clerks constitute but a small percentage of the great mass of people who take advantage of the occasion. The denizens of all great towns are invited, and in a manner compelled, to shut up their shops and give themselves an airing. There is an exodus of the population, as thorough as if the town was going to be sacked, or a great plague had broken out and was decimating the inhabitants. But the most remarkable feature of this British carnival is the fact that for the most part this sudden and simultaneous emigration is only for the day. At night you will see them all flocking home—train after train, penned in like so many sheep, with scarcely any room to breathe, and, if nothing worse, somewhat exhausted from their day's outing.

It may, however, be doubted whether this is the best way of recruiting the health and strength of the hard-worked citizens of this great city. It is all very well for people to go to church, or to war, *en masse*, but we are not so sure it is good for them to take their pleasure *en masse*. This remark applies especially to the population of London. We are informed that no fewer than 13,840 persons visited the Brighton Aquarium last Bank holiday. At Margate, so great was the influx of visitors that many could not obtain sleeping accommodation. The steam-boats alone brought down 5,000, and the frequent trains were heavily laden. The hygienic surroundings of those holiday folks can be more easily imagined than described. Re-breathed air, the exhalations inseparable from a crowd in the month of August, drinking and smoking, the fatigue incidental to sight-seeing and tedious journeys by rail—all these must be a heavy discount upon the salutary effect otherwise experienced by the excursionist. At all events, these contingencies should be taken into consideration by those who are inclined to overrate the boon which the philanthropy of Sir John Lubbock has conferred upon the working classes. There are few who would not admit that the countless *employés* at work in this metropolis are in need of more relaxation of mind and body than that within their reach, but it would, perhaps, be more to their advantage if they could take their holiday piecemeal, instead of the wholesale manner at present practised. There are few great firms and few tradesmen who could not, two or three times a year, allow their clerks or workpeople a day's holiday, and even find (as was found after the passing of the Factory Acts) that their assistants did, in the long run, all the more work in return for their little more play.

From a sanitary point of view, these class or denominational holidays would be preferable to those of which we have been speaking. John Brown would certainly find his health and comfort all the better cared for, if he could run down to the sea in a train that was not crowded to suffocation, or in a boat where there was room to move; while the grocer and his wife would, in their little way, find the trip all the more enjoyable if, on their arrival at their watering-place, they could really see the "lions," instead of a mass of hats and bonnets, or sleep in a decent bedroom, in place of a garret.

No doubt the great advantage of the bank holiday is that it is a compulsory one. Nothing is left to the caprice or generosity of the employer. Whether he be a greedy and selfish man, or a liberal man, it is all the same to his clerk. The law has set him at liberty, and out he flies with as much joy as a caged bird. But, to pursue the metaphor a little further, were the flock, of which he is but a small unit, only less numerous than it is on these occasions, it would, in our opinion, be better for the flock, as well as for those who come in its way.

Here we must bring our remarks to a close. What we have said is not in any cynical spirit. We yield to no one in our admiration for any movement that is intended to encourage the healthful recreation of the working classes; but we would wish that the means resorted to for this purpose are not such as to run the risk of partly defeating the very object which our philanthropists have in view.

THE IRISH PUBLIC HEALTH BILL.

THE future of sanitation in Ireland has been in the balance within the last fortnight, the Public Health Bill having been before the Select Committee of the House of Commons, who have just completed their sittings and agreed to their report. The Bill was in Committee of the whole House last week, but having been vigorously opposed by the Obstructionists, though supported by Mr. Meldon, it had to be withdrawn.

We are gratified to be able to state that active opposition on the part of the profession is no longer necessary, inasmuch as all the points urged upon the Government on their behalf have been conceded. These points were four in number:—

(*a.*) That the medical sanitary officers should, with a view of improving their status, be called "medical officers of health."

(*b.*) That the restriction as to sanitary salaries, imposed upon boards of guardians by the Local Government Board, should be withdrawn, and that henceforth the Guardians should be at liberty to grant any salary they think fit, proportionate to size and nature of district, and subject to the approval of the Local Government Board.

(*c.*) That the medical officer should be remunerated for his testimony at sanitary prosecutions.

(*d.*) That a fair fee should be allowed for services on board ship.

These are the points which especially affect the medical officers, and they have been yielded by the Government in consequence of the energetic action of the Irish Medical Association and the representations made by Dr. Grimshaw (Chairman of Council), Dr. Speedy, and Dr. Jacob

on their behalf. The concession of these points is a decided gain to the sanitary officers, and the Association deserves every credit for its successful efforts, without which all the abuses and injustices of the existing system would undoubtedly have been perpetuated; but there remains behind another matter, without which the profession cannot rest satisfied, and without which the sanitary organisation of Ireland will continue to be little better than a sham. That it *is* a sham, nine-tenths of our Irish readers can testify, and they will unhesitatingly endorse our statement that it is so, and must continue to be so, simply because there is no supervisory establishment at head-quarters; because the onus of all sanitary proceedings is cast upon the medical officer; and because the Irish Local Government Board has no means whatever of knowing whether any individual sanitary authority or any officer does his duty or neglects it.

How could the law be supposed to produce any good result under such circumstances? It provides admirable facilities for effecting sanitary reforms—drainage—disinfection—nuisance removal—safe burial—baths—water supply—all are carefully and minutely provided for. But then this elaborate legal code is placed in the hands of the small farmers and petty shopkeepers, the very men who avow their contempt for sanitation and their dislike to interference with the dirt proprietors of their locality; and the only person who is charged with the duty of putting the law in motion is the dispensary doctor, who—in most instances—dare not, at the peril of his professional ruin, move an inch against the will of his board. Let us suppose that a more enthusiastic than prudent officer, in spite of being discouraged and unpaid, enters upon a conscientious crusade against dung-hills and typhoid factories; his energy is perfectly useless, for his Board of Guardians serenely ignores all his reports, and maintains a masterly inactivity which effectually cools the ardour of the reforming doctor, until he acquires the wisdom of taking his salary and doing nothing for it. Meanwhile the Irish Local Government Board exists in complete ignorance as to whether that particular locality needs sanitation, whether the sanitary authority is disposed to work the law, whether the medical officer is competent or willing to do his duty, and whether the attempts which he does make are crowned with success.

In this blissful state sleeps the Local Government Board, because—as it has itself stated in its official report—it has no inspector available specially for sanitary supervision; and thus the farce of public health reform is played out from week to week, a useless burthen upon the taxpayers, and an opprobrium to the Government which permits such a state of things to exist.

That the authorities are alive to the importance of supervision of Boards and officers is evident from the fact that such overlooking is fully provided for in England, and is constantly availed of to bring lethargic boards and officers to book; and we, therefore, fail to acknowledge a good reason why the same mainspring of sanitary reform should be refused to the Irish system. It is so refused, no doubt, because it would charge the Consolidated Fund with four or five salaries of £500 or £600 each; but we can hardly conceive it possible that the Irish Government will lend itself to the perpetuation of a system which it must know to be discreditable and inefficient.

We earnestly appeal to Sir Michael Beach and Mr. Gibson to remedy this blot upon the measure before it is again introduced. It matters little from what source inspectors should be paid, but they should be provided at any cost, or the Act repealed until the time comes when it can be honestly worked.

It has been hinted that the necesity for supervision had been urged upon the Government as a means of making places for the doctors. Is such a sneer worthy? Has the attitude of the profession towards Irish sanitation been self-interested or grasping? Have not the medical sanitary officers given a most earnest and hearty co-operation to every attempt at improvement of the public health, against their own interests, and in spite of their miserable remuneration? Does anyone believe that half-a-dozen berths, of the value of £600 a year each, is a bribe capable of influencing the profession at large? The suggestion deserves not argument, but contempt.

We look to the independent members of the House to insist upon the incorporation in the Bill of the arrangements essential to make it work, and we shall deeply regret if Ireland be left dependent for its sanitary improvement upon the ludicrously ineffective system which now exists.

Notes on Current Topics.

The Anti-Tobacconists in Paris.

It will be remembered that some months ago we drew attention to the interest which this subject was attracting in France. A society of anti-tobacconists, recently established in Paris, propose to bestow a number of premiums, varying in amount from 100 to 300 francs, together with medals of honour—first, for the best essay addressed to the young on the dangers of the premature use of tobacco; next, for the most extensive collection of interesting and hitherto unpublished remarks, to be drawn up by a medical man, on the diseases directly or indirectly caused by smoking; and finally, for the best essay on the moral and physical influence of tobacco on civilians and soldiers, and on students in public and private schools. The *Daily Telegraph* has, in a long leading article, drawn attention to the same subject, and it is gratifying to find that this popular journal takes a very sensible view of the question, equally removed from prejudice and partiality, and one which will be readily endorsed by the medical profession, for most practitioners will allow that smoking is not prejudicial to the health if practised in moderation, and provided the habit is not indulged in at too early an age. Under some circumstances it seems almost a necessity of life, and an army, on entering upon a campaign, would no more think of going without their tobacco than without their food—would, indeed, much rather go short of the latter than of the former. It is, however, the duty of every medical man to impress upon his patients the necessity of either smoking in moderation, or of abandoning the practice altogether. Such agents as the lay press and the anti-

tobacco societies may do much to restrain this habit within such bounds as prudence and science dictate, but after all it is the medical profession which can exercise the most control over the smoking propensities of mankind, and we shall be wanting in our duty if we evade the responsibility which our professional opportunities impose upon us.

The Health of the Russian Army.

It is certainly singular, remarks the *Standard*, remembering past experiences of war in Bulgaria and the anticipations which previous to the commencement of the campaign were indulged in with reference to the effects of climate upon the invaders, that we have as yet heard very little about sickness in the Russian army. Hitherto, however, all has gone well; and the health of soldiers depends very greatly upon their *morale*. Victorious troops suffer far less from disease than do defeated ones, advancing troops less than those who remain halted. Hitherto the Russian troops have been advancing, and regarded themselves as victorious. The conditions are now changed, and we are mistaken if in the next fortnight we shall not hear far more than we have hitherto done of sickness in the Russian army.

Our contemporary is quite right in what he says with respect to the effects of victory and success upon the health of troops, but there are several other factors which will probably ere long influence the sanitary state of the Russian army, should their present campaign turn out a long and disastrous one. The health of an army in actual service depends also a good deal upon their food and clothing as well as upon the weather they encounter, and it is just towards the end of an unsuccessful campaign that any misfortune in these respects is most likely to occur, and tells with most effect upon the health of the troops. Great heat during the day, followed by cold, chilly nights; great humidity of the soil or a large amount of rainfall; feet almost naked for want of shoe leather; and lack of provisions—these are some of the conditions which, operating upon an army dispirited by defeat, soon decimate them with fever, diarrhœa, and dysentery, and may thin the ranks of the Russian host.

The Geneva Medical Congress.

The following are the subjects which have been appointed for discussion in each section, with the name of the person who is to open the debate :—

Medicine.—1. Ulceration of Stomach, Professor Lebert. 2. Parasitic Affections of Skin, M. Hardy, Professor of Clinical Medicine at Paris. 3. Etiology of Typhoid, Professor Bouchard. 4. Treatment of Fever by Baths, M. de Cevenville, of Lausanne. 5. The Existence of Tissues Implanted in the Organism, M. Zahn, Professor of Pathology at Geneva. 6. Tracheotomy and Croup, M. Revillod, of Geneva. 7. A Universal Pharmacopœia, Professor Gille, of Brussels.

Surgery.—1. Esmarch's Bandage, Professor Esmarch. 2. Reciprocal Influence of Wounds on Pregnancy, M. Verneuil, Professor of Clinical Surgery at Paris. 3. Ozæna, M. Rouge, of Lausanne. 4. Articular Resections, M. Ollier, of Lyons. 5. Galvano-caustics, M. Juilliard, Professor of Clinical Surgery at Geneva. 6. The Transport of the Wounded in War. 7. Perineal Fistula, M. Reverdin, of Geneva.

Gynæcology.—1. Placental Souffle, M. Rapin, of Lausanne. 2. Artificial Feeding of Infants, M. Ziverfel, Professor of Obstetrics at Erlangen. 3. Anæsthesia during Parturition, M. Rechund, of Geneva. 4. The Law of Growth of Children during their First Year, M. Adier, of Geneva. 5. Pseudo-membranous Dysmenorrhœa, M. Gautier, of Geneva.

Public Health.—1. Influence of Alcoholism on Mental Disease, M. Magnan, of Paris. 2. Effect of Adulteration of Spirits upon those who Make and Consume them, M. Guillaume, of Neufchatel. 3. A Question of Medical Geography, M. Lombard, of Geneva. 4. Effects of the Immigration from the Country to Town, M. Durand, of Geneva.

Biology.—2. Analogy of the Discharge of the Torpedo Ray with Muscular Contraction, Professor Marey. 2. Cerebral Localisation, Dr. Broadbent, of London. 3. The Cause of Sleep, M. Preyer, Professor of Physiology at Jena. 4. Entozoa in Man, Professor Vogt, of Geneva. 5. Functions of the Kidney, Professor Schiff, of Geneva. 6. Histology of the Egg and the *role* of Zoosperms in Fecundation, M. Fol, of Geneva. 7. Physiological Antagonism, M. Prevost, of Geneva.

Ophthalmology.—1. Enucleation for Sympathetic Ophthalmitis, M. Warlomont, of Brussels. 2. Etiology and Prophylaxis of Myopia, M. Haltenoff, of Geneva: 3. Methods of Determining the Extent of (*a*) Distinct Vision, (*b*) Perception of Colour, (*c*) Refraction and Accommodation, (*d*) the Visual Field, (*e*) Mobility of the Eye, M. Fol, of Geneva. 4. Tenotomy of the Tensor Tympani, M. Colladon, of Geneva.

A Quarter's Mortality from Small-pox in England.

We have received from the English Registrar-General his last quarterly return; and as small-pox has been very prevalent since November last, and the subject has occupied considerable attention both in and out of the profession, we give the following summary of deaths :—

The fatal cases of small-pox registered during the quarter ending June 30, were 1,416, showing a decline of 527 from the number in the first three months of this year. The deaths from small-pox throughout the country steadily increased from 149 in the last quarter of 1875 to 1,943 in the first quarter of this year. The 1,416 in the three months ending June last, included 904 in London and its suburban districts, 315 in Lancashire, and 86 in Cheshire; while but 111 fatal cases were recorded in the rest of England and Wales. The annual death-rate from small-pox during the quarter, to a thousand living, was equal to 0·83 in Greater London, 0·41 in Lancashire, and 0·59 in Cheshire, whereas it did not average more than 0·03 per 1,000 in all other parts of England and Wales. Each of those rates, except that in Cheshire, showed a decline from those which prevailed in the first quarter of the year. No fatal case of small-pox was registered in thirteen English counties, or in ten of the twenty largest towns, among which the fatal prevalence of the disease was confined to London, Liverpool, Manchester and Salford, and Oldham. The disease caused 47 deaths in Birkenhead, 10 in Preston, and 6 in Ashton-under-Lyne; it was also locally fatal in Dartford, Orsett, South Benfleet, Glossop, Altrincham, Barton-upon-Irwell, and Lancaster.

The Sale of Food and Drugs Amendment Bill.

This Bill, the object of which is to facilitate the selling of watered liquor without risk of punishment, came on for its third reading on Friday last, and being opposed by Dr. Cameron and Mr. Meldon, was talked out until the House was counted. It is thus defeated for this session, and we hope for it a similar fate if Mr. Isaac should introduce it next year. If publicans wish to sell diluted spirits, or if the public wishes to buy it, the strengt hand price can be distinctly stated, and then there will be no roguery in the traffic.

The Cost of Irish Pauperism.

THE lately issued Irish Local Government Board report shows that there has been a reduction in the cost of Irish pauperism this year of £8,398, the total for 1875 being £771,553, and for 1876 £763,155. This is accounted for by the remarkable diminution in the number of paupers relieved.

There has been a decrease of £17,075 in the cost "in maintenance and clothing," but an increase of £2,628 in "out-door relief," of £450 in cost of "deaf, dumb, and blind," £3,048 in "salaries and rations of officers," and of £2,551 in "all other expenses, resulting in a net decrease of £8,398, while the decrease in the total number relieved has been 31,261.

The total expenditure of poor-rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths, and marriages, sanitary measures, and expenses under Superannuation Acts was in 1875, £975,044, making a poundage of 1s. 5½d. on the valuation. In 1876 the expenditure for all purposes was £1,045,505, being 1s. 6½d., an increase of £70,461, which increase is composed of £59,482 payments under National School Teachers Act, a newly created source of expenditure, and of an increase of £11,070 under Cattle Plague Act, less by a net decrease of £91 on other accounts.

A Clinical Ticket of the Old Time.

THE *Union Médicale* gives the following reprint of a ticket of admission issued in the year 1596 by the famous surgeon Guillemeau, pupil and friend of Ambrose Paré:

"H. D. Aderis, si placet, cras, hora decimâ, in templo Divinorum Cosmi et Damiani sacro, et pauperum piè visitationi.

"Actum, 4 Feb. 1596. GUILLEMEAU."

The Work Done by Irish Workhouses.

THE Irish Local Government Report, just issued, gives a rather hopeful account of Irish pauperism.

A decrease of 2,436 has taken place in the total number admitted in sickness during the year; a decrease of 26,112 in the number admitted who were not sick; a decrease of 1,439 in the number suffering from fever and other dangerous contagious diseases, and a decrease of 31,045 in the total number relieved; the numbers relieved during the year were less than the numbers relieved in any year since 1860.

This decrease of 31,000 persons in the pauper population maintained by the public is not due to any great increase in out-door relief, for we find, per the same report, that the persons subsidised outside the workhouses were only 993 more than last year.

Repression of Drunkenness in Galicia.

THE Chamber of Deputies of Vienna has voted for the repression of drunkenness in Galicia, the following law:—"No suit shall be maintained for the recovery of debts for liquor supplied when the debtor was in a state of drunkenness." Every person who has been punished thrice for drunkenness is forbidden to enter a tavern within the same year even when sober."

Deaths in Irish Workhouses.

THE mortality of the last year within the Irish workhouses contrasts favourably with that of former years. It appears from the report of the Irish Local Government Board just issued, that

The total number of deaths in the workhouses in the fifty-two weeks comprised in the table has been 10,129. In the corresponding table in the last annual report the total number of deaths was 11,333; so that there has been a decrease of 1,204 deaths, as compared with the number last year.

Deaths by fever were 612, as against 703; by lung disease, 1,633, as against 2,045; and deaths by small-pox only 2, as against 41 in last year.

THE English Pharmaceutical Society has at length emerged from its secret encouragement of counter-doctoring, and has openly taken the field as the champion of unlicensed practice. Its Council decided last week, by a majority of 12 to 4, to instruct its solicitor to defend, at the Society's expense, a counter-prescriber who is prosecuted for an infraction of the Apothecaries' Act. The Society had already descended from its legitimate position as guardian of pharmacy in England by undertaking the *rôle* of apologist for adulteration and all its concomitant rogueries. Now that its Council has accepted the championship of those who are engaged in making money by the breach of the law, the society may be assumed to be nothing superior to a trades-union, whose highest function is to protect the pockets of druggists. We honour the independence of Mr. Schacht and his three lieutenants who had the courage to remonstrate with the Council on the course which it proposed to adopt. They were plainly in earnest, and must have felt the honesty of their principles when they ventured to oppose the money interest of the voters.

WE understand that copies of a circular containing an engraving of the Colorado beetle have been sent by the government during the last few days to every parish in the country through the boards of guardians (in Scotland through the local authorities), to all chairmen of quarter sessions, and to the customs officers at the various ports. It has also been widely circulated by the Irish Privy Council. The Royal Agricultural Society and the agricultural newspapers have published similar illustrations. All this has been done in order to secure the active co-operation of everyone who is likely to meet with this troublesome invader.

THE meeting of the French Association for the Advancement of Science will take place this year at Havre. The session will extend from the 23rd to the 30th of August, and will include general and sectional meetings, scientific excursions, and public conferences. The meeting will be opened by Professor Broca as President, the Vice-President being M. Hulkmann, the chemist of Lille, and the Secretary being M. Dehéran.

THE resident population of the United Kingdom in the middle of 1877, is estimated at 33,444,419; that of England and Wales at 24,547,309; of Ireland at 5,336,395; and of Scotland at 3,560,715. The birth-rate in the United Kingdom in the second quarter of 1877, was 35·2 per 1,000; and the death-rate 21·2 The marriage-rate in the first quarter of 1877 was 13·3 per 1,000.

THE subjoined City companies have contributed to the

Repairs and Improvement Fund of the Westminster Hospital as follows:—Grocers' £100, Goldsmiths' £100, Mercers' £105, Fishmongers' £52 10s., Merchant Taylors' £26 5s., Cutlers' £26 5s., Skinners' £21, and the Clothworkers' £21, annually to the general fund.

H. R. Swanzy, M.B. Dub., F.R.C.S.I., Ophthalmic Surgeon to Dr. Steevens' Hospital and to the National Eye and Ear Infirmary, Dublin, has been appointed Professor of Ophthalmic and Aural Surgery in the Royal College of Surgeons in Ireland, vice Dr. Wilson, deceased.

William Roe, M.D. Q.U.I., F.R.C.S.I., Assistant Obstetric Surgeon to the Coombe Hospital, Dublin, and Examiner in Midwifery in the Royal College of Surgeons in Ireland, has been elected Professor of Midwifery in the College, in the room of Dr. Cronyn, deceased.

BRITISH MEDICAL ASSOCIATION.

Forty-Fifth Annual Meeting.

[From Our Special Correspondent.]

Victoria Park, Manchester, Tuesday, Aug. 7.

In my last letter, I gave the programme for the week, the inauguration of the meeting in the Cathedral by the Bishop of Manchester, and the text from which he preached a short but eloquent Sermon. I could give you no more than this by Telegraph; and considerable surprise was manifested amongst the members of the Association when the Journal reached Manchester by first post on Wednesday morning, that it contained even so far of Tuesdays' proceedings. I will not encroach upon your valuable space by giving his Lordship's sermon in full, but as he is known to be a divine of the broadest, most liberal and enlightened school, I will content myself by giving just a few quotations, from the sermon, the text being as your readers are already aware: "It doth not yet appear what we shall be." To those, remarked the preacher, who held the merely physical theory of being, who saw in matter the promise and potency of life in every form, who accounted for even the phenomena of what used to be called volition by the reflex action of a muscle or a nerve, the very existence of those imaginings, those hopes and fears, should seem to be a problem of no slight difficulty. It was possible, as Professor Tyndall had said, "that many who hold the hypothesis of natural evolution would probably assent to the position that at the present moment all our philosophy, all our poetry, all our science, all our art, Plato, Shakespeare, Newton, are potentially in the fires of the sun." But it would seem to require a further reach of the imagination in the province of science to conceive that the fires of the sun could have implanted even potentially in the human soul the hope of immortality; still more so if, as some told us to-day, it was a hope destined never to be realised. For there it was, a hope deep-seated in the heart of man, and, like every other phenomenon, it was to be accounted for, and as it was not pretended by anyone to be within the range of mathematical demonstration or physical experiment, the most reasonable hypothesis must be accepted. Everyone must admit there had been either developed or implanted in the human mind the hope of immortality, and here the mere physicist was brought to a pause; he could not explain the phenomenon consistently with his purely physical principles. It seemed to him that he ought to try to explain it away; it was, to say the least, an unexpected and awkward result of a course of material atoms, whatever the arrangement of their poles or the tendency given to their powers. And if he could neither explain nor explain it away, he was bound upon his own principles at least to listen to the hypothesis of one who had been studying in another but not an antagonistic school. If this hope of an indestructible life did exist, might it not have come from God And was not the mystery of our being solved, though not with the precision of scientific language, by the Old Book, which told us that the "Lord God formed man, and breathed into his nostrils the breath of life, and man became a living soul?" Admitting the fact of a living personal God, there need be no insuperable nor even serious difficulty in admitting the fact of revelation, whether in the narrower sense in which sometimes the idea of revelation was confined to the inspired record of the Bible, or in that broader and Pauline sense in which even to the heathen God was said to have shown His own attributes and their destiny. . . . The gentlemen he was now addressing had ample opportunities of observing the tenacity with which the spirit clinged to that eternal life which it believed it had in Christ Jesus. It was indeed surprising how little modern criticism or modern scientific inquiry had done to undermine those old foundations upon which all religion in its very idea, and Christianity, as religion in its highest form, must ultimately repose. It was only one here and there who told them that the idea of a personal God was an unverifiable hypothesis; and even such recognised in the circumstances around them a stream, a tendency that made for righteousness. It was only one here and there who defrauded humanity of its brightest hopes and most sustaining motives by denying to it immortality, and even such, as if conscious of their wrong, endeavoured to find a substitute for the idea which they had destroyed, which indeed proved illusory, but which they seemed to feel indispensable. In conclusion, his Lordship said: No doubt there are some sad souls—

Mad from life's history,
Glad of death's mystery,
Swift to be hurled,
Anywhere, anywhere,
Out of the world.

In the dim gloom that shrouds all beyond the grave there is yet a streak of light, like some sudden lightning flash, illuminating the darkness with hopes full of immortality. In the silence of the chamber of death there is still a voice heard, "He that liveth and believeth in Me shall never die." I trust, gentlemen, representatives of a noble profession, that His spirit who, in the strong but not strained language of St. Paul, illuminated death with immortality may guide you in your discussions to the furtherance within your legitimate and important sphere of those high human interests for which He died.

After luncheon the first general meeting of members was held in the Concert Hall at three o'clock, under the presidency of Dr. M. M. de Bartolomé, of Sheffield. There was a very large attendance, the hall being nearly filled.

The minutes of last meeting were taken as read, and confirmed.

Dr. Falconer (Bath), Treasurer of the Association, moved that Dr. M. A. Eason Wilkinson be appointed President of the British Medical Association for the ensuing year.

The motion was seconded by Mr. W. W. Husband, F.R.C.S. (York), and carried unanimously.

Dr. Bartolomé in retiring from the presidential chair, referred to the great courtesy with which he had been treated during his period of office, and the unqualified support which he had received from the Association. The past year, he said, had undoubtedly been a most uneventful period, for they had not even had a medical squabble to distinguish it, and therefore his life had been one of *otium cum dignitate*. There was one incident, however, which he would always look back with perfect satisfaction upon his presidential period. All branches of the community, they must be aware, were recognised in some way or other by the powers that be, and they well knew that the colliers of Pontypridd had recently been rewarded for their heroism in the disaster which occurred lately in Wales. Some members of the medical profession were quite as heroic as these colliers, yet their services were less valued. They were accustomed to this state of things, however, jus as eels were accustomed to skinning. (This little tirade was followed by considerable laughter and clapping of hands, amidst which Dr. Wilkinson, who is one of the Physicians at the Manchester Royal Infirmary, took the chair.)

Dr. Chadwick moved that the warmest thanks of the Association be accorded to Dr. De Bartolomé for his past services as President, and also that he be appointed Vice-President for life.

The motion was seconded by Dr. M'Intyre, and carried unanimously, after which Dr. Bartolomé acknowledged the compliment.

The President's Address.

The President then delivered his Inaugural Address, thanking the members for the honour conferred upon him in electing him President of the Association, and giving them a hearty welcome to Manchester. He took as his subject the Manchester Infirmary, its history, its future, and, connected with this, the general subject of hospitalism, treating it after the most approved system of our times. The address was of more local than general interest.

On the motion of Dr. Gairdner (Glasgow), seconded by Dr. J. A. Favell (Sheffield) a vote of thanks was passed to the President for his address.

Dr. Andrew Clark (London) moved the adoption of the report of the Council, which showed that the number of members had largely increased during the year, and that the financial affairs of the association were in a flourishing condition. The report also referred with satisfaction to the adoption of the medals adverted to in the speech of the ex-president.

The motion was seconded and agreed to.

The Secretary (Mr. F. Fowkes) read the annual report of the Council, which detailed the work that had been done during the past year. The total balance of assets over liabilities on the 31st Decsmber last was £4,241, and the revenue had increased by £797. The Association continued largely to increase in numbers. The new members for the year were 729, the deaths 63, and the resignations 65, leaving a total number of members of 7,147.

The report was adopted on the motion of Dr. A. Clark, seconded by Mr. Lund (Manchester).

The general meetings are never very interesting affairs, and this was, if possible, less so than usual. Gradually the hall thinned down to a few, which became beautifully less as the last of the routine work was got through. The customary votes terminated the sitting.

Wednesday, August 8.

The sittings were resumed this morning at half-past nine o'clock, when there was a meeting of the council, and subsequently a meeting of the Scientific Grants Committee was held. The second general meeting of the Association took place at half-past eleven o'clock, in the Chemistry Lecture Theatre of the Owens College. The President, Dr. Wilkinson, occupied the chair, and the spacious apartment was crowded.

The President of the Council (Dr. Falconer, Bath) said that as no invitation had yet been received with reference to the next annual meeting, it was proposed to empower the Committee of Council to make the necessary arrangements.

Dr. Wade (Birmingham) therefore moved that the Committee of Council be empowered accordingly, and to appoint the president elect.

Mr. Husband (York) seconded the resolution, and it was agreed to.

Dr. W. Roberts, physician to the Manchester Royal Infirmary, then delivered a most learned and thoughtful address on Medicine, choosing for his subject the doctrine of contagium vivum and its application to medicine, which I have the pleasure to send as an instalment of sound mental pabulum for the careful digestion of your readers. (The address referred to will be found at page 121.)

Sir William Jenner, Bart., moved that the best thanks of the assembly be given to Dr. Roberts for his clever exposition. He thought their thanks should be given very warmly to him. If the address had been a moderately able one, or if it had been what they called an able and interesting address, he was sure they would have thanked him warmly for having taken the trouble to prepare and deliver it. But this was something more than a merely able address. It was one of the most able and most interesting addresses he had ever listened to—and he did not hesitate to say that although they or he might not have agreed with every word, they would have agreed with very nearly every word; and, moreover, he believed it would be a new starting point for advances in a certain class of diseases. He trusted they would give their heartiest thanks to Dr. Roberts.

Dr. Paget (Regius Professor of Physic at Cambridge University), in seconding the motion, said that coming from a distance perhaps he might be allowed to congratulate the Council of Owens College on what they had heard that morning. Of course, one had heard of the great teaching power of the Owens College, but if what had been heard that day was an average of the teaching power he thought the college in its medical department must rival any of the first schools of medicine. He might venture also to congratulate the medical council on having selected Dr. Roberts to represent them, and he thought all the medical profession in Manchester must be satisfied and proud of such a choice.

The motion was carried amidst much cheering.

Presentation to the Pontypridd Surgeons.

At the conclusion of the proceedings connected with Dr. Robert's address, an interesting ceremony took place in the presentation of medals and illumined addresses to the surgeons who were professionally engaged in the colliery accident at Pontypridd.

Dr. Falconer (Bath) said he had been asked by the President to make a short statement with regard to the conduct of the medical men who were concerned in the treatment of the miners in the severe colliery accident at Pontypridd. He (Dr. Falconer) thought the meeting would agree with him that those gentlemen had exhibited great powers of perseverance, for they were, many of them, confined in the mine for days and nights waiting for the liberation of the entombed miners. He read a statement which had been drawn up by Dr. Sieveking, which stated that from the 11th to the 21st April, 1877, a boy and four men were imprisoned in the Tynewydd Colliery without light or food. The stimulating influence of the presence of the medical men aided largely in encouraging the miners to persevere in their attempt at the rescue of their fellow men, and that their presence had a similar effect upon the imprisoned men was, he said, manifest from the fact that as soon as they could be communicated with the first thing they asked was, "Are the doctors there?" The two young men, Messrs. Dukes and David, were the first who, after the communication had been effected, crept through a narrow channel at the peril of their lives. The doctors when in the pit were in the same peril as the working miners, and were without the stimulus of bodily work as a relief to the depressing influences of surrounding circumstances. The Association thought the occasion one which exhibited in a peculiar manner the highest qualities of the British medical man, and one which showed to the world his self-sacrificing spirit—and they had, therefore, unanimously agreed that they would found a medal to be bestowed for distinguished merit, and that the first recipients should be the medical men engaged in the rescue of the entombed miners at Pontypridd. He described the particular services rendered by each of the gentlemen, who were called to the platform amidst the cheers of the meeting.

The President then presented the addresses to the following gentlemen, it being announced that the medallist had not completed his work in time for their presentation to-day:—

Gold Medal to Mr. H. N. Davies, surgeon to the colliery. Silver Medals to Mr. Washington, David Edgar Dukes, and William Stephen Davies. Bronze Medals to Thomas William Parry, Charles John Jones, Francis Henry Thompson, George Neal, Philip James, Rees Hopkins, Ivor A. Lewis, and Edward Lloyd.

Dr. Bartolomé said they were remedying the *laches* of others, and the shortcomings of those who, he humbly thought, ought to know better. He moved that in future the medal of the Association be given as the special reward for distinguished merit on the part of medical men.

Mr. Husband (York) seconded the motion, which was passed.

The proceedings were then concluded. The several sections met in the afternoon.

PUBLIC HEALTH SECTION.

The public health section met in the History Lecture Room at two o'clock, under the presidency of Surgeon-Major F. S. B. de Chaumont, M.D. Seven papers were read in this section. Dr. Arthur Ransome read a short paper on "Epidemic cycles;" Dr. J. L. Notter, of Netley, on "The chemical theory of contagion compared with the corpuscular theory, with special reference to the action of disinfectants;" by Dr. T. M. Dolan, Halifax, on the "Etiology of typhoid fever, with special reference to the discusssion in the French Academy of Medicine;" by Dr. Hadden of Eccles, on the "Incubation and duration of infection;" by Dr. Bushell Anningson, of Cambridge, on the "Infective Constituents of Vaccine Lymph;" by Mr. Vacher, of Birkenhead, "Notes on the life-history of contagium;" and Mr. Adam Scott gave some facts referring to the Dutch laws of compulsory registration and stamping out of infectious diseases.

THE OBSTETRIC SECTION.

Dr. Priestley (London) presided over this section. In his opening address he said that when the invitation to accept the presidency of the obstetrical section at the present meeting of the British Medical Association was forwarded to him, it struck him it would be interesting to look back on the part which Manchester had, from time to time, taken in the advancement of obstetric science, and recall some of the great names who had contributed to its literature. Manchester, indeed, had had its school of obstetric medicine as well as its school of politics. It had made its mark both in the present and in the preceding century. So long ago as 1773 Mr. Charles White, a pupil of William Hunter, and surgeon to the Manchester Royal Infirmary, wrote a treatise on the management of diseases of women which went through three editions, and in 1784 another work of a similar character was published. Probably no single locality in the United Kingdom had contributed so much as Manchester and its vicinity to the discussion and elucidation of the subject of Cæsarean section. Of fifty-five cases in England and Wales, collected by Dr. Radford up to 1865, no fewer than twenty-five had occurred in Lancashire. The occurrence of this large proportion of Cæsarean operations in Lancashire, was, no doubt, in a great measure due to the pernicious influence surrounding the occupation of young girls and women in factories. Cogent evidence of this was to be found in the fact that since the introduction of the Factory Act, which prohibits girls from being employed in factories before a certain age, and limits the hours of work both for women and children, the necessities for the Cæsarean operation had become much rarer, and Lancashire was losing its unhappy preeminence in this respect. This, one of the indirect ways in which the Factory Act had ameliorated the condition and lessened the danger and suffering of poor working women deserved to be recorded, and must furnish a source of gratification to Lord Shaftesbury and others who were concerned in passing this beneficent measure. Since the last meeting of the British Association in Manchester considerable strides had been made in perfecting the science and art of midwifery, and in treating and investigating the diseases of women. It would be in the recollection of many members that at the meeting of the Association in London there was a discussion on transfusion, and a lively debate took place between the advocates of mediate and the supporters of intermediate injection. Just now new life had been imparted to the subject by the appearance of M. Roussell demonstrating the utility and simplicity of his method for direct transfusion. The subject was obviously a study of deep and increasing interest, as the introduction and practice in a perfect and simple form of transfusion might be the means of saving many from the jaws of death. He commended it to their careful consideration. (Applause.)

Dr. Lloyd Roberts (physician to St. Mary's Hospital, Manchester), read a paper on "Transfusion."

A paper by M. Roussell, M.D. (Geneva), also dealing with the question, was read by Dr. Lloyd, M. Roussell being unable to speak in English.

Professor Martin (Berlin) said that if they adopted transfusion they must transfuse only in cases where the patients were faint and evidently sinking, and they should use human blood, and not the blood of the lower animals. The apparatus employed should be of the simplest nature.

Dr. Atthill (Dublin) exhibited and described the apparatus invented by Dr. Roberts, of Dublin, for transfusion. With regard to transfusion, he believed it to be a very advantageous operation in some cases, but he was not satisfied on the other hand that it was not altogether free from danger. He was in favour of the use of defibrinated blood for transfusion, and opposed to direct transfusion.

M. Roussell, M.D., then gave a description of the instrument he had invented for performing the operation of transfusion. He insisted that the blood taken from one person and introduced into another should contain no air; it should not be allowed to come into contact with atmospheric air in any way.

A paper relating to obstetric surgery was then read by Dr. J. Matthews Duncan (Edinburgh), and after a long discussion the meeting adjourned.

PSYCHOLOGICAL SECTION.

Dr. J. C. Bucknill, F.R.S. (president), read an introductory address on the treatment of the insane, and upon the importance of psychological knowledge in the treatment of disease.

A discussion followed on the treatment of habitual drunkards, opened by Mr. G. W. Mould, who advocated the general establishment of retreats where habitual drunkards might be placed under control for stated periods.

Dr. Norman Kerr, remarking upon the difficulty of reforming habitual drunkards, said that until within the last few years he had visited many inebriate establishments, but had never known more than 30 per cent. of males and 3 per cent. of females permanently cured. He had, however, recently visited an establishment for females where the number cured was said to be 60 per cent. He condemned the granting of grocers' licenses as a most demoralising system, and advocated an Act of Parliament legalising the detention of habitual drunkards.

Dr. Moore, medical officer of the Belfast Gaol, thought habitual drunkards should be committed to prison for an indefinite period, only to be released when cured.

Dr. Parker, surgeon of the Liverpool Borough Gaol, thought that reformatory institutions should supplement prisons, and that, after serving a period of imprisonment, convicted drunkards should be sent to those reformatories until cured. Until some such steps were taken he was afraid no great improvement would be effected.

Several other speakers supported this opinion, and urged that such reformatories could be made self-supporting.

Dr. Rogers, of Rainhill Asylum, thought there was a great deal of hypocrisy running through the discussion. Was it right that members of the Association, after enjoying as they did the good things of this life, should advocate, so coolly, the sending of so many poor persons to prison? He thought the law, as it now stands, was sufficient to put down drunkenness if it were fully enforced, and urged that it was unjust to punish the drunkards and let the seller of the drink go free. In opposition to what one gentlemen had said, he thought the granting of grocers' licences a beneficent measure.

The following resolution was then agreed to:—"It is the opinion of the psychological section of the British Medical Association that legislative action is imperatively necessary for the treatment of habitual drunkards, and that object could best be attained by the establishment of distinct institutions for their treatment."

A second resolution was also passed to the effect that reformatory institutions should be established to supplement prisons for the reception of persons convicted of drunkenness.

THURSDAY, AUGUST 9.

The third general meeting took place in the Chemical Theatre at ten o'clock; Dr. Falconer (Bath) presiding.

At eleven o'clock Mr. Spencer Wells (London) delivered

THE ADDRESS IN SURGERY,

which will be found on page 126.

On the motion of Mr. E. Lund (Manchester), president of the Surgery Section, seconded by Professor M'Leod (Glasgow), a vote of thanks was passed to Mr. Wells for his address.

THE MEDICAL SECTION.

The medical section was very largely attended, Sir William Jenner presiding. In introducing the business of the section, he thanked the council of the Association for the great honour they had done him in appointing him president on that occasion. At the same time he owned that he felt there was some fitness in the selection made by the council, that he was to some extent in his proper place as president of the medical section at that special meeting, for the address on medicine had been delivered by a physician whom he was proud to be able to claim as a former pupil, and two of the three vice-presidents, and one of the two secretaries of the section owed some, at least, of their rudimentary knowledge of medicine to his teaching. One great good flowing from all such meetings, was that the papers which were read, and discussions which of necessity arose, awoke in those who took part in them, and in those who were listeners only, new ideas, and gave form to ideas heretofore imperfectly defined in their minds, and did that which for all men was so essential—forced to think. Again, as men talked one with another, new modes were discovered of looking at old things, prejudices faded away, identity of fact and meaning was found to underlie differences in words, and by comparing their own observations, and their conclusions, with those of others, they corrected the former, and rectified the latter; and thus, although at the dispersion

of gatherings such as that of men of science, it might not be able to be said that any branch of the science represented at the meeting had received an addition which might not have been made in other ways, it could be asserted, without fear of question, that not only had knowledge been spread, but also that an impetus had been given of the most forcible and purest kind to the advancement of knowledge in the future, which impetus could not have been given in any other way; men's minds had been excited to think in new directions, to carry their thoughts into action, and prejudices—those drags on the acquisition of knowledge—had been lightened. But from the social associations which formed part of the meetings another and a better good flowed. Hearts were opened to feel more kindly towards their professional brethren, and they became conscious of a common brotherhood. He could not conclude without expressing, in the name of the section, the pleasure it would give them all if their foreign visitors—men renowned throughout the world, would take part in the discussions. He had said their "foreign" visitors, but in science generally, and in the profession of medicine especially, there should be no foreigners. They had a common language, and sought one treasure, truth, a treasure which as soon as it was discovered was the common property of all. In the world of science, and of medical science in particular, all worthy workers were communists. They knew nought of geographical nations, and race for them had no existence. (Loud Applause.)

A paper on the varieties of phthisis, illustrated by coloured plates, was read by Dr. Andrew Clark, Dr. Bradbury and Dr. Henry Simpson (Bowdon) followed, the former referring to a case of hydatid tumour of the left kidney being successfully treated by aspiration, and the latter to the treatment of internal aneurism. Dr. Philipson (Newcastle-on-Tyne) next described two cases of abdominal aneurism, one cured by iodide of potassium, the other by arterial compression. Dr. R. T. Roberts (Manchester) read brief notes of cases illustrating the diagnosis and treatment of internal aneurism, and Dr. Mahomed gave an abriged paper on indications for the diagnosis and treatment of aortic aneurism. A discussion on aneurism followed, after which the meeting terminated.

The annual dinner in connection with the Association was held at the Assize Courts, Manchester, in the evening, under the presidency of Dr. Eason Wilkinson. The banquet was attended by nearly 400 guests, and amongst the company were the Bishop of Manchester, Sir Henry de Bathe, Mr. Birley, M.P., Sir William Jenner, Professor Ludwig, Berlin; Dr. Sayre, New York; Professor Charcot, Paris; the Mayor of Manchester (Mr. Alderman Heywood), the Mayor of Salford (Mr. Alderman Walsley), Dr. Falconer, Bath, President of the Council; Dr. Matthews Duncan, Edinburgh; Dr. Haughton, Dublin; Dr. Borchardt, Manchester; Dr. Chadwick, Tunbridge Wells; Professor Greenwood, Principal of Owens College; Mr. W. H. Higgin, Q.C.; Dr. Gairdner, Glasgow; Dr. Bucknill, London, &c. The usual toasts were proposed and responded to, the proceedings terminating about eleven o'clock.

FRIDAY, AUGUST 10th.

THE LAST GENERAL MEETING.

The last general meeting was held in the afternoon, in the Chemical Lecture Theatre; the President (Dr. Eason Wilkinson) in the chair.

The report of the habitual drunkards committee was read by Dr. Eastwood (Darlington).

A resolution adopting the report, and re-appointing the committee was unanimously passed.

The report of the committee appointed jointly by the British Medical Association and the Social Science Association, to deal with the subject of State Medicine, was presented by Dr. Stewart (London). It contained the following passages:—

The joint committee acting on the resolutions adopted at the Sanitary Conference held in London on the 11th and 12th of May, 1876, have prepared a memorial carrying out the spirit of those resolutions. This memorial was forwarded to Earl Beaconsfield on the 18th of June last, with a request that he would consent to receive a deputation on the subject. The memorial recommended: 1. That the present existing distinctions between urban and rural sanitary districts should be removed, and that all sanitary authorities should be clothed with similar powers; and that these powers should be extended in order to enable them to carry out all purposes of local administration within their district. 2. That in each county, or division of a county, a representative authority of a high order should be constituted for the execution of joint works, to aid, and in case of default to exercise control over, district sanitary authorities. The joint committee much regret that his Lordship's engagements would not allow him to receive the deputation. The joint committee more and more impressed with the necessity of urging forward the reforms set out in the resolutions of last year, and the memorial based on them, have determined by every means in their power, and especially by the wide distribution of the resolutions and memorial, to give the greatest possible publicity to the steps they have hitherto taken in the matter, and they are not without hope that the question may be taken up in Parliament by leading politicians, and that the Government, who are already pledged to do something towards the formation of county boards, may be induced seriously to consider the necessity of a radical change in sanitary administration.

Dr. Bond (Gloucester) moved that the report should be received and adopted and the committee re-elected. In doing so he said it was aggravating to hear of the cavalier way in which the Prime Minister had received the joint committee's request for an interview. A minister who had entered office with sanitary reform as one of his leading cries, and who declined at so early a period of his administration even to consider suggestions made for the benefit of the public health by two such bodies as the British Medical and Social Science Associations, did not hold out by his conduct much ground for sanguine expectations of progress in the direction to which he had originally called public attention. This being the case, he (Dr. Bond) was afraid that the joint committee's hope that the country would be blessed with a Minister of Public Health was not likely to be gratified.

Mr. Armstrong (Harpurhey, Manchester) seconded the resolution, which was passed without opposition.

The report of the parliamentary bills committee was presented by Mr. Ernest Hart (London), and was taken as read.

On the motion of Mr. Robert Dunn (London), seconded by Dr. Begley (Hammersmith), the report was adopted, and the committee's successors for the ensuing year appointed.

The report of the chloroform committee was read by Dr. Waters (Chester). It stated that the committee recommended the association to appoint a sub-committee of research, to consist of the following medical gentlemen, all of whom belong to Glasgow:—Dr. Ramsey, Dr. Coates, and Dr. M'Kendrick, Professor of Physiology at Glasgow University, the latter gentleman to act as chairman and convener. It was also recommended that for the purposes of this sub-committee of research the scientific grants committee should make a fresh grant of £50. These investigations in connection with anæsthetics had, said Dr. Waters, been conducted since 1866, and they were giving to the association a character for promoting science and original research which redounded greatly to its credit.

Mr. Robert Tiffin (Wigton, Cumberland) seconded the motion, which was unanimously carried.

The report of the medical reform committee was read by Dr. Waters (Chester).

Dr. Waters moved that the report should be adopted and the committee re-appointed.

Professor Haughton (Dublin) seconded the resolution.

Mr. Ernest Hart (London) moved a rider to the resolution, instructing the committee to prepare a short bill and introduce it in the next session of Parliament for the purpose of amending the 40th (penal) clause of the Medical Act of 1858.

Dr. Nelson Hardy (London) seconded the proposal for the adoption of the rider.

On a division the resolution, with the addition of the rider, was carried by a large majority,

The following resolution, which was based on one previously passed in the psychological section, was, on the motion of Mr. Hart, carried unanimously:—

"That a committee be appointed, with full authority to use the influence of the association, to promote such changes in the administration of out-patient relief at hospitals as they may find necessary, and that the working of the present system of provident dispensaries in Manchester be carefully investigated and reported upon."

The Chairman announced that a letter, signed by Mr. E. Seguin, chairman of the American delegation in Manchester, had been received by himself. It expressed thanks to him and to the association for the brotherly reception accorded to the representatives of the medical profession of the United States. The delegation hoped that by the proposed introduction of more uniformity into the practice of physic the high standard of the English physicians would be more universally acknowledged, and they offered the heartiest encouragement to those who laboured with the Charity Organisation Society, London, for the legal recognition and medical treatment of all idiots and feeble-minded children as wards of this generous and mighty nation.

The passing of the usual votes of thanks terminated the meeting.

GARDEN PARTY AT MANLEY HALL.

A garden party was given in the afternoon at Manley Park by the President and reception committee of the association. There was a very large assembly, consisting not only of members of the association, but also of a large number of the general public, to whom invitations had been issued, and the hall and its handsome grounds were thrown open. The bands of the King's Dragoon Guards, of the 106th Light Infantry, and of the Theatre Royal, Manchester, were stationed in different parts of the park, and during the afternoon gave admirable musical selections. The park being now in beautiful condition, the afternoon proved one of universal pleasure.

THE INFLUENCE OF THE MEETING.

I shall not at present estimate the value of this meeting in its purely scientific aspect, but I may point out one influence it may have—viz., of assisting Manchester in securing a charter for a university.

It would be out of place for me to discuss here the question of the special claims of Owens College in reference to a charter of incorporation; but as surely as this claim is pressed on the attention of Government so surely will the flourishing Yorkshire College of Science at Leeds also put in a claim. The Yorkshire College is already no mean rival of the older established Owens College, and in some respects altogether superior, whilst in the principle of its foundation it is especially adapted to the requirements of the district.

This is not my own opinion, but the feeling widely expressed and circulated in Yorkshire journals. No one will deny that much has been done by Owens College towards the furtherance of higher education in Manchester; yet each of the numerous academical institutions which are scattered over the country, and which are at present similarly affiliated to the University of London, has an equally just and strong claim to the privileges of independence and the degree-granting power now urged by Manchester. If the grounds are valid upon which affiliation to the University of London is now irksome to Owens College, and if, as the authorities set forth, it is prejudicial to its interests and advancement, and fettering to the scope of its utility; is it not fair to reason that the same arguments which they employ now would be urged, and with far greater force, by the Yorkshire College of Science against compulsory attachment to a University of Manchester? It is an open question whether we require any more universities, and whether a large town is a desirable site. Why should not Durham University be utilised, galvanised into life, remodelled to meet the requirements of the age, its degrees be elevated and rendered in every way worthy of recognition and attainment.

SPECIAL REPORT
ON NEW INSTRUMENTS, SURGICAL APPARATUS, CHEMICAL AND SANITARY APPLIANCES.

"Justitiæ partes sunt non violare homines."—CICERO.

THE additions to the *armamentaria* of the surgeon have been very great of later years, principally consisting of improvements, alterations, and modifications of old instruments; and individual talent has been devoted, oftentimes with an energy worthy of better channels, not only to the improvements of the instrument, but also to the receptacle intended for its use.

The facility for acquiring a name and notoriety, if not fame, has developed a certain amount of fertility in the invention of patent bags, *et id genus omne*, and Fashion—the arbiter and rule of right—has produced too many imitators of this system. We suppose, in this respect, we can hardly expect any reformation, for such innovators and inventors are guided by "tickling commodity—commodity the bias of the world."

On entering the surgical room, we are struck by the number of instruments required in our art and the manifold miseries that humanity suffers from; and on looking at the gathering, we are reminded of the numerous patients whom the unskilful surgeon "with this obedient steel, three inches of it, can lay to bed for ever."

The instrument makers were well represented, and they all seem inspired by the same idea, and evidently impressed on their representatives the motto—"In te omnis domus inclinata recumbit" ("On thee the fortunes of our house depend"); so that it is a difficult task to point out the special merits of each selection, and to do justice to each firm. I shall begin with

MAW, SON, AND THOMPSON'S, Aldersgate Street, London—"Magni nominis umbra" (The shadow of a great name). They exhibited every form of surgical, medical, and obstetrical appliance, from a lancet to a catheter; and their catalogue includes cephalotrites, syringes, enema apparatus, bougies, inhalers, throat instruments, midwifery instruments, galvanic and faradic batteries and other special requirements of the surgeon.

In spite of the fury of modern innovators, there are a few old appliances that have resisted change and still retain their primitive simplicity, and will with difficulty be supplanted, as the stethoscope and the forceps.

Hamlet.—"Will you play upon this pipe?"

Guild.—"My lord, I cannot!"

Stethoscopes in all branches were shown, differing in length, thickness, wood, and colour; whilst their display of forceps was also very good, though they had the two latest additions to this special form of instrument, in the shape of Tarnier's and Christie's forceps.

The MEDICAL PRESS AND CIRCULAR was the first to introduce Tarnier's, with plates, and as Dr. Christie has also in your issue of Aug. 8th, explained the benefits of his own, I need not dwell upon them.

On looking over their other obstetric instruments, we almost regret that the ladies of our day cannot imitate Monemma of whom we read—

> But now her time is come, and none is nigh
> To help, but human help she needed none;
> A few short throes endured with scarce a cry,
> Upon the bank she laid her new born son,
> Then slid into the stream, and bathed, and all
> was done.

Such a system would be bad for the obstetrician and his assistant, and there would be little use for Maw's very excellent obstetric, gynæcological, or accoucheur's bag.

Dr. Roussel, of Geneva, has several instruments on exhibition, made for him by this firm, viz., a tractor, an instrument for the treatment of strangulated hernia, an apparatus for the treatment of stumps after amputation, resection, fractures, and his well-known transfusor. In reference to batteries, this firm has paid great attention to their construction, and their 50 and 20 cell constant current battery, their 30 and 50 cell constant current (Léclanche) element batteries, are excellent specimens of workmanship, and will recommend themselves by their efficiency and economy.

ARNOLD AND SONS, Smithfield, London—(with different talents formed we variously excel).

Arnold's specialities have been long before the profession, and their name for accuracy and neatness of finish, for solid and good workmanship is now established. Their case included every recognised form of instrument, amongst which we specially noticed their obstetric bag, their surgical bag, Tibbits, constant current batteries, their improved aspirator, sphygmograph improved, and Davy's instrument for talipes equino-varus, and valgus.

WEISS AND SON, Strand, London.

"Quid dignum tanto feret hic promissor hiatu." (In wha will all this ostentation end.

This firm had a large show of major operating cases, as Thompson's, for lithotomy and lithotrity, and a very beautiful

and expensive eye-instrument case, which would be appreciated by any one having . . . . "a mote, a grain, a dust, a gnat, a wandering hair, any annoyance in that precious sense."

MEYER AND METZLER.

Their speciality was Dr. L. A. Sayres' apparatus used for extension in cases of Pott's disease of the spine, and for which he is now in England, showing how he can "Set a form upon that indigest which He hath left so shapeless and so rude." Their portable case for attending the wounded in the field is very cheap and good.

AITKEN, York.

"Nos populo damus." (As the world leads we follow).

This old firm, well known in Yorkshire and northern districts, had a very superior display and a very good class of instruments.

COXETER AND SONS, Grafton Street, London,

Were well represented, and showed some of their specialities.

MILLIKIN AND CO, Borough, London,

Had a very fair display.

HOLDERNESS AND CO., 41 Corporation St., Manchester.

"Tentanda, via est, qua me quoque possim
Tolere humo, victorque virum volitare per ora."

(New ways we must attempt, our local name to raise aloft, and wing our flight to fame.)

This is a new firm devoted to the supplying of surgeons, sundries, and they had a good collection of the usual articles for surgery, midwifery, etc.

A. YOUNG AND CO., Edinburgh,

were especially strong in instruments used in the antiseptic treatment, and showed Lister's most improved patterns of instruments.

SALT AND SON, Birmingham,

Had a very large and extensive display.

FERRIS AND CO, Bristol,

Had a very large assortment.

I may say of the rest—

"Sunt bona, sunt quædam mediocra, sunt mala plura."

(Some good, more bad, some neither one nor other.)

NEW DRUGS—ARTICLES OF DIET.

The exhibitors in this department were very badly placed, and many did not visit them in consequence of their being away from the general building.

The firms that combined the selling of surgical instruments with drugs were more fortunately situated, as they were placed in the surgical instrument section, but their display of preparations of medicine was not as good as those who devoted themselves exclusively to this special department.

I may mention the stand of Messrs. Corbyn, Stacey, and Co., and draw attention to some of their specialities :—

Calamina Præparata.—The difficulty, amounting almost to impossibility, of obtaining good calamine is very great. The lumps should be carefully selected at the mine and rigorously picked over. The subsequent grinding and levigating between heavy horizontal stones, should result in the production of an exceedingly smooth and soft powder. Dr. Tilbury Fox says, that "calamine powder should be a natural article, not a manufactured one ; of a very pale salmon colour, and free from grittiness." Of the calamina præparata now offered, the same authority says that "it is excellent in every respect."

Coca Leaves (*Erythroxylon Coca*).—These leaves, either alone or with a little lime, are habitually chewed by the natives in some parts of South America, and are said to enable them to perform extraordinary tasks without fatigue.

The specimens we saw were very good, the aroma was excellent, and were evidently gathered with care.

Perles.—Apiol, gr. 2 ; Calcium Sulphide, gr. ½ ; Carbolic Acid, m. 1 or 2 ; Chloroform, m. 3 ; Creasote, m. 1 or 2 ; Croton-oil, m. 1 ; Erigeron-oil, m. 10 ; Ether, m. 5 ; Goudron de Norwege—Tar, m. 3 ; Monobromo—Camphor gr. 3 ; Phosphorus, gr. 1-30th, 1-60th, and 1-100th ; Potassium Sulphide, gr. ½ ; Sandal-wood oil, m. 10 ; Sodium Sulphide, gr. ½ ; Turpentine, m. 5. These perles are hermetically closed gelatine envelopes, containing doses of various medicines. Being impervious to the enclosed substances, remedies of a nauseous nature may be administered by their means without either smell or taste being perceived by the patient ; and in addition to this they permit the exhibition, in a not too diluted form, of remedies which have either an irritating or corrosive action on the mucous membrane of the mouth and throat, or which suffer from exposure to the air. The perles are absolutely tasteless, and dissolve readily in water or in the stomach.

Goa Powder.—This body has the reputation of being a specific in certain cutaneous affections, as ringworm, &c. It is said to be the pith of the stem and branches of a tree called Araroba or Arariba, belonging to the order *Leguminosæ.* Considerable attention has recently been drawn to its active principle *Chrysophanic Acid*, as affording a more certain and elegant method of exhibiting this valued remedy. Goa powder is applied dissolved in vinegar, or as a pomade, the latter being preferable, especially if made with vaseline.

Acetum Pulveris Goæ.

Pomatum vel Unguentum Pulveris Goæ.

,, ,, ,, c. Vaselino.

Cachets de Pain (*Medicated Wafers*).—Under this name is introduced an ingenious device for facilitating the administration of medicated powders. The powder is enclosed between two hollowed discs of wafer-paper made to adhere at the edge. To take, the wafer is placed with a little water in a tablespoon, and is swallowed almost immediately. In this way most nauseous drugs may be administered without the patient being conscious of it ; and remedies which suffer by exposure, such as reduced iron, the saccharated carbonate of iron, &c., are effectually preserved. By interposing a flat disc of wafer-paper between the two hollow ones, it is possible to administer at the same time two substances which shall decompose in the stomach and give rise to a third substance in the nascent condition. Corbyn, Stacey, and Co. have recently introduced a simple and inexpensive apparatus by which the *Cachets* are easily filled and closed, so that powders may be dispensed in them with almost as great facility as in the ordinary way.

All their specimens were of an excellent character, and well worthy of their high reputation.

John Richardson and Co., Leicester, also showed specimens of their soluble pearl-coated pills, and various other pharmacopœial remedies.

Leslie and Co., T. H. Smith, J. W. King, Symes and Co., Woolley and Co., Chapman and Co., Harvy Reynolds and Co., Brady and Martin were also represented.

Brand and Co.'s articles of diet for invalids, as their essence of beef, chicken, turtle-soup and jelly, meat lozenges, were also shown.

EXHIBITION OF SANITARY APPLIANCES.

The practical appliances used in connection with sanitary science find a tolerably complete representation in the Exhibition, held under the auspices of the Manchester and Salford Sanitary Association. The term "sanitary appliances," however, as used in this connection, requires to be liberally construed, including as it does such widely different articles as sanitary literature, patent coffins and funeral cars, models of crematory apparatus, machines for manipulating food, vessels for preserving liquids, hospital bedsteads, patent flour and bread, easy-fitting knapsacks, baths, comparative samples of pure and adulterated food, automatic stoking machines, smoke curers, damp bed detectors, disinfecting fluids and compositions, gas-making machines, filters, engines, disinfecting and clothes-drying closets and stoves, Archimedian screw ventilators, fuel-economising fireplaces, double-faced firegrates, washing machines, Abyssinian tube wells, cooking stoves, pumps, machines for testing the strength of Portland cement, patent paints and petrifying liquids, specimens of terra cotta, floorcloth, ashtubs, stench traps, cinder sifters, patent closets, diagrams and models of rival drainage systems, manhole covers and frames, manufactured manure, samples of sifted cinders, ash-dust and other refuse, disinfecting apparatus, and a host of other articles. Some of the machinery is kept in motion by means of steam-engines which one or two of the exhibitors have themselves provided. Several persons have contributed unpatented inventions, under the protection of the certificate which the Board of Trade—regarding the exhibition as, "in their judgment, calculated to promote British industry and to prove beneficial to the industrious classes of Her Majesty's subjects"—have granted. By virtue of this certificate all unpatented inventions shown in the Exhibition are protected from piracy during the ensuing six months, and if the owners patent them at any time in the course of that period they will be in as safe a position as if they had obtained legal protection for their ideas before making them known at the present Exhibition.

The Exhibition is divided into seven sections, the whole of which are contained in the Coupland Street structure

with the exception of the department of sanitary literature, which has been placed in the Medical School.

The first section did not present anything of special interest.

Section 2 is devoted to sanitary achitecture and building. Many Manchester people, having still the controversy respecting the condition of the Royal Infirmary ringing in their ears, will look with interest upon three designs for hospital construction. One of these is contributed by Mr. H. Greenway (Plymouth), while the remaining two—which are respectively described as "Design for a Town Hospital" and "Drawings of a Village Hospital at Mansfield, Woodhouse"—are the work of Messrs. Corbett, Sons, and Brooke (Manchester).

Water supply, ventilation, disinfection, heating, and lighting form the subjects of exhibition in section 3, which is by far the most numerous, numbering 145 exhibits. In this department Messrs. Thomas and Taylor and Messrs. T. Bradford and Company (Manchester) have machinery in motion for the purpose of working their respective productions, which consist of disinfecting apparatus, drying stoves, washing machines, &c. A great variety of disinfecting fluids, soaps, ventilators, and filters find a place in this class.

Section 4 nominally comprises apparatus for smoke consuming and methods for the purification of polluted rivers; but the latter are conspicuously absent, and of the former there is not a large show. The principal exhibitors are Messrs. Johnson and Hobbs and Mr. J. K. Broadbent, of Manchester; the Chadderton Ironworks Company, Limited; Mr. J. D. Wright (London), and the Patent Diagonal Rocking Fire Bar Company (London).

The next department comes under the head of food, clothing, and personal conveniences. The inventions of Messrs. F. and C. Hancock (Dudley) for washing and cooling butter, crumbling bread, and sugar grinding, and for mixing powders, merit the attention of housewives and also of grocers and druggists. Mr. C. Estcourt, public analyst of Manchester, contributes an interesting collection of samples of food in their pure and adulterated states. A number of hospital beds, baths, refrigerators, &c., are included in this section.

The subjects of funeral reform (recently noticed in the Medical Press and Circular) and disposal of the dead are respectively illustrated by Messrs. S. Hatchard and Co. (London) and the London Necropolis Company. The former contribute a "duplex" funeral car, which can be drawn by either men or horses, will permit the coffin to be plainly seen if desired, is simple and unostentatious in appearance. and calculated to effect a saving in the cost of funerals. The Necropolis Company show a couple of Mr. Seymour Haden's "earth to earth" coffins, made of paper, their advantages being stoutness aboveground and rapid decomposition when in the earth. The company have adopted them in place of the wickerwork coffins that were much commented upon some time ago.

The Ladies' Sanitary Association (London), which is doing good work among the poor of the metropolis, exhibit a collection of their books and tracts, in which they present the truths of sanitary science in literary forms, intended to attract the attention of those who may not be sufficiently alive to the value of sanitary knowledge.

The collection of sanitary literature is somewhat meagre, and can by no means have realised the anticipations of the promoters. The press should be a powerful and useful element in spreading sanitary knowledge, in educating the public in the duties of citizenship, in assisting in the prevention of contagious and infectious diseases, and in teaching how this might be done.

MICROSCOPES AND MICROSCOPIC SPECIMENS.

There was an average number of exhibitors in this class, amongst whom we noticed Armstrong Bros., Dancer, Wasserlein, Berlin, Pillischer, S. and J. Beck, Swift, &c.

Amongst the specimens particularly worthy of attention were those of Dr. Braidwood, Birkenhead, showing human, variolous skin, scarlatinal skin, and skin in measles; those of Prof. Charcot (a series of microscopic sections illustrating diseases of the nervous system), of Dr. Gower, London, and specimens by Drs. G. and F. Hoggan.

PHOTOGRAPHS, DRAWINGS, ETC.

Dr. Tilbury Fox exhibited illustrations of cutaneous eruptions, as erythema, urticaria, pellagra, impetigo, pemphigus, psoriasis, scabies, tinea; and Dr. H. MacNaughton Jones, Cork, had also some original aural drawings from Nature, executed under his own personal superintendence and inspection, by Miss M. Boole, Clinical Assistant, Cork Ophthalmic and Aural Hospital.

Literature.

HEADACHES. (a)

There are few practitioners, who in the course of their practice have not been baffled in the treatment of this troublesome and often very obstinate complaint. Nor is it for lack of experience that they so frequently fail to remove or relieve a symptom, which is in nine cases out of ten far more painful and unbearable than many more serious affections. It is rather because they are unable to recognise in each individual case, the true cause and pathology of the headache, and therefore, to lay down correct principles of treatment, and to persevere in the use of those therapeutic agents, which such principles suggest. We therefore think this little work will supply a want that must have been long felt by the busy general practitioner, who, in his capacity of family medical attendant, is more frequently called upon to treat this troblesome affection than any other class of medical men. One advantage of this work is that it takes into consideration the results of the valuable researches that have been recently made into the physiology and pathology of the brain. For example, "The recognition of perivascular spaces has enabled us to comprehend how the blood supply of the brain may vary from time to time . . . By means of these spaces the vessels dilate without compressing the brain, and when they again contract the soft structures of the brain are sustained by the effusion of lymph without any serious consequence ensuing." Not that we wish the reader to suppose that it is merely a theoretical work. On the contrary, the views advanced by the author are the results of notes and observations carefully recorded by him, and extending over a period of many years. He has, moreover, rather relied on the investigation of facts, as presented by the record of cases, than trusted to plausible theories.

The work is divided into sixteen chapters, every one of which is devoted to the consideration of a particular form of headache. This may at first sight seem unnecessary refinement; but considering the various conditions which may give rise to headache, we do not, with one or two exceptions, think he could have adopted a more simple classification, especially as the majority of the forms described have been long recognised as perfectly distinct in their nature, and as requiring very different and sometimes opposite kind of treatment. Perhaps, however, the distinction made between, and the devotion of separate chapters to the consideration of, the headache of "cerebral congestion," the headache of "cerebral hyperæmia," and that arising from "plethora and increased vascular action," may be open to objection. The distinction is apt to create a little confusion in the mind, both as to the pathology and diagnosis of these varieties of headache; more particularly as their respective nature and symptoms are not described with that clearness and precision which could enable the reader to recognise such distinctions in practice. Nevertheless, this is the only fault we see in a book which is otherwise the best we have yet read on the subject. The chapters "In Sympathetic Headache," "On Nervous Headache" and that "On Headaches of Childhood and Early Life" are particularly worthy of attention. It is moreover, one of those works that will be found very useful

(a) "Headaches: their Nature, Causes, and Treatment." By William Henry Day, M.D., Lond. J. and A. Churchill. 1877.

to the young practitioner, fresh from the hospitals, and who is very likely to fall in the estimation of his patients, especially his female patients, if he is ignorant of the nature and management of this troublesome complaint.

"Castor-Oil" Pills.

A DRUGGIST was prosecuted last week for selling a preparation under this name, which "was not of the nature, substance, and quality," asked for. The certificate of the county analyst which was put in, stated that the sample of pills contained rhubarb, aloes, peppermint, oil, and soap, and that the application of the term castor-oil to these pills was a dangerous practice, and might be attended with injurious results by leading the purchaser to understand that the active ingredient of the pills was castor-oil.

The defendant's counsel pleaded that these pills, however wrongly called, were not sold to the prejudice of the purchaser. He said the pills in question were very much more valuable than pills made of castor-oil would be; for only one grain of castor-oil should be contained in one pill, so that it would take from 200 to 400 pills for one dose. Therefore it had been the custom for 25 or 30 years to sell such pills as those in question as "castor-oil" pills.

The chairman said he believed it had been decided in a tea case that the purchaser was entitled to have what he asked for, and that if the vendor could not supply him, he had a right to be told so.

There were many articles sold by chemists which were called by names not properly applicable to them, and if the bench convicted in this case—

The Chairman:—You would have to call a spade a spade.

Counsel went on to say that there was, for instance, "sweet spirits of nitre," which contained no nitre.

In delivering the decision of the bench, the chairman said the evidence which had been given for the defence did not touch the fact that Mr. White had asked for one thing and been served with another, but the evidence adduced had shown the existence of a custom in the trade which they admitted as evidence in mitigation. It was a singular custom, however, and the sooner it was left off the better. It would be much better when the public asked for castor-oil pills to tell them, "There are no such pills in the trade, but we can give you something which will answer the purpose as well." At all events the intention of the Act was perfectly clear—to give the public a right to have what they ask for or be told that they could not get it. Fined 1s., and 19s. 6d. costs.

The decision seems to us a most just and sensible one. We repeat that it is no argument whatever to say that the pills are better than those asked for. The customer is presumed to judge of that when he asks for them. Nor is it any argument to compare the title of such an article with "devil's drug," dragon's blood, or such-like misnomers. The essence of the offence is the deception. In the case of these articles there is no deception, but in the case of the pills there is, and moreover, is intended to be.

Army Medical Service.—The Director-General of the Army Medical Department presents his compliments to the Editor of the MEDICAL PRESS AND CIRCULAR, and begs to enclose a list of candidates of Her Majesty's British Medical Service who were successful at the examination in London in February, 1877, and who passed through a course of instruction at the Army Medical School, Netley, August, 1877:—

Mullen, J. J. ...	5,718	Kenny, W. W. ...	3,895
Murphy, F. H. S.	5,098	Ellis, P. M. ...	3,772
Johnston, W. T. ...	4,656	O'Sullivan, J. P. ...	3,758
De Caux, F. ...	4,595	Hogan, E. M. A. ...	3,671
Browne, A. W. ...	4,193	Irwin, A. ...	3,310
Hodson, R. D. ...	4,138	Kearney, T. ...	3,193
Powell, C. K. ...	4,075	McCarthy, W. ...	2,831
Kirkpatrick, H. C.	4,038	Brodie, J. F. ...	2,773
Armstrong, J. ...	3,970		

Medical News.

University of London.—The following gentlemen passed the first M.B. examination at meetings of the examiners last week:—

First Division.

Banks, Wm., University Coll.	Neale, Wm. H., University Coll.
Castle, Hutton, St. Thomas's Hos.	Paddle, J. I., B.A., B.Sc., University College.
Dalton, Norman, King's Coll.	Penny, Edward, Guy's Hospital.
Forsbrook, W. H. Russell, Westminster Hospital.	Pollard, Bilton, University Coll.
Franklin, A., St. Barthol. Hosp.	Pughe, T. W. O., Liverpool R. Infirm. & Guys Hospital.
Gill, R., St. Bartholomew's Hosp.	Rushworth, F., St. Barth. Hosp.
Gotch, F., B.A., B.Sc., Univ. Coll.	Sainsbury, H., University Coll.
Haylard, R., Leeds Sch. Medicine.	Smith, R. P., St. Thomas's Hosp.
Hine, John E., University Coll.	Wooldridge, L. C., Guy's Hosp.
Malyard, Alfred E., Guy's Hosp.	
Money, Angell, University Coll.	

Second Division.

Balls, James, King's College.	Hayward, J. D., L'pool. R. Infirm.
Barling, G. H., St. Barthol Hosp.	Hodgson, John, Owens College.
Buckell, Arthur E., Univ. Coll.	Jackson, Arthur, St. Barth. Hosp.
Chaffey, W. C., S. Barth. Hosp.	Keep, Chas. Henry, Guy's Hosp.
Colquhoun, D., Charing Cross Hos.	Macdonald, G. M., King's Coll.
Davies, D. S., St. Thomas's Hosp.	Michael, H. J., St. Thomas's Hos.
Edwards, W. W., St. Mary's Hosp.	Outhwaite, Wm., St. Barth. Hos.
Fuller, Thos. W., Guy's Hospital.	Ponsford, L. C., University Coll.
Hartley, R. N., Leeds Sch. Med.	Rich, A. C., Liverpool R. Infirm.
Harvey, A., Queen's College, Birmingham.	Sayer, M. F., University Coll.
Hayle, T. Hahnemann, Owens Coll.	Walton, Robert S., Univ. Coll.
	White, Wm. Hale, Guy's Hosp.

Excluding Physiology—First Division.

Crisp, Thos., St. Thomas's Hosp.	Suckling, C. W., Queen's College, Birmingham.

Second Division.

Burry, H. B. P., London Hosp. and University College.	Fooks, George. E., St. Barth. Hos.
	Herschell, G. A., St. Thomas's Hos.

Physiology—First Division.

Beevor, Charles E., Univ. Coll.	Meek, John W., Guy's Hospital.
Lowe. H. G., Queen's College, Birmingham.	

Second Division.

Barker. F. R., St. Thomas's. Hos.	Vinrace, J. H., Queen's College, Birmingham.
Shaw, George, Westminster Hosp.	Williams, Dawson, Univ. College.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination, were admitted members of the College at a meeting of the Court of Examiners on Aug. 2nd:—

Birdwood, Roger A., Bombay.	Langdon, J. W., L.S.A., Chester.
Burgess, Wm. M., L.S.A. Harlesden.	Paddison, E. H., Bayswater.
Cardew, G. A., L.S.A. Cheltenham.	Poland, J. H., L.S.A., Blackheath.
Chubb, W. L., Torpoint, Cornwall.	Pope, C. E., Chilforme, Dorset.
Cobbin, W. I., Torrington Sq.	Prosser, T. G., L.S.A., Monmouth.
Davy, H., Ottery St. Mary, Devon.	Smyth, A. C. B., L.R.C.P., Edin., Dublin.
Gardner, J. T., Ilfracombe, Devon.	White, R. G., L.S.A., Chinkiang, China.
Hall, C. R., L.R.C.P. Edin., Tottenham.	

Royal College of Physicians and Surgeons, Edinburgh.—DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. during the recent sittings of the Examiners:—

Baxter, Edward J., Middlesex.	Mackenzie, W. Gillespie, Belfast.
Balmanya, Antonio, Cuba.	Maxton, Laurence, Calcutta.
Brannigan, Henry C., co. Mayo.	Macnaughton, John, Glasgow.
Campbell, Peter, Crieff.	Murray, Hugh, Bonar Bridge.
Crane, Alfred Wyatt, France.	Miller, Alfred H., Rochester.
Durand, Rudolphe, Mauritius.	Macgregor, Peter, Perthshire.
Dedrickson. Robert F., Dublin.	Naismith, Fergus C., Bengal.
Glaister, John, Lanark.	Noad, Hartley L., Herne Hill.
Graham, Andrew, Forfarshire.	Reckitt, John D., Thorpe, Hull.
Greasley, J., Melton Mowbray.	Tait, Richard A., Exemouth.
Howard, J. A., Bagborough.	Vanes, Arthur B., Worcestershire.
Hartley, Harrison, New Malton.	Walker, Henry B., Nenagh.
Jenkinson, Alfred S., Yorkshire.	

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their final examination, and were admitted Licentiates of the College during the recent sittings of the Examiners:—

Baldwin, E., St. George, Toronto.	Lauder, W., Port Glasgow.
Croudace, James H., Durham.	Mickle, A. W. T. F., Yorkshire.
Duncan, George, Perthshire.	M'Nicoll, E. D., Liverpool.
Gordon, Richard, co. Sligo.	Nariman, Haikhosro S., Surat.
Heornlé, Edward F., India.	Norcop, Percy G. H., Plymouth.
Hodgson, Wm. B., Middlesex.	Parker, James, India.
Holmes, David, Malta.	Reporter, M. E., Amrolee, Surat.
Jervis, Henry P., Bombay.	Smith, J. A. J., Stornoway.
Kambata, Hiraja J., Bombay.	Smyth, Albert, C. B., Dublin.
Koyaji, Beramji N., Bombay.	

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

IN consequence of the pressure on our space, caused by our Report of the Proceedings of the British Medical Association, we are compelled to hold over several Original Communications, Clinical Records, Reviews, Correspondence, &c.

DR. DE LISLE ALLEN FUND.

THE Hon. Treasurer, Dr. B. W. Richardson, Hinde Street, London, W., begs to announce the following additional subscriptions to the above-named Fund received since our last notice:—

	£	s.	d.
Coates, C., Esq., M.D., Bath	2	2	0
Hill, Berkeley, Esq., London	2	2	0
Page, W. B., Esq., Carlisle..	2	2	0
Stephens, W., Esq., Finchley	5	5	0
Whitelaw, W., Esq., M.D., Kirkintilloch ..	0	10	6

Mrs. Allen begs us also to acknowledge, with many thanks, the following made to her before the formation of the Fund:—

	£	s.	d.
Clarke, Andrew, Esq., M.D., London ..	2	2	0
Critchett, G., Esq., London	1	1	0
Hawkins, Cæsar, Esq., F.R.S., London ..	2	2	0
Henston, G., the Rev., London	3	0	0
Ogle, J., Esq., M.D., London	1	0	0
Paget, Sir James, Bart., F.R.S., London ..	2	2	0
Smith, Thomas, Esq., F.R.C.S., London ..	5	5	0

SCARCE NUMBERS.—Correspondents are requested not to send any more of the numbers advertised for in our number for August 1st at double price, as we have received as many as we require.

DR. FAUSSETT.—The letter and enclosure has been forwarded to Paris. As the committee is not now sitting it is probable there may be some delay.

VOLUNTEER SURGEON.—There can be no doubt a body of trained men accustomed to the work of carrying the wounded might be of great service in cases of fire and accidents. We trust they will never be required for active service.

M.D., London.—Our views on the M.D. question are, we believe, logical.

CEREBRUM.—You will find an excellent translation of "Charcot" in our columns of this year. French writers have devoted more attention to this subject in its practical bearings on the use of the trephine. The question is still *sub judice*.

DR J. H., Sheffield.—The communication referred to in your note had not come to hand when we went to press.

INSURANCE, Yorkshire.—It is difficult always to make provision for a family. You should continue your insurance and also join one of the Medical Benevolent Societies; we believe there is one in the West Riding, of which Dr. Chadwick is secretary.

MR. FORSTER.—The object of your inquiry died in January last; you will see a short obituary notice in our columns.

A FRIEND.—We have to thank you for your hints. Of course, every one thinks he could edit a paper better than the editor, that is one of the weaknesses of human nature, and is a recognised form of disease in the literary world. You forget you are only a unit amongst thousands of readers, and we have to consider their views. We must necessarily be Benthamites and go in for the "greatest happiness of the greatest number."

DR. GREGORY SALE is thanked.

ASSISTANT.—Consult our advertisement columns. We have consistently refused the insertion of advertisements for unqualified assistants, and shall continue to do so.

THE RESULTS OF LEGISLATION BY AGITATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your number for August 1st, p. 93, you speak of "The Women's Vigilance Society." I think there is no society of that name. There is the "Vigilance Association;" but I notice that there are more gentlemen than ladies upon its executive committee. I much approve the object of this Association when I see Acts of Parliament paring away our personal liberties.

In the same paragraph you refer to the "Anti-Contagious Diseases (Women) Act Society," and you again speak of it as if it was composed only of women, which is not the fact. I have long supported it. A respectable tradesmen here said the other day—"Upon no consideration whatever would he vote for any member of Parliament who could not promise to vote for the repeal of the Contagious Diseases Act." Another, who had lived in Woolwich, a subjected town, said, "He felt the deepest indignation whenever the Contagious Diseases (Women) Acts were mentioned."

I have an object now in going to Dover, but I shall probably avoid going with my family to a town where liberty of person is no longer secured equally to men and to women.

I am, yours obediently,

Epping, Essex. DUNCAN R. MCNAB, M.R.C.S.E.

[*** Our correspondent need not be under the slightest apprehension of the personal safety and liberty of his family at Dover. An authenticated case of interference with the liberty of the subject—the demi-monde excepted—in any protected town in this country has never yet occurred, nor is likely to occur amongst well-conducted persons. It is not for our correspondent's class that vigilance committees are necessary, but rather for those with whom we, as public journalists can have little sympathy.—ED.]

WE have heard of a London music-hall comic singer who utilised his wife's tombstone in Kensal Green as an advertisement of his own popularity and attainments, but we have never until now known of a land auction being turned to account as a puff. The following appears as an advertisement in the Dublin papers:—

SALE BY AUCTION.

MESSRS. GAMMON, SONS, & PARTNER are favoured with the confidence of the representatives of the late —— to sell the above splendid affair of 80 Irish acres. The proprietor, Dr. ——, being a professional gentleman in high practice, would not divide his energies by looking to farming, will sell *bona fide*, his object being to prosecute to the end his peofession, *that has proved already a success in the neighbourhood of the mercantile and wealthy city of Drogheda.*

The eloquence of auctioneers is proverbial and inexpressible, but it hardly seems to us that the "success" of the learned owner's "high practice" in the neighbourhood adds much to the turnip-growing value of his land, or that money expended in advertising that fact yields much return, unless, indeed, in the way of medical trade.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Examination Papers. By W. J. H. Lush, M.R.C.P. London: J. & A. Churchill.

Anæsthesia and Anæsthetics. By J. W. Trader, M.D.

Journal of the Statistical Society. Vol. XL. Part II.

Annual Report of the Royal Medical Benevolent College.

The Westminster Review. No. CIII.

Bentley and Trimen's Medicinal Plants. Part XXII.

Report on Dermatology. By L. P. Yandall, M.D.

The British Journal of Dental Science.

On Diseases of Women. By Lawson Tait, F.R.C.S. London: Williams and Norgate.

Model Bye-laws issued by the Local Government Board for the Use of Sanitary Authorities. I. to IX.

The Pathology of the Urine. By J. L. W. Thudichum, M.D. London J. & A. Churchill.

Hints on Ophthalmic Out-patient Practice. By C. Higgins, F.R.C.S. London: J. & A. Churchill.

Internal Urethrotomy with its Modern Improvements. By E. Lund, F.R.C.S., Manchester. London: J. & A. Churchill.

Water for Manchester from Thirlmere. By R. Somerwell.

The Removal of Foreign Bodies from the Ear. By R. T. Cooper, M.D.

A New Uterine Repositor and Retracting Speculum. By R. T. Cooper, M.D.

Katatonia. By J. G. Kiernan, M.D., York State Asylum.

Bentley and Trimen's Medicinal Plants. Part XXIII.

St. Thomas's Hospital Reports. Vol. VII. New Series.

The Solution and Absorption of Medicines. By J. W. Compton, M.D. Indiana.

The Advantages of Glengarriff as a Winter Resort and Sanatorium. Second Edition.

VACANCIES.

Dental Hospital of London.—Medical Tutor in the Dental School, and Demonstrator of Dental Operations in the Hospital. Salary, £100 attached to each office. (See Advt.)

Royal Free Hospital, Gray's Inn Road, W.C.—Assistant Physician and Assistant Surgeon. Honorary. Testimonials to Mr. Blyth, Secretary, on or before Sept. 1.

South Yorkshire Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and apartments. Address Dr. Mitchell, Wadsley, near Sheffield.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board. Applications to the Clerk of the Visitors, Devizes.

Liverpool Dispensaries.—Assistant House Surgeon. Salary commencing at £108 per annum. Applications to the Secretary, 34 Moorfields, Liverpool.

Isle of Wight Union.—Medical Officer. Salary, £90, with the usual extra fees. Applications to the Clerk of the Guardians, Newport.

Cavan Union, Ballananagh Dispensary.—Medical Officer. Salary, £100 per annum. Election, 18th inst.

Killala Union Workhouse.—Medical Officer. Salary, £50. Election, Sept. 1.

Killala Union, Killala Dispensary.—Medical Officer. Salary, £80. Election, Sept. 1.

Queenstown Dispensary.—Resident Apothecary. Salary, £70 per annum, with perquisites amounting to £45.

Marriage.

WOOD—HENRY.—August 7, at Holy Trinity Church, Roehampton, William Edward Ramsden Wood, M.A., M.B., eldest son of William Wood, M.D., of Harley Street, and The Priory, Roehampton, to Alice Louisa, youngest daughter of James Henry, Esq., of Blackdown, Sussex, formerly of the 72nd Highlanders.

Deaths.

BROADBENT.—On Aug. 5, at East Gate, Lincoln, Edward Farr Broadbent, F.P.C.S.E., aged 63.

HANDY.—On July 28, at Killala, Samuel Wesley Handy, L.K.Q.C.P.I., aged 37.

LAWTON.—On July 4, at Rochdale, James Lawton, M.R.C.S.E., aged 63.

MAY.—On August 7, at his residence, Bruce Grove, Tottenham, Edward Curtis May, F.R.C.S., aged 80.

SIMPSON.—On July 30, at Alphington, Devon, William Simpson, Surgeon, aged 76.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 22, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Observations on some Points in the Pathology of Syphilis. By James R. Lane, F.R.C.S., Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital 145
Abstract of Report of the Rotunda Hospitals for the Year ending Fifth November, 1876. By Lombe Atthill, M.D., Master of the Hospital.—Part II. 147
Home Hospitals—their Scope, Object, and Management. By Henry C. Burdett, Esq., Greenwich 148

CLINICAL RECORDS.

St. Mary's Hospital.—Case of Aortic Regurgitation with Sphygmographic Tracings—Remarks on Estimation of the Valvular Incompetency. Under the Care of Dr. Handfield Jones, M.B. (Cantab), F.R.S., Physician to St. Mary's Hospital 150

NEW INVENTIONS.

A New Tractor, or Midwifery Forceps. By Dr. Roussel (Geneva), London 151

PAGE

LEADING ARTICLES.

The Address in Surgery: British Medical Association..... 152
Medical Reform and the British Medical Association 153
The Prescribing of Non-Officinal Preparations 154

NOTES ON CURRENT TOPICS.

Gleanings from some Lunacy Statistics .. 155
Vaccination in Ireland 156
Unprofessional Behaviour..... 156
Hospitals: A Suggestion 156
Decrease in Dispensary Medical Relief in Ireland..... 157
The Ancestors of Marshal MacMahon 157
Atheroma..... 157
The Parliamentary Subsidy of Irish Pauperism 158
Origin of the Term Syphilis 158
Ergot in Atony of the Bladder..... 158
Astley Cooper Prize..... 158
The New Hotel Dieu 158
Pharmaceutic Morality 158
Practice of Pharmacy in Ireland..... 158
Importation of Small-Pox to Ireland by Deported Paupers..... 159

CORRESPONDENCE.

Asylums for Inebriates 159

PAGE

The Use of Artificial Saline Waters 160
Newspaper Medical Rivalry..... 160
"The Homœopathic Schism" 160
Scientific Grants 161
Dr. Stokes on the Future of the British Medical Association..... 161

LITERATURE.

Lectures on Surgical Pathology and Therapeutics 161
Diseases of the Heart 162
Clinical Studies Illustrated by Cases Observed in Hospital and Private Practice 162

List of Hospitals and Asylums for Idiots and Imbeciles in Great Britain, Australia, Canada, America, Germany, France, Belgium, Austria, Sweden, Denmark, and Russia 163

Vaselin..... 163

Small-Pox and Diphtheria in Persia 164
Treatment of Migraine 164
On Suicide 164
Flower Barometer 154
Stone Butter 164
A New Anti-Epileptic 164
An Error in Diagnosis..... 164

Notices to Correspondents, &c. 165

Original Communications.

OBSERVATIONS ON SOME POINTS IN THE PATHOLOGY OF SYPHILIS.

By James R. Lane, F.R.C.S.,

Surgeon to St. Mary's Hospital; Consulting Surgeon to the Lock Hospital.

ON VACCINO-LYMPH.

I have recently alluded to the contagious quality of the blood of syphilitic persons, and in connection with this comes the interesting question of vaccino-syphilis. The reality of the communication of syphilis by impure vaccine-lymph has been only too clearly proved, and the opinion generally held is, that it has depended upon the accidental admixture of blood with the lymph employed. Cases of this kind are extremely rare, and have fortunately till lately been almost unknown in this country; at all events, if they have occurred, they have not been made sufficiently public to awaken the profession to a sense of the danger until Mr. Hutchinson, in 1871 and 1873, communicated to the Medico-Chirurgical Society the history of some remarkable groups of cases.

There were some who blamed Mr. Hutchinson at the time for making these cases public, but he wisely deemed it better that the knowledge of such a danger should be diffused as promptly and widely as possible. The profession in England had till then been incredulous on the point, and a full knowledge of the risk was clearly the first step towards preventing the occurrence of such lamentable accidents in the future.

It appears to me to be of the greatest importance at the present time that the true state of the case should be appreciated as accurately, both by the profession and by the public, as the state of our knowledge admits, in order on the one hand, to counteract the exaggerated and mischievous statements of the opponents of vaccination; and, on the other hand, to guard against a tendency to ignore or to make light of the danger, which has, I think, been apparent in some influential quarters. The risk seems to have been suspected long ago, for Lancereaux states that attention was drawn to it in 1805 by an English surgeon named Moseley. In 1814, an Italian surgeon named Marcolini records as follows: A little girl born of syphilitic parents served for the vaccination of ten children; from these thirty others were vaccinated, making forty in all. The whole number are said to have had syphilis, and several died. Other examples of this kind appear to have cropped up at intervals in different parts of the Continent, including the well-known one at Lupara, in Naples, in 1856, when thirty-four children contracted disease, and were the means of conveying it to a number of other persons. But, in spite of these facts, the possibility of this mode of infection was hardly admitted till 1860, when Dr. Viennois, of Lyons, published a work on the subject; and he, after examining all the cases recorded, came to the conclusion that it was the blood, and not the vaccine lymph, which conveyed the disease. Soon after—in 1861—the celebrated Rivalta case occurred, where the same lymph served in succession for the vaccination of sixty-four children, of whom forty-six were infected, and conveyed the disease to twenty of the mothers and nurses. Several of the children died. It is a curious coincidence that all these severe outbreaks of vaccino-syphilis should have happened in Italy, and in country villages rather than in large towns.

Lancereaux collected 351 cases in which vaccination was performed with lymph which appears to have been impregnated with syphilis. Of the 351, 258 contracted syphilis, while 93 only escaped.

Since Lancereaux's work was published, we are indebted to Mr. Hutchinson for his series of cases, which are recorded by him in his usual careful and complete manner. In the first series in 1871, twelve persons, mostly young adults, were vaccinated from an apparently healthy child, but which soon afterwards showed evident signs of constitutional syphilis. In all twelve the vaccination progressed satisfactorily, but in ten indurated chancres were developed at the seat of the punctures by the eighth week. All were treated with mercury, and in all the primary sores quickly disappeared, but in four of them constitutional symptoms appeared five months after the vaccination. There is reason to believe that blood was mixed

with the lymph in these cases. Mr. Hutchinson's second series occurred in May, 1871. The vaccinifer was a child in good health and condition, but with slight local symptoms of inherited syphilis. Twenty-six persons had been vaccinated at the same time from this child. Out of the twenty-six there were unmistakable symptoms of secondary syphilis in nine, all children, suspicious symptoms in six others, and entire escape, as far as was known, of the remainder. Mr. Hutchinson published two other cases, which I need not detail, but will merely observe that in them, as in the second series mentioned, there was no evidence that the lymph was contaminated with blood.

It seems clear, then, that cow-pox and syphilis can be conveyed simultaneously by inoculation. When this takes place, the two diseases are developed independently and without interfering the one with the other, and there is a singular uniformity in the course which they are found to follow. The vaccine vesicles are developed as usual, but at the end of a month or five weeks, and usually not till after they have healed, a chancrous induration appears at one or more of the inoculated points, and a few weeks later the ordinary train of secondary affections follows. Or the result, as regards vaccination, may be negative, as it so often is in re-vaccination ; the punctures heal and are forgotten, but after the usual interval the syphilitic symptoms make their appearance.

I have referred to the prevalent opinion that it is the blood, and not the vaccine lymph, which conveys the contagion—a view which seems to be strengthened by the fact that Rollet and others have vaccinated with lymph from syphilitic children, carefully avoiding any admixture of blood, and the result, as regards syphilis, has hitherto been negative. Such negative results, however, are quite inconclusive ; for, even with syphilitic blood, carefully inoculated on purpose, the failures have been in the proportion of about three in every four attempts. The question is,—Can we be certain that the admixture of blood is necessary? Mr. Hutchinson thinks that probably it is not, but he evidently thinks that it greatly increases the risk, for he suggests that if the vaccine vesicle be drained too freely, corpuscular elements of the blood and tissues may readily become mixed with the lymph, and that this mixture may account for some persons becoming infected while others vaccinated from the same source escape. This, however, is hardly more than an hypothesis, and the only safeguard we have is to inquire carefully into the antecedents and present condition of every child before vaccinating, and if there is the slightest doubt attaching to its history, to reject it as ineligible. It is clearly proved that syphilitic blood may convey syphilis, but it is not yet proved that vaccine lymph from a syphilitic child, however carefully taken, will not have the same effect, and it would therefore be the height of imprudence to act on any such belief.

Mr. Hutchinson's cases are all examples of direct communication from a diseased child to those vaccinated from it, and this is a mode of transfer which one's mind readily admits ; but it is very difficult to conceive that healthy persons so inoculated, when made use of a week afterwards to vaccinate others, and long before they have themselves developed any syphilitic symptoms, should be equally capable of conveying that disease, as is stated to have happened in most of the continental groups of cases. Can it be possible that a syphilitic inoculation which does not affect the system sufficiently to produce even a local result in the form of a primary sore for five or six weeks, and no general result till some weeks later, should in one week have so contaminated the whole mass of the blood as to render it, or its products, inoculable at the end of that short time? This would imply a general and thorough infection of the system in the early part of the incubation period—a view in the pathology of syphilis which, as far as I know, has never yet been suggested.

It is so extremely unlikely that, for myself, I cannot accept the facts as authentic without much fuller and more rigorous investigation. If it were true the prospect would be indeed alarming. It would be useless to inquire into the health of a child before vaccinating from it, for it might have been infected by vaccination from a syphilitic child a week before, in which case it would appear perfectly healthy, and would not present any outward sign of syphilis till four or five weeks later. It would, in fact, be necessary to search back through a series of five or six consecutive vaccinations before any certainty of safety could be attained. If the disease were really capable of being conveyed in this manner in geometrical progression, vaccine syphilis would surely have been the rule amongst us by this time, instead of being the very rare exception, which we know it so fortunately is. There would then be nothing for it but constant recurrence to the cow—an expedient which might probably be resorted to with advantage much more frequently than it is.

If proper precautions are taken in the selection of the children from whom the lymph is procured I believe the chance of the communication of syphilis by vaccination to be so small that, though it should never be lost sight of, it should not be allowed to weigh in the balance for one moment against the thousands of lives which are annually saved, and the many more thousands of persons who escape mutilation and disfigurement through the beneficent influence of Jenner's great discovery.

CONTAGION OF THE SECRETIONS OF SYPHILITIC PATIENTS.

The question of the contagious property of the secretions of syphilitic poisons, such as the pus of an ordinary abscess, the morbid secretions of mucous membranes, the pustules of acne, the serum of eczema, &c., is analogous to that of unmixed vaccine lymph. The matter of acne and of eczema from syphilitic patients has been inoculated by Diday on healthy persons, but with no effect, and the tendency has been to consider all such secretions as harmless, or, at least, that the contrary is not proven. Lately, however, in 1870, the late Mr. Morgan, then surgeon to the Westmoreland Lock Hospital, Dublin, related some experiments which favour the opposite conclusion. He performed a number of inoculations with the matter of purulent vaginal discharge. When the discharge proceeded from a patient free from syphilitic taint, the result was negative, but when it was taken from a patient with secondary disease, the effect was the production of an ulcer, exactly resembling a soft chancre, and, like it, reinoculable. He was careful to ascertain by examination, externally and through the speculum, that no ulceration, either primary or secondary, coexisted with the discharge. His experiments were performed either on the patients themselves or on others who were syphilitic ; he did not, of course, feel justified in inoculating healthy persons. The result was exactly what has been found to happen when the matter of hard sores or of secondary affections has been inoculated on syphilitic patients, and there is good reason to suppose, therefore, that the purulent discharges from syphilitic patients are charged with syphilitic infection, and might convey it to an untainted person. This would explain the result of Hunter's inoculation of himself, and also those exceptional cases in which syphilis is apparently the result of gonorrhœa.

Next, as to the physiological secretions of syphilitic persons—the tears, the saliva, the perspiration, the semen, and the milk. The balance of opinion is against their contagious quality, always supposing them to be unmixed with the products of any secondary lesion. Inoculation with the first three—namely, saliva, tears, and perspiration—has been tried, and has hitherto failed. I do not know that the inoculation of semen has been tried, but I believe there is no instance in which, when the male organs were free from disease, the semen of a syphilitic patient has infected a female in the usual way by the production of an indurated sore. But there is another way in which the semen may possibly convey disease. There are some who think that an infected man, cohabiting habitually with the same woman, may develope a secondary infection in her by the gradual absorption of the elements of the contaminated seminal secretion into her circulation, without the intervention of pregnancy, or any

kind of primary lesion. The late Mr. Porter, of Dublin, and the late Mr. Langston Parker have recorded cases in favour of this view, which is supported also by Mr. S. Lane. All these are authorities whose opinion deserves attention, and the point is one well worth further consideration. The difficulty in all these cases is, that the woman may at some time during the cohabitation have had an indurated sore, which caused her so little inconvenience as to remain unnoticed.

With respect to the milk, it is generally believed that a healthy child suckled by a diseased nurse will not contract disease unless the nurse has some secondary lesion on the nipple or in its neighbourhood; that the milk itself, in fact, does not convey the disease. It is possible, however, that the diseased milk, if the child's mouth or lips were abraded, might communicate infection, although under the opposite circumstances it would be passed into the stomach without causing any mischief in its transit, and then be so changed by the action of the gastric fluid as to lose its contagious quality. Some experiments do, in fact, throw doubt on the innocuity of this secretion. M. Voss, of St. Petersburgh, has recently inoculated three prostitutes with milk from a syphilitic woman. The milk was injected subcutaneously with a syringe. One of these women was already syphilitic; in her no result was obtained. In another, whose condition as to previous syphilis was doubtful, the result was also negative; but in the third, a girl, aged 16, who had never had syphilis, papular spots appeared around the inoculated point forty days afterwards, and were soon followed by a general syphilitic eruption.

I do not pretend to offer a decided opinion on the various uncertain points; but I see no reason why secretions, whether natural or morbid, which are formed from diseased blood, should not partake of the contagious quality of the fluid from which they are derived. At all events, the only safe course is to regard every one of them with profound distrust; and to take such precautionary measures, and to give such advice, as the circumstances seem to call for.

ABSTRACT OF REPORT OF THE ROTUNDA HOSPITALS FOR THE YEAR ENDING FIFTH NOVEMBER, 1876. (a).

By Lombe Atthill, M.D., Master of the Hospital.

Part II.—The Auxiliary Hospital for Diseases Peculiar to Women.

Classification of Cases.

	Cases.		Cases.
Abscess of breast	1	Leucorrhœa	4
Abscess of labium	3	Metritis (chronic)	8
Anteflexion	15	Menorrhagia	8
Amenorrhœa	5	Metrorrhagia	5
Cellulitis pelvic	12	Ovarian tumours	6
Cancer, medullary	5	Ovaritis	3
Cystitis	2	Pelvic tumours	5
Dysmenorrhœa	16	Polypus	8
Endometritis	32	Pleghmasia	1
Endocervicitis	11	Peritonitis	2
Epithelioma (of cervix)	5	Prolapsus uteri	3
,, (of vagina)	1	Prolapse of ovary	1
Eclampsia	1	Retained ovum	3
Fibroid tumours	9	Retroflexion	18
Fibro-cystic tumours	1	Subinvolution	9
Gonorrhœa	1	Vesico-vaginal fistula	4
Granular Erosion (of cervix)	9	Vaginitis	7
Hæmatocele (pelvic)	1	Vagina duplex	1
Incontinence of urine	1	Vaginal citrices	2

Dilatation of the uterus was carried out in 22 patients. The reasons which influenced us in so doing were various; in some the diagnosis of polypus, of retained ovum, or of granular endometritis, was previously made, but in about one-third of the number the operation was undertaken as a necessary step to enable us to decide on the nature of the case.

In three cases dilatation was practised for the removal of the products of conception. The following are the particulars of these cases:—

A. M., æt. 30, admitted 10th April, has had eight children, the youngest eighteen months old; nursed this child for eleven months; has been in bad health since its birth, suffering specially, since August last, from severe pain in her back, and *since Christmas has had a red discharge almost continuously*. Walking brings on violent bearing-down pains. She was, on admission, in a very debilitated state, the discharge was copious, sanguineous, and fœtid. On making a vaginal examination the uterus was found to be much enlarged, the fundus was thrown forward; the os, which was patulous, being very far back.

The history of this patient's case negatived the idea of the existence of an intra-uterine polypus. I came to the conclusion that she had been pregnant, and that some portion of the ovum was retained. We introduced eight pieces of sea-tangle, for the purpose of dilating the uterus; the os being patulous and cervix relaxed, this was effected without difficulty. A very fœtid discharge escaped on withdrawing these, and before proceeding further it became necessary to syringe out the vagina and uterus with a disinfecting fluid; this brought away several large cheesy-looking masses, which, on subsequent examination, proved to be clots of blood, perfectly decolourised. On passing the finger into the uterus I detected the lower extremities of a fœtus. These were seized with the ovum forceps, and a fœtus of about the third month extracted, which, though macerated, was not in any way decomposed. Some trouble was experienced in removing the placenta from the fact of its being extremely friable, but with the aid of the ovum forceps it was all got away. Sharp hæmorrhage followed, which was checked by the injection of water. This patient made an excellent recovery.

M. C., admitted 18th September, 1876, had given birth to two children, the youngest of whom was eleven months old. She had suffered from uterine hæmorrhage almost without intermission since her last confinement, except during the months of June and July. For the last six weeks this discharge had been constant, sometimes very profuse, and she believed that she had aborted at or about the 1st August. On examination the uterus was found to be enlarged and globular, the cervix soft, and os patulous; being of opinion that some portion of the ovum must be retained, the uterus was dilated, and an ovum of about the 10th week removed.

The third case was that of M. M'M., æt. 25, admitted on the 10th September, suffering from profuse uterine hæmorrhage. She stated that three months previously, when eight weeks pregnant, she had a violent attack of hæmorrhage, and she believed then aborted. The present attack of hæmorrhage had lasted fourteen days. The hæmorrhage, on admission, was so profuse that the vagina had to be plugged; this arrested it. On making a vaginal examination the fundus of the uterus, much enlarged, was found to occupy the recto-vaginal *cul-de-sac*, the os being patulous; the uterus was dilated, and on passing the finger up to the fundus, a soft, spongy mass was detected. This was removed with the curette, and fuming nitric acid freely applied; the mass removed seemed to be a portion of placenta, much degenerated. This patient left the hospital quite well, in ten days.

Endo-metritis.—Dilatation was carried out in eight cases of endo-metritis, in which a granular condition of the intra-uterine mucous membrane existed.

Division of the Cervix Uteri.—This operation was performed five times. In each patient the prominent symptom was dysmenorrhœa; in three anteflexion was well marked, in all endo-metritis existed, and in each case where the operation was performed it was undertaken as the first step towards the cure of that affection, which was, in my opinion, the cause of the dysmenorrhœa. I believe it is seldom possible to cure chronic endo-metritis

(a) Read before the Dublin Obstetrical Society, June 16th, 1876

occurring in sterile women without having recourse to free division of the cervix.

Here is an outline of one of the cases :—

S. K., æt. 23, admitted 26th September, states that she had never been pregnant, that she began to menstruate at seventeen, without discomfort, and continued to do so till twelve months ago, when the function became painful, and the discharge very scanty, lasting but one day instead of three ; suffers at each recurrence of the period from nausea, and sometimes actually vomits ; describes the pain as "agonising."

On a vaginal and bi-manual examination the uterus was found to be acutely anteflected, the os was patulous, the passage of the sound, and specially pressure of the point against the fundus, causing great pain ; a copious glairy discharge issued from the os. Diagnosis, endo-metritis, supervening on congenital anteflexion.

28th September.—Cervix uteri divided posteriorly.

16th October.—Menstrual period over ; lasted four days. No pain.

9th November.—Has again menstruated, without pain ; flow lasted four days. Endo-metritis treated during the intra-menstrual period, by the application of carbolic acid to the interior of the uterus.

Amputation of the Cervix Uteri for epithelioma of that portion of the organ, was performed three times. In all of them the disease recurred.

Granular Ulceration of the Cervix.—Several cases of the severe form of this affection were admitted ; most of these had previously been treated in the Extern department without benefit, and in each of these, milder measures having failed, *Potassa fussa* was freely applied, in all with benefit. Our experience in the treatment of this affection is, that nitrate of silver, and even the fuming nitric acid, is insufficient for the cure of the severe forms of it, and that where the cervix uteri is soft and spongy and bleeds on being touched, it is necessary to destroy the whole vaginal aspect of the cervix to a considerable depth. Our custom is to leave in the vagina, after the application of the caustic, a pledget of cotton saturated in glycerine, which tends to lessen any pain or uneasiness which may follow the application. As a rule the slough separates in four or five days, leaving a healthy surface, which heals up in a short time. Our experience of this method of treating the affection under consideration is very favourable.

Double Vagina with Single Uterus.—A remarkable example of this rare affection was admitted in June last. The patient was a woman aged forty-three, who had been married for many years, but had never conceived ; menstruation had always been normal, and sexual intercourse neither difficult nor painful, till of late ; at the age of forty the catamenia ceased to appear, and not long after she began to suffer from pain in the left inguinal region. On examination a septum was found to run throughout the whole length of the vagina ; it extended over the cervix uteri, the os being situated in the anterior portion, and terminated just inside the labia minora ; the cervix conical, and the uterus small. The woman was suffering, on admission, from vaginitis, and it was for the relief of the sufferings due to this affection that she sought admission.

Believing that much of her sufferings were due to the existence of the septum, which, by narrowing the vagina, appeared to render intercourse painful, I divided it throughout its whole length ; the septum was dense, and, on being divided, retracted, forming a thick ridge on either wall of the vagina, laterally. Pledgets of cotton, saturated with glycerine, were then placed in the vagina, and she was discharged in a few days.

The most remarkable fact connected with this case is that for many years sexual intercourse appears to have been painless, while as life advanced, and the climacteric period approached, it became absolutely unbearable. I can only explain this by supposing that the septum became more dense as age advanced, and finally narrowed considerably the diameter of the vagina.

Fibrous Tumours of the Uterus.—The number of women the subjects of fibrous tumours presenting themselves at the dispensary or applying for admission into the auxillary hospital was very great. The great majority of these were cases not likely to be benefited by treatment, and consequently were not admitted. Nine were so, and were kept under treatment for periods varying from a week or two to several months. I have not space to enter into details of the methods employed to arrest hæmorrhage and check the growth of these tumours. I can only say at present that we practised incision of the cervix, the use of the actual cautery, as recommended by Dr. Greenhalgh, the injection of styptics into the cavity of the uterus, and the hypodermic injection of ergot, with moderate success. In none of the cases was enucleation or forcible avulsion practised.

Ovariotomy was performed twice unsuccessfully. In one case death was due to shock, the density of the adhesions rendering the removal of the cyst a matter of the greatest difficulty. In the other cirrhosis of the liver was found on a *post-mortem* examination, which, in the absence of any symptom indicating hepatic disease, was not suspected during life.

I much regret that the limits to which I must necessarily confine this report renders it impossible for me even [to touch on many interesting subjects. I trust, however, next year to make the report of this department of the hospital somewhat more full than it is on the present occasion.

HOME HOSPITALS : THEIR SCOPE, OBJECT, AND MANAGEMENT.

By Henry C. Burdett, Esq.,
Greenwich.

The scheme for establishing home hospitals for the well-to-do, as you doubtless know, has lately created much attention and criticism, and I cannot but conclude that most of you are acquainted with the object of such institutions. It has been proposed to form an association for the purpose of erecting home hospitals, to which persons who can afford to pay for their treatment may be admitted, when ill, on payment of a certain sum *per diem*, according to their means, and (to a certain extent) also according to the requirements of each case. It is not, however, intended that this sum should cover the medical expenses, but probably (these details are not finally settled) each patient will be left to make his own arrangements with his own doctor. I wish, in this paper, to lay shortly before you, as the representatives of the medical profession, the advantages and disadvantages of such a scheme, and to invite discussion upon the same ; for it can hardly be denied that the cordial co-operation of the medical profession, which has been largely secured already, is needful to render this undertaking successful. Let us first consider the advantages of the scheme.

What is the present condition of a person in the middle class of life, with a limited income, when struck down by illness? As an example, we may take a case in which the husband and father of the family is suddenly seized with, say, a bad attack of pneumonia. He is put to bed, and after a certain time, as he seems to get worse, his wife sends for the doctor. The doctor prescribes poultices to his chest, medicines at certain times, light diet of milk, beef-tea, &c. ; and also enjoins perfect rest and quiet. How are these orders carried out? The poultices are too often half cold, sloppy, pasty messes, improperly fastened, and continually slipping, perhaps also left on him till they become sour ; the medicine is forgotten or given at the wrong time, milk, perhaps, is not procurable, the beef-tea is a greasy compound of fat and dirty-looking water, whilst the perfect quiet so necessary to him is broken by the continued noises made by the children, with the mingled hubbub of the streets, adjoining houses, and neighbouring factories. The nursing, day and night, the extra cooking, the attention required by the children, and all other domestic matters, fall on the poor wife, whose temper and endurance at last give way, probably not before those of the unhappy patient.

But how are all these troubles increased when the wife herself is the victim? The husband obliged to leave for his work, some friend or relative brought in as a nurse who knows little of such duties, the troublesome children (ten times more troublesome under the control of a stranger), and, in addition, thoughts of domestic cares trouble the poor sufferer's brain.

I feel sure that cases such as these must have frequently occurred to almost all of those here present, taxing their energies also to the utmost, and making them feel that their fight with disease and death is carried on against fearful and unnecessary odds. Surely, you must all, gentlemen, have often longed to remove your cases from such surroundings to the quiet and peaceful repose of a well-regulated hospital, where they would also receive proper diet and nursing from skilled and methodical hands.

Another class which would receive most undoubted benefit from the institution of such hospitals is the lodger class. The condition of governesses and of young men—clerks, students, and such like—occupying lodgings often at a great distance from their homes, when struck down by illness, and left to the tender mercies of their landlady, is so deplorable that I feel it to be quite unnecessary for me to do more than mention it. To the above may be added clergymen, lawyers, officers in the army, navy, and civil services, men who are engaged in public and private offices, persons of education with limited means, and many others. To each and all of these the home hospital will prove an inestimable boon. And here I would say at once that it is not proposed to take people from their *comfortable* homes to hospital because they are ill, but to provide institutions for the treatment and cure of disease as in hospitals, by skilled nursing, rest, and regulated diet, under proper sanitary and hygienic conditions, with the comforts of home, for the benefit of a large class of the community who have no homes, or whose homes are ill-adapted for the successful treatment of serious illness. Further, I wish it to be known that, whereas the first object of the Home Hospital Association is not gain, but the advantage of the community and the relief of suffering, still it must be distinctly understood that it is regarded as essential to the success of these hospitals that they shall from the first be entirely self-supporting.

I have already said that it is proposed that each patient should choose his own doctor, an arrangement which it is hoped will prevent any professional ill-feeling, and also help to overcome the prejudice existing in the minds of so many against entering an hospital. Nor is this the only advantage in the medical arrangements; for it is also proposed that there shall be a resident medical man attached to each hospital who will always be at hand in case of emergency, and who will assist in carrying out the treatment of the other medical men. Speaking for myself, I am at present doubtful whether a resident medical man is or is not a *sine quâ non*. It is allowed that these hospitals must be small and scattered; there will be very little work for the resident medical officer, whilst his maintenance and salary will be an increased burden on the hospital. It might be better to appoint the nearest medical man to visit the hospital twice a day and in cases of emergency, and to give him a small salary for so doing; or to call him in, in lieu of salary, to those cases which have no choice as regards the doctor by whom they are attended. This latter plan will help to get rid of one difficulty that has been greatly felt; it is also a plan that has already been found to work exceedingly well in cottage hospital practice, and I see no reason why it should not do so when applied to home hospitals. It might be supposed theoretically that it would lead to a good deal of professional jealousy, but practically that is not found to be the case, and we may leave this arrangement with confidence, in my opinion, to the good sense and discretion of the medical profession.

Speaking of this system after several years' experience, Mr. Edmund Crossman of the Hambrook Cottage Hospital says:—"This professional intercourse is not the least valuable point in the cottage hospital system to the medical profession in the country. For the most part practising each in his own district, without much time for social intercourse, and accustomed to act upon his own judgment and responsibility, a feeling of distrust and jealousy too often springs up, which, in most cases, only requires for its removal more frequent professional communication. The neutral territory to be found in village hospitals is the starting-point for that neighbourly feeling and action which promote the interests of the profession as much as that of the public, and the consultations held over the hospital patient is often the commencement of cordial co-operation in private practice." What has proved so great a success in cottage hospitals for the poor may surely be tried with confidence in similar institutions for the well-to-do classes.

Another advantage attending the establishment of these hospitals is, that they will do away with a large amount of almost necessary fraud which is at present carried on. I refer to the abuse of hospital charity. What is the class of people who can afford to pay for their treatment to do under the present arrangements? If they go to the hospitals and beg to be taken in on payment, they are turned away. Some have consequently felt justified in resorting to what is really a system of fraud, until they have almost begun to look upon it as a right that, whenever they are taken dangerously ill, they shall be treated gratuitously in the general hospitals. By this means the charitable public is robbed and the profession deprived of its well-earned fees; but after all, however, it is hardly right to abuse this class of people too much; for what are they to do? Are they to risk their lives amidst the troubles and discomforts of home, or is it to be wondered at that they persuade themselves that a little deceit in such a case is justifiable? Gentlemen, by the establishment of home hospitals, you will, I believe, be not only meeting the bodily wants of this class, but you will also help to raise them socially from the pauper class to which, in this respect, they seem fast falling. It seems to me lamentable that, by a mischievous system of misplaced charity, their pride and self-respect should have fallen to such low depths that the artisans of this country now undoubtedly regard free medical treatment as no degradation, but as a distinct right.

Again, the great cry in these days is for nurses. We have nursing institutions springing up all over the country, and it has become quite the fashion for ladies to take to nursing as a livelihood; still there are not enough. To show how the establishment of home hospitals will partly help us to abate this difficulty, I feel that it is necessary only to quote the words of Mr. Walter, M.P., in his speech at the Mansion House on this subject. He says:—"Look at the waste of labour in the present domestic system of nursing. Supposing that in an ordinary street there are twenty cases of illness, and that each home has a nurse, what an enormous waste of power is there compared to what there would be if the invalids were all under one roof!" Thus we see how wheel turns within wheel, and how, by the establishment of these invalids' homes, instead of strengthening the present complicated hospital system, with its abuses, as our opponents assert we shall do, we shall in reality help to get rid of two of these burning questions: viz., the abuse of hospital charity in the in-patient departments, and the scarcity of nursing help at present available for those who are able and willing to pay for such comforts. I feel that it is necessary, before leaving this part of my subject, to touch briefly on two questions: 1. What are we to do with infectious cases? 2. Shall convalescent sea-side homes form a part of the scheme?

As regards the former, there seems some reason to think that, in the metropolis at least, the present accommodation for these cases is sufficient. I shall have to return to this branch of the subject again, so will merely draw attention here to the ease with which the present fever hospital could be amalgamated in this larger scheme with, in my opinion, mutual advantage, the hospital gaining patients, of which there seems a scarcity at present, and our scheme finding a hospital ready built and at hand for the experiment.

As to convalescent seaside institutions, especially for the recovery of infectious cases, the outcry for them is so great and general that I think they must perforce form part of the scheme, and a part that cannot possibly fail of success. The necessity of change of air for a convalescent, the great saving, the extra care and comfort of living in such a house as compared with the disadvantages of lodgings, and the lessened risk to the general public, are all strong points in favour of the establishment of convalescent homes for all who can afford to pay for such accommodation. So far for the advantages of our scheme. At first sight they seem great indeed, and make us wonder what can be urged against it; but, on analysing the scheme more closely, we shall find the objections not inconsiderable, and into these we must now inquire.

Objections.—The first objection to be overcome is that of prejudice. This must not be esteemed a small matter; in fact, it is really *the* great objection; it would be a sad thing to build our hospitals and then find that hardly any one would enter them; but so deep-rooted is the prejudice against hospitals in the minds of many that it is possible it will only be after some years of care and patience that we shall find the homes will be largely patronised. It seems extraordinary that persons when ill should prefer all the fearful discomforts of home to the care and quiet of a hospital, yet such is the case, and the fact is not likely to be lessened in the minds of those whom I address; for all medical men know the very rooted prejudice existing on this question. It is more extraordinary still that the lower middle class (if I may so speak) feel this prejudice more strongly than the higher middle class, though they are more likely in reality to receive benefit from it, and it is only, I believe, from the example of the latter that we can hope in time to eradicate the prejudices of the former. In the meantime, it is, therefore, our intention not to attempt too much at first, but to be content to do things gradually, and with due caution.

The next chief objection is the financial aspect. First, we require money to float the enterprise; there is little doubt but that this will be readily forthcoming. At first it was proposed to form a limited company with shares to work the homes; but, after mature consideration, the Provisional Committee selected as a financial basis the system of governorships, by which a preliminary capital fund will be formed for the purpose of founding and furnishing the first home hospitals required. This principle is that which has long been successfully adopted in founding various institutions, such as public proprietary schools. The invalids' homes or hospitals thus founded will, by virtue of a graduated but remunerative scale of payments, prove permanently self-supporting. Many persons argue that it will be impossible to make these home hospitals self-supporting, but I am at a loss to know upon what they base their argument because I find that in other countries similar institutions have not only proved so, but they have in several instances yielded a good profit over and above the working expenses. Gentlemen, on this point I can only assure you that, if we do not succeed in making these homes entirely and absolutely self-supporting, you need have no fear that we shall consent to add another to the already too extensive list of eleemosynary medical charities, for such a result will be regarded as a complete failure, and the scheme will be abandoned.

It has been asked, Why is not the present fever hospital self-supporting, and why is it so little used? The reasons for this, in my opinion, are many and obvious. It is a single building, or nearly so, of its kind, and consequently little known; whereas, if some hospitals were regularly established, they would soon become well-known and sought after. This hospital also at one time took in pauper cases, and I fear the reproach still clings to it. Being single, it often entails for removal to it a prolonged, perhaps dangerous, journey from the other end of London; whereas it is part of my scheme to have these home hospitals small but numerous, so that they are ready of access to everyone. A person admitted into this hospital is thrown suddenly amongst total strangers, without even the privilege of being attended by his own family doctor, should he so desire it; the reverse of this is a great advantage to the present scheme. The present hospital has too much the form and rules of a hospital, with perhaps too strict a discipline for the feeling of home comfort, while it is a principle in the home hospitals to combine more of the hotel character with them, thus greatly increasing the feeling of homely ease and independence. Other reasons will probably present themselves to the minds of my hearers; but I think I have sufficiently pointed out the differences in the two cases.

An opponent of this scheme stated, at the Mansion House meeting, as an argument against the establishment of home hospitals, "that it was the opinion of the great mass of medical men that it was desirable to reduce the number of hospitals for surgical cases to a minimum; for every gentleman of standing would do an amputation, or any other such case, at a private house." Now, let us grant him, for a moment, that such cases do very badly in large general hospitals; still I must maintain that the cases are not analogous. It is designed to establish numerous small hospitals in London, which would come much more under the designation of cottage hospitals, and I would refer this gentleman to my book on that subject, in which I have conclusively shown the very much lower rate of mortality in cottage hospitals after surgical operations than in large general hospitals, and this in spite often of less skilled and mature surgical experience. These results, in cottage hospital practice, could not, I believe, be surpassed in home practice, were it possible to collect such statistics. This is, to my mind, a conclusive answer to this objection.

Lastly, we have that old bugbear professional jealousy. Gentlemen, you will, I think, agree with me that it is time for this term to be dropped from our vocabulary; it is an old one that in its time has done the profession nothing but harm, and caused many a sneer from outsiders. In reality, I believe that it has been for some time only just alive; let it die. In proof that this is so, let me again bring before you that excellent movement, the cottage hospital system. This has for many years been carried on quietly and unostentatiously in your midst, on much the same principles on which it is proposed to establish these home hospitals—viz., payment by patients for their board and maintenance, attendance by a doctor of their own choice, and the supervision of the nearest medical man as house-surgeon; to these principles it is now only proposed to add one more, and that, I believe, in the right direction—viz., payment to the doctor for his services, Now this cottage hospital movement has had a very fair trial, but at first the same objections were brought forward as those of which we now hear, more especially this one—professional jealousy; but we find that in practice no such feeling has been called into being, but the movement has rather tended to draw into closer relationship and friendship our country brethren. It is necessary on all occasions to "bear and forbear;" no doubt at first cases may arise and cause for a moment some heart-burning, but with a little tact and patience they may easily be avoided, and it would be a great scandal on the medical profession if such an objection were allowed to upset a scheme with so many obvious advantages.

It will be seen that I have treated the subject of home hospitals in a general sense. My reason for doing so is that the Provisional Committee have thought it best to raise the necessary funds before deciding the exact basis upon which these homes shall be worked. That the ultimate decision will be a wise and satisfactory one is assured by the fact that amongst the members of the Management Committee who will decide these important details are the treasurers of Guy's and St. Thomas's Hospitals—Dr. Quain, Mr. John Erichsen, and Mr. Ernest Hart. The chief object I have in raising the question to-day is to afford all the members of the Association who take an interest in this scheme—which is one more step in the cause of hospital reform—an opportunity of expressing their views on the subject for our guidance and instruction. That the home hospital is calculated to supply a great and long felt professional want is proved by the fact that I have the pleasure to append to this paper a declaration signed by nearly every leading member of the medical profession in London, who have endorsed the scheme with an unanimity and a readiness seldom, if ever, equalled on any former occasion, and I leave the issue, therefore, with confidence in your hands. The scheme is the outcome of ten years' hospital experience, and it is gratifying to me to be able to state that in less than a fortnight nearly £4,000 have been subscribed by the general public.

Clinical Records.

ST. MARY'S HOSPITAL.

Case of Aortic Regurgitation with Sphygmographic Tracings. Remarks on Estimation of the Amount of Valvular Incompetency.

Under the care of Dr. HANDFIELD JONES, M.B. (Cantab), F.R.S.,
Physician to St. Mary's Hospital.

CASE—E. G., æt. 34, ad. May 5th, 1877, sailor formerly, last six years a brewer's labourer. Has been in India

and China, but never had fever or dysentery, nor rheumatic fever. Has been deaf five years. Complains of pain at upper chest, across and middle upper sternal regions. Breath short, but can walk a mile slowly. Spits now and then a little blood. No anasarca. Urine (May 7th) not albuminous. Shoulders high, neck short, dorsal spine much arched backwards, but little movement of abdomen or lower ribs in respiration, upper ribs move more. Breath sound very weak everywhere in lungs, no râles. Marked pulsation at sternal notch, the finger pressed downwards here seems just to reach the arch of aorta. Precordial region bulged, impulse evident at fifth space one inch outside vertical line, and also at epigastrium. Dulness area extends from vertical nipple line across to right edge of sternum; and from horizontal nipple line down to sixth rib. At midsternum, a weak first sound is heard, and a prolonged diastolic murmur; no second sound. At xiphoid, first sound is more distinct, and murmur is less loud. At fifth space in vertical line first sound is well marked, and the murmur is but slightly audible. Diastolic murmur is much louder at second right cartilage, than at second left. On both sides of neck a loud rough murmur is heard, systolic in time, this is much weaker at second right cartilage. Broth diet, beef-tea, milk. Liq. ferri muriatis, ℥20, + spt. chlorof. ℥x., + aq. ℥j. *ter die.* No notable change took place until he went out June 1st. Two tracings were taken, the first on May 7th, the second May 30th. The first required a much stronger pressure to develop the form than the last, otherwise there is no material difference between them. For comparison's sake a tracing is added, taken from Dr. Galabin's essay (p. 318, *J. of Anat. and Phys.*, vol. x.).

In this case there was free or copious regurgitation; while in E. G., this seems to have been much less considerable, according to the criterion laid down by Dr. Balfour, viz.: that a double murs mur heard in the carotids indicates very considerable incompetence, a systolic murmur alone comparatively trifling incompetence. E. G's. tracings indicate very positively a notable increase of arterial tension; in the other this is quite absent, or nearly so. The increased tension was not caused by senile change in the vessels, nor by renal disease, and is therefore no doubt dependent on the unduly large amount of blood injected at each systole by the hypertrophied left ventricle. *Cæteris paribus*, it may be said that the more marked the tension signs, low primary rise, flat top, early dicrotism, are in the tracing, the less is the amount of regurgitation;

No. 1.

Tracing of E. G.—Moderate aortic regurgitation.

No 2.

Tracing of free aortic regurgitation (Galabin).

and *vice versâ*, the more conspicuous their absence is, the greater the incompetency. The tracing taken with proper precautions as to pressure, will show perhaps more definitely than any other method the true condition of the arteries in respect to tension; and hence we may infer the amount of incompetency which will vary inversely as the tension. If, however, morb. Bright, or arter-capillary fibrosis lessen the outflow from the arteries into the veins, tension will of course be increased thereby, and the amount of aortic incompetency cannot be accurately determined.

The point to which I have drawn attention in the foregoing, has not escaped the attention of Dr. Mahomed, who remarks in his papers, *vide Med. Times and Gaz.*, ii. 144, that "the sphygmograph forms a good guage of the amount of regurgitation."

New Inventions.

A NEW TRACTOR OR MIDWIFERY FORCEPS.

By Dr. Roussel (Geneva), London.

The midwifery forceps should be an instrument of accommodation and of traction, a lever and a tractor. The manipulation and dexterity required at the hands of the surgeon cannot be well given when muscular strength is exercised; further, in some cases the traction requires such considerable muscular strength that the surgeon has to take a firm stand, often with his knees on the bed of the woman, and also to call in help to assist in traction of the forceps to hold the patient firm. This assistance is neither pleasant to the patient nor is it skillful. Besides the muscular strength of several men pulling together cannot be weighed or regulated, the strength being naturally intermittent, a great part of the progression obtained at each effort is lost in time of rest; thus the accommodation or the extraction being hindered, in many instances the child dies, and the mother runs the risk either of vesical fistula from prolonged compression, or of perineal rupture from too sudden and violent extraction of the child.

Dr. Chassigny, and the late lamented Prof. Joulin, are the promoters of the *méthode des tractions mecaniques continués*, and have constructed instruments adapted to this purpose.

Chassigny's apparatus consists in a steel band, to be placed before the knee of the woman, and furnished with a *roll* to draw on a string fixed on two hooks of a special forceps.

Joulin's apparatus consists of a steel band, to be placed before the upper part of the femur of the woman, and is furnished with a long screwed stem, like an *écraseur* to draw on a string passed through the opening of an ordinary forceps.

Many successful operations have been performed with Joulin's apparatus, but French practitioners have objected to it, as, by this instrument, one cannot draw exactly in each direction of the axis of the pelvis, and thus this method has made but little progress. It appears to me that the principal defect of construction in these apparatus is: That there is too great a distance between the point of resistance on the head of the fœtus and the point of tractive power.

The rectilinear band of Joulin cannot remain fixed opposite the brim, because it runs back in front of the mother's thigh. In consideration of these defects, I have constructed a tractor with a roll-screw instead of the long screw stem of Joulin, and my steel band is enlarged and fenestrated like the blade of a forceps to fit exactly the ischial prominences of the woman, and capable of slight movement, will thus remain always opposite the axis and change of pelvic position.

Stages of the Operation.—A strong cat-gut string is passed through the opening (fenestrum) of each blade of the forceps before its application, the mode of which is unchanged. The forceps being locked the steel band is placed in position, viz., against the buttock of the patient who is lying on her back with her thighs raised. The string is fixed on the roll-screw, then the surgeon manages by each turn of the screw to draw the child at every pain; during the time of rest he directs the handle of the forceps according to the successive directions of the axis of the pelvis. Mechanically this instrument offers the same advantages to the accoucheur as the patent barrel corkscrew affords to the connoisseur of fine old wine, bottles of which ought not to be shaken by a vigorous servant, but steadily opened by a cautious master. After many operations with this and many other like instruments in ten years' practice, I feel certain this method affords great help to the surgeon, and safety to the mother and child, without having any serious objections, except its novelty. It ought to be employed in those cases where the application of the forceps is necessary, and the pelvis is not contracted under two-and-three-quarter inches (0·070 millimetres), and

also continued so long as the dlyncomometer of the tractor indicates a strength under 70 kilos, under 70 millimetres of narrowing, and over 70 kilos of tractive power, the necessity of perforation presents itself. At these points perforation alone is sufficient, and can be practised by introduction of the scissors between the blades of the forceps without removing the tractor.

Finally, I wish to place myself under Dr. Barnes' scientific protection in quoting once more his own words, "I cherish a fervent hope, that the exposition of the principles and method of continuous mechanical traction, will be the means of materially enlarging the field of application of the forceps, and of supplanting in a corresponding degree the resort of hazardous turning, or of the revolting operation of craniotomy."

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 22, 1877.

THE ADDRESS IN SURGERY: BRITISH MEDICAL ASSOCIATION.

A BETTER man could not have been invited by the British Medical Association to give their address in surgery, than he who has himself contributed so much towards the perfection of one of its most formidable operations. Nor could he, perhaps, have selected for his theme a better subject than the recent advancement and future prospects of an art, the rapid progress of which has been one of the most extraordinary features in its history.

It does not appear so very long ago when surgery was, as Mr. Wells remarks, carried on as a trade, after the fashion of country farriers of our day; when it was unlawful for surgeons to administer internal remedies, even in cases of wounds; and when "Bokes of Chirurgerie" were nothing more than collections of sayings and nostrums. Since that time, marked by the brilliant achievements of the Elizabethan era, there is no science (chemistry, perhaps, excepted) which has made so much progress; while, during the last fifty years, this progress has been more rapid than at any previous period. The advancement of surgery has been one continual triumph of art over disease. It has been a triumph of art and operative skill; for, take away the brilliant operations which have characterised its progress, and you deprive it of the strongest claims it has upon the admiration and gratitude of mankind. It is the wonderful and, to some extent, mechanical resources of surgery which so strike the attention of the public, and which make it in their eyes the successful rival of the sister art of medicine. There are thousands who are sceptical of the power of medicine over disease; there is not one to be found who has a doubt about the skill and resources of the surgeon.

Among the more formidable operations, the successful performance of which has signalised the progress of modern surgery, there is none so remarkable as the operation of ovariotomy; and, considering the great share Mr. Spencer Wells has had in establishing the claims of this operation upon the confidence of the profession and the public, it would have been false modesty on his part had he made no reference to the large number of cases which he has conducted to a successful issue. Sir James Paget has remarked that the improvements that have been made in ovariotomy constitute one of the greatest achievements of modern surgery in this century, and that the influence for good extended through every department of operative surgery. But may we not go further, and say that this influence should extend throughout the province of medicine also? Does not the progressive perfection of this formidable operation, and indeed of practical surgery in general, convey certain suggestions which might be turned to some account in the future advancement of medicine? If the determination to remove a fatal disorder from the list of incurable diseases, if reliance upon the reparative powers of Nature, if the careful selection of the cases submitted to curative treatment, and if perseverance in following out the plan marked out in spite of temporary failures, and the avoidance of everything that is likely to interfere with the success of the treatment—if these conditions have done so much for the advancement of operative surgery, they may certainly do much for the future advancement of medicine. One reason why surgery has been so successful is because it has always been a pre-eminently practical art. It has had less to do with the minutiæ of pathology and diagnosis. From the earliest period in the history of surgery the surgeon has steadily kept in view the treatment and cure of his patient, whereas the vast amount of study that has been devoted to morbid anatomy and pathology has, in conjunction with the greater difficulties to be surmounted, diverted the attention of physicians from the more practical duties of their profession, and even made them lose confidence in the efficacy of any kind of therapeutical treatment. And thus while surgeons are talking of achieving fresh triumphs in their department of the healing art, and of extirpating uterine tumours with as much success as they now perform ovariotomy, some of us

entertain far less ambitious views with respect to the advancement of therapeutics, and talk of falling back upon hygiene as the most hopeful feature to look forward to in the medicine of the future. There are some physicians however, who have in them some of the dash and *élan* of the practical surgeon, and who are not satisfied with making a refined diagnosis and leaving the rest to Nature. It was with no small amount of pleasure that we read Dr. McCall Anderson's clinical lectures on the successful treatment of what has always been regarded as the most incurable form of pulmonary phthisis : and although we are rather sceptical with regard to the correctness of his diagnosis, and the inferences he drew from a few and insufficient data, we could not but admire the thorough and systematic manner with which he grappled with his cases, and the confidence he showed in the resources of practical medicine.

It is natural for the practical surgeon to be interested in the subject of anæsthetics, and therefore we are not surprised that Mr. Wells did not wait long before he put to the test the anæsthetic properties of the bichloride of methyline or chloro-methyl. An experience of ten years of no fewer than 850 serious operations convince him that all the advantages of complete anæsthesia, with fewer drawbacks, could be obtained by the use of this compound. He speaks of it in such high terms, and the test to which he has put it is such a severe one, that the propriety of bringing it into general use should certainly receive the consideration of the profession, especially as chloroform is by no means so popular now as it was a few years back, and ether does not seem likely to take its place. We therefore cordially agree with what Mr. Spencer Wells has said on the subject. As he truly remarks, "deaths from chloroform are remarkably frequent, and yet no substitute for it has found universal or even general acceptance in this country ; and it is the duty of the Association to at once satisfy the public that all that is possible is being done to discover the means by which anæsthesia, effectual now, may be rendered safe for the future."

We were not sorry to see that Mr. Wells did not forget the recent agitation on the subject of vivisection. He regarded it as affecting the advancement of practical surgery, and spoke of it in the same contemptuous terms which we have often made use of when writing on that subject.

"A certain section of the community," he said, "led astray by thoughtless enthusiasts, or self-interested itinerant lecturers, vehemently asserts that if we are to perfect ourselves in these (surgical) or any other modes of saving human life, we must only do so by practising on the human subject. . . . . If a surgeon experimentally sacrifices half a dozen dogs or rabbits, in the hope of improving some operation which may prevent the loss of human life or lessen human suffering, he is branded as inhuman, and barely escapes the supervision of the police. Possibly some of these benevolent individuals will voluntarily offer up themselves to our Committee on Transfusion in the hope of perfecting the practice. Until they do so they will, perhaps, be a little less clamorous if a few sheep or rabbits are used in the cause of humanity." Indeed, this movement was altogether such an absurd ebullition of party feeling, that it is difficult to ridicule it as it deserves. Practical surgery, however, has more than once been advanced, and may yet be advanced, by the practice of vivisection, and therefore Mr. Wells had some temptation to notice the recent agitation, instead of treating it with indifference and contempt.

In the retrospect which Mr. Spencer Wells has taken of the progress of surgery, he has mentioned several of the surgeons to whose genius and skill we are indebted for the great improvements which have been made in that art since the foundation of the British Medical Association. We should, however, have wished that more prominence had been given to those great names which are associated with the invention of new and successful operations, or with the greater perfection of old ones. Far more credit is due to him who first suggested, and who had the ability and courage to be the first to successfully perform a new operation, than to him who rivals all his contemporaries in the skill with which he does what others have done on previous occasions, to him who has struck out new paths in the domain of practical surgery, than to him who merely keeps to those which so many have trodden before him. A surgeon may greatly distinguish himself as an operator without having made a single improvement in his art ; and perhaps we are too apt to forget the claims of those pioneers in surgical discovery who have not only lengthened human life and lessened human suffering, but have even contributed to the professional reputation and success of those who have followed in their steps. Dr. William Hunter was, we believe, the first to suggest the possibility of successfully extirpating ovarian tumours, but it was Mr. Jeaffreson, of Framlingham, who was in 1836 the first to perform the operation with success, while Mr. King, of Saxmundham, repeated the operation on another patient with an equally good result. And, considering much was said on the subject of ovariotomy it would perhaps have been as well if the orator had done more than mention the names of those who first planned and successfully performed this operation.

There is another point in this address which we cannot allow to pass unnoticed ; we allude to the high terms in which Mr. Wells acknowledged the great professional skill and ability of the late Mr. Baker Brown. Now we can look back upon an event connected with his life calmly and dispassionately, it is right not to allow former prejudices and animosities to stand in the way of giving to that surgeon due credit for the contributions he made to the advancement of practical surgery.

MEDICAL REFORM AND THE BRITISH MEDICAL ASSOCIATION.

THE presentation of the Annual Report of the Medical Reform Committee of the British Medical Association, at the recent Manchester meeting, was the occasion of an interesting and significant passage of arms, from the tenour of which may be judged the position which the Association and the English general practitioner may be assumed to have adopted for the future. This Committee, it will be recollected, was created to agitate the direct representation of the profession in the General Medical Council,

and it has since devoted itself principally to the reform of the abuses of medical qualifying, and to the encouragement of conjoint examination. A few years ago great things were expected of it, and it was the father of bills in Parliament, which came to nothing, but offered, nevertheless, good examples for future legislation ; and which, if vigorously followed up, would probably be now the law of the land. At that time the *Journal* of the Association was loud and persistent in its advocacy of these schemes for conjoint examination, and the Association itself seemed to be about to achieve some distinction as a medico-political organisation, a position which it needs all the more because of the poverty of its scientific performances. Within the last two years, however, a wasting palsy seemed to have seized upon the Committee, and an aphasia upon the *Journal*.

Direct representation, long since forgotten, had given place to nothing discernible in the way of Medical Reform, and therefore the existence of the committee has for the last year been only appreciable by its annual report. The discussion of that report to which we now refer, makes manifest the cause of this lethargy. On the motion for the adoption of the report, the editor of the Association *Journal* (whose reported utterance appears liberally garnished with Cheers ! and Hear ! hear !), said that " the profession had far greater interest in desiring to see the Medical Act amended by an alteration of the fortieth section, the section which now permitted quacks and medical pretenders to practise, and which could be very readily amended without waiting for the more elaborate amendment of the Act proposed by the Committee."

This view was supported by Dr. Gairdner, of Glasgow (who, as a representative of a cheap Scotch Corporation, naturally did not see the propriety of medico-educational reform), but was warmly resisted by Dr. Waters, of Chester, the chairman of the committee, by Dr. Husband, of York, one of its most influential members, and Dr. A. P. Stewart, who said that if the editor's proposal were carried, " some of the members of the committee would not continue to act." In the teeth of this expression of feeling the amendment was carried, the meeting ordering the committee to apply itself to the alteration of the Quack's Clause of the Medical Act, and *instanter* Dr. Waters, Husband, and Stewart, resigned their places amongst its members.

The *gravamen* of this transaction is plainly that the British Medical Association has made up its mind deliberately to descend from the triumphant car of the medical patriot, and to accept the less-distinguished position of the trades-unionist. The correction of the 40th section of the Medical Act is a truly most desirable object, and it is already likely to be achieved by Dr. Lush, acting on behalf of Dr. Carpenter, and the East London Defence Association. Their efforts have our best wishes, but after all the object in view has a closer connection with the pockets than the hearts of medical men, inasmuch as the sole effect of such an amendment of the law would be to protect doctors from the competition of quacks, and to save the public from being cheated by incompetent pretenders. If the British Medical Association lays claim to the possession of a soul for science, and are ambitious for medical purity, it ought certainly to aim higher than the crushing out of those who compete for medical fees, and it is, therefore, we say, a somewhat humiliating come-down when the organisation, at the instigation of its most public representative, decides to throw science and reform to the dogs, and devote its attention to the loaves and fishes. In the face of so pitiful a decision, Dr. Waters, Dr. Husband, and Dr. Stewart, the veteran and much-esteemed champions of medical reform, could do no less than relieve themselves of participation in the small ambition of the Association and its editor, and we hardly expect that such men as Dr. Falconer, the Rev. Dr. Haughton, Dr. De Bartolomé, and Dr. Balthazar Foster, will give themselves any trouble with the proceedings of a committee whose *raison d'être* is now defined to be simply " medical protection."

THE PRESCRIBING OF NON-OFFICINAL PREPARATIONS.

A CORRESPONDENT of a medical contemporary draws attention to the habit which many physicians have of prescribing patented and specially-prepared preparations. " It is," he remarks, " a great confession of the poverty of the Pharmacopœia, when an M.D., F.R.C.P., &c., whom I lately met in consultation, ordered for the case (not an extraordinary one by any means) no less than four advertised medicines, internally and externally."

This habit, to which many in the profession must plead guilty, is one which, although liable to abuse, cannot be very well avoided, and is not objectionable if practised in moderation. We are indebted to the skill and thoughtfulness of the pharmacist for many of our most valuable preparations, and many of those that are now in the Pharmacopœia were originally such advertised preparations as those above-mentioned, and had been put to the test of experience by the profession long before they were admitted into the Pharmacopœia.

It is a great *desideratum* in modern pharmacy to make medicines as palatable, and to put them in as small a space, as possible, as well as to contrive preparations which, answering to these conditions, are at the same time a combination of two or three active ingredients. The days of nauseous draughts and huge boluses are past. It is now thought an important part of the physician's duty to prescribe no more medicines than are actually necessary, and to prescribe them in such a form as will be most agreeable to his patient. To treat a disease as *jucunde* as possible, is quite as important a precept to bear in mind as to treat it *tuto citôque*. At the same time, some caution should be observed in carrying out this principle. It will never do to sacrifice the activity and certainty of a preparation to its palatableness or its appearance, or to run the risk of encouraging quackery, or the importation into the market of a lot of superfluous or useless remedies, or to get into the habit of ordering all kinds of fashionable and patented preparations, to the neglect of those standard Pharmacopœial preparations which would be often found more serviceable.

Before prescribing these remedies, we should be sure that the active properties of the compound have not been partially lost during their preparation, and that they

really contain the reputed quantity of ingredients; for this is one of the disadvantages attending the use of some of the more elegant officinal preparations. It is only lately that there was found in the market a large quantity of the citrate of quinine and iron, which did not contain near its proper percentage of iron. It is evident that many of the new compounds we are speaking of can never be so reliable as the corresponding compounds prescribed extemporaneously. If a mixture is ordered containing quinine, perchloride of iron, and strychnia, the patient is more certain of getting the exact quantities of these ingredients ordered than if he took some advertised pills composed of the same drugs, and if the mixture is made up by the practitioner himself all doubt is at an end. Besides, the several ingredients of these non-officinal preparations are seldom prescribed in the proportion best suited to the particular case in which their administration is indicated, and that is another reason why they should not be often prescribed.

It may be that some of the physicians who are in the habit of prescribing patent or advertised medicines have forgotten, or lose sight of, many very excellent preparations contained in our Pharmacopœia. Materia medica is, unfortunately, a very neglected part of medical education. It is often shirked by men who have otherwise distinguished themselves during their medical curriculum; they make but a sorry figure in this department of medicine when they go up to the Hall, or to any other examining body where a fair knowledge of materia medica is expected of the candidate; and what is worse, they often neglect to improve their knowledge of the subject when they get into practice. Consequently, their acquaintance with the Pharmacopœia is not so thorough as it should be; they lose sight of many valuable officinal preparations, and too readily patronise those they see advertised by the chemists in the medical journals.

It is to be hoped, therefore, that we shall not hear of medical men too freely indulging in this habit of prescribing advertised or non-officinal preparations, and that they will, as much as possible, order the crude drugs, or the more simple Pharmacopœial preparations, in such combinations as the peculiarity of the case may require.

Notes on Current Topics.

Gleanings from some Lunacy Statistics.

Some interesting facts may be gathered from the last annual report of the Glasgow Royal Asylum, Gartnavel. There were 566 patients in the asylum at the beginning of the year 1876. There have been 228 admissions, making a total of 794. Of this number there were 210 discharges and 52 deaths, so that at the close of the year the number of patients was 532. Of these 88 *recoveries*, 77 took place within a year of the patient's admission, and 57 of these within six months. This shows that the prospect of recovery lessens very rapidly after the first six months, and that early treatment is of great importance. Of the 52 *deaths* 11 were caused by general paralysis, and 13 from pulmonary phthisis, whilst the other fatal affections did not cause more than one or two deaths respectively. Of the 11 deaths from general paralysis, while 10 occurred among the men, only one occurred among the female patients.

With regard to the *causes* of insanity, as illustrated by these statistics, Table X. points (says the Report) unmistakeably to the bodily origin of insanity; for while 143 cases are assigned to physical causes, mental causes are credited with only 12 cases. Of the above 143 cases, 31 are put down to intemperance, 29 to previous attacks, 10 to epilepsy, 7 to masturbation, 31 to hereditary influences, and 4 were congenital. The majority of the cases due to moral causes arose from business or domestic anxieties, or from religious depression, and most of them (8 in number) recovered.

With regard to *intemperance* as a cause of insanity, Table XVI. gives some interesting statistics, beginning from the year 1824. From this it appears that, during the first ten years, in which the total number of admissions was small, only from 1·3 to 8·43 per cent. were due to this cause. From 1838 to 1846 the intemperance cases were more numerous, and, with one exception, amounted to from 13·42 to 26·49 per cent. From 1850 to 1876 there has been a gradual diminution in the number of cases admitted from this cause; for while for the first ten years of that period the percentage was high (ranging from 13·28 to 21·15), it was not more than half this during the next centennial period, rising a little again during the years 1871-1876. This is perhaps to be accounted for by the fact that, for the last few years, there was a decrease in the pauper patients, owing to accommodation having been found for them elsewhere.

It is generally allowed that single life is more favourable to insanity than *married life*, and this fact is borne out by Table IX. of this Report, from which it appears that out of 228 admissions 104 were single and 92 married; and moreover, while only 16 of the 52 deaths occurred among the married, 29 occurred among the single. Not less interesting is the account of the *occupations* of the patients, for we find that while all other occupations only contribute one or two cases respectively, 11 gentlemen are among the total number (116) of male patients, 24 labourers, and 14 miners. Of the 112 female patients, 17 were "ladies," and 75 engaged in domestic occupations.

With regard to the causes of insanity generally, Dr. Yellowlees well observes, that "beneath all the apparent or exciting causes of insanity, the real and efficient one is found in the unstable nervous system of the individual. This instability may be inherited or acquired—inherited, possibly, from parents who have shown no obvious insanity—acquired, perhaps, quite unconsciously by the individual; but its degree is the true measure of liability to insanity, and of the danger of mental shipwreck in the storms and turmoil of life. This explains why some minds are upset by apparently trivial causes, while others remain calm and unshaken through a lifetime of affliction and sorrow. Yet the immense significance of nervous instability in the history of the individual and of the race is ignored every day."

In glancing over the list of expenses it is clear that the non-alcoholic treatment of disease receives little support from the practice of this institution, and that, as we might

have supposed, even in the treatment of insanity alcoholic stimulants cannot be wholly dispensed with. During the year 1876, 110 gallons of spirits (including what was required for the laboratory), 1,209 firkins of beer, 573½ doz. pints of porter and ale, and 152 doz. quarts of wine were consumed, at an outlay of £598 14s. On the other hand, the expenses for drugs amounted to only £47 13s.

Vaccination in Ireland.

THE statistics of vaccination in Ireland for the past year, show a decrease of nearly 23,000 cases, in comparison to the number of cases in the previous year. The following are the figures :—

	Under One Year of Age.	Above One Year.	Other Persons.	Total.
1875	94,370	25,305	17,665	114,48 7
1876	93,061	19,428	1,998	137,340

This decrease at first sight the Local Government Report considers remarkable, but admits of explanation to a certain extent.

During the presence of small-pox in districts more or less panic exists amongst the inhabitants, who usually in large numbers avail themselves of the protective influence which the operation of vaccination affords, and thus vaccination and re-vaccination are had recourse to ; but when, as a consequence of its cessation the alarm caused by the immediate presence of the disease abates, re-vaccination is not had recourse to, and parents are not so prompt in bringing their children even for primary vaccination, and the result in general, if not invariably, is, that the year following an epidemic of small-pox there is a considerable reduction in the number of persons vaccinated.

The statistics of vaccination during the year ended September, 1875, when compared with 1876, (to which this report refers), show this very forcibly.

During 1876 the number of cases of small-pox recorded by the medical officers of all the dispensary districts is only 29, consequently there was no cause for unusual alarm, and vaccination was not so actively conducted, and re-vaccination was little resorted to.

During the year 1875, 881 cases of small-pox were reported, of which 140 occurred in Ulster, and 674 in Connaught, and it is in those two provinces that, as might be expected, there was such an augmentation in the number vaccinated during the prevalence of small-pox, and a corresponding falling off the next year, 1876, the disease having subsided.

During the prevalence of the disease in a severe form in Ulster and Connaught 21,426 persons, all upwards of one year old, were vaccinated ; this number was composed of children not previously vaccinated and of cases of re-vaccination ; and in 1,998 instances adults offered themselves anxious to undergo the operation, they being under no legal obligation to do so, and they also brought their children to be vaccinated, thus showing their confidence in the protective influence which they believed the operation would afford.

Still, having regard to the number of children annually born in Ireland, the number vaccinated when under one year of age cannot be regarded as quite satisfactory.

Unprofessional Behaviour.

IT is lamentable to see the disreputable manner in which one medical man will sometimes behave towards another. One of our correspondents, a highly respectable surgeon, writes to us to complain of the conduct of a brother practitioner. A person applied to him at his dispensary for admission into an infirmary. As she was suffering from the effects of hæmorrhage, and being in a destitute condition, he gave her the desired certificate, and there he thought the matter ended so far as he was concerned. To his great astonishment, however, he heard a few days afterwards that the patient had been transferred from the infirmary to a small-pox hospital, that this measure had been taken on the strength of the diagnosis, formed by the medical man then officiating at the infirmary, in consultation with a practitioner in the neighbourhood ; and that while in the infirmary she was submitted to a process of disinfection and otherwise treated as a patient suffering from that disease. In the meantime, the local practitioner who had been so honoured by the medical officer of the infirmary, spread a report to the effect that our correspondent was incapable of recognising a case of small-pox when he saw it, and that it was not the first time he had made the same mistake. It turned out, however, much to the discomfiture of the infirmary doctor and his friend, that the case was not one of small-pox after all. The authorities at the small-pox hospital certified that the patient was not suffering from disease on admission. "She was" they stated, "successfully vaccinated, and discharged so far as her skin eruption went, in the same condition as that in which she was admitted."

It is almost superfluous for us to make any remarks on the above statement, as the facts speak for themselves. But we may remark that the medical officer of the infirmary can scarcely be said to be free from blame in the matter. It is not quite *en règle* for a gentleman in that position to call into consultation a general practitioner living in the neighbourhood, and the great mistake they both committed, must have made the former regret the step he thought proper to take. With regard to the unprofessional conduct of which our correspondent complains, we are afraid that it is of too common occurrence in the profession. The *odium medicum* is almost as rampant as the *odium theologicum*. There are, unfortunately, many members of the profession who would gladly avail themselves of an opportunity to traduce the skill and ability, if not the character, of a brother practitioner ; and what is worse, this scandalous habit is not confined to the lowest class of practitioners, but is even prevalent among a class of medical men who ought to know better.

Hospitals : a Suggestion.

IN his recent address before the British Medical Association, Dr. Eason Wilkinson touched upon the scheme lately agitated for providing hospital accommodation for the "well-to-do" classes. Considering the size of some of our existing hospitals, and the conveniences already established in them, would it not be better, said Dr. Wilkinson, to add wards to them for the reception of paying patients, who should be attended by their own medical men. Some objections which are now put forward in regard to management, &c., might thus be got over, and all

the advantages of hospital treatment might be obtained with a minimum of expenditure. The Hopkins Hospital, in Baltimore, U.S. which is now in process of erection is arranged upon this basis; and other hospitals on the continent of Europe carry out the same idea.

This suggestion is certainly worth the consideration of those who are desirous of securing good hospital accommodation and attendance for the middle classes. The principle of not encouraging the construction of special hospitals when the general hospitals suffice to carry out the object in view is a good one, although, unfortunately for the interest of the medical student this principle is too often disregarded. If, therefore, the above suggestion is found to be practicable and free from any serious objection, it would be as well if the Home Hospital Association, whose prospectus we lately noticed, took into consideration the propriety of adopting this plan before they attempted to carry out the one which they propose. But the plan above suggested is not so practicable as some may think. There is scarcely one hospital in London where there are any wards which could be put aside for the purpose. New wards would have to be built, and this would in all probability involve such extensive alterations, and require such a large outlay, that the foundation of a new hospital would be scarcely less expensive. The scheme may be more easily carried out in the event of any of our hospitals being enlarged or of new ones being built, when the propriety of setting one or two wards apart for the accommodation of paying patients might be taken into consideration. In our opinion, the demand for these home hospitals will be in time sufficiently great to warrant both the adoption of the principle at some of the general hospitals, as well as the erection of special institutions. Were the former plan adopted, the question would still arise as to whether the patient should or should not be attended by their own medical men. The system might work well either way, but in either case there are obviously certain disadvantages which cannot be well surmounted, but would have to take their course, and be judged of by their effects upon the working of the hospital.

Decrease in Dispensary Medical Relief in Ireland.

Coincident with the decrease of more than 31,000 in the number of paupers in Ireland last year, a remarkable decrease has taken place in the amount of dispensary medical relief. The report of the Irish Local Government Board shows that in Ulster there has been a decrease of 5,941 cases at the dispensaries, and of 7,097 of those attended at their own houses.

In Munster there has been a decrease of 5,160 cases at the dispensaries, and of 227 of those attended at their own houses.

In Leinster there has been a decrease of 1,828 cases at the dispensaries, and of 768 of those attended at their own houses.

In Connaught there has been a decrease of 1,270 cases at the dispensaries, and of 1,151 of those attended at their own houses.

This shows a decrease of 23,442 cases for all Ireland, including both classes, as compared with previous year; being 14,199 dispensary cases, and 9,243 cases of persons attended at their own houses.

The Ancestors of Marshal MacMahon.

The French medical journals have been raking up some reminiscences of the ancestors of the President of the French Republic, and as he has a Celtic name, and these biographical curiosities have somewhat of a medical interest, we reproduce some of them.

The grandfather of the Marshal, Duke of Magenta, was named Jean Baptiste, and received his Doctorate at Rheims, 4th August, 1739, and settled in 1742 at Autun, where he made a rapid fortune by marriage.

In an old medical calendar of 1780, the following notice is found :—

"M. MacMahon (Jean), of Leon, Irlandais, Ex-Physician of the army of the King and Military Hospitals, Physician to the Royal Military School."

In the Dictionary of Athenists, Ancient and Modern, by Sylvian Maréchal, supplemented by Delalande, page 72, there is the following story :—

"MacMahon, Physician Military School, was at the house of M. Jefferson when the existence of Atheists was denied, whereupon this man of six foot high got up and said aloud 'c'est moi.'" We must not believe this Jean MacMahon had for his motto "Sic nos, sic sacra tuemur." He was the friend of Voltaire, and he would be very much astonished if he could now learn that one of his grandnephews was the eldest son of the church.

He had only one son named Patrick, also a doctor of medicine, and librarian to the faculty of medicine, Paris.

Those of our readers interested in genealogy, will find further particulars in an interesting notice published by Dr. Achille Chereau, on Dr. Jean MacMahon, in the July number, 1875, of the *Jour. Pract. Med. and Pharmacology.*

Atheroma.

At the sitting of the Society of Public Medicine (Paris), June 27th, M. Gubler communicated an interesting paper on arterial atheroma. He believes many influences are at work in producing this alteration; whilst the rich in their old age are often exempt from it, the working class have a great tendency to it. The *rôle* of alcohol as a cause, has been blamed too much, the rich drink as much as the poor; alimentation plays a more important part, the wealthy have a more succulent and azotised diet, whilst the workman eats such vegetables as horse-radish, apples, which contain a large quantity of calcareous salts. The frequency of atheroma amongst those who abuse vegetable diet is due to these calcareous salts, in virtue of general laws. The *algæ* retain the iodine and bromine they take up in the sea, and from analogy, he considers that mineral solutions leave their salts in the tissues. Cretification especially takes place when the tissues are not well nourished; the middle coat of the arteries belong to this class, and is supported by imbibition. M. Gubler thinks it worthy of research to compare the frequency of atheroma amongst peasants living on lime formations, and amongst the rich who adopt a vegetable diet. The rarity of atheroma in localities poor in silica has been established, whilst Dr. Leblanc has verified its presence in Orleans, a lime formation, and Dr. F. Raymond has noticed indurated arteries in many young monks of the order of Chartreux, who lived exclusively on legûmes.

The Parliamentary Subsidy of Irish Pauperism.

The following is a statement of the Parliamentary grant for medical and educational purposes, and for salaries under the Public Health (Ireland) Act, 1874, for the year ended 25th March, 1876 :—

	£	s.	d.
Medical purposes . . .	69,586	5	10
Educational purposes . .	8,915	8	4
Total for medical and educational purposes . . .	78,501	14	2
For salaries under Public Health Act . . .	12,167	0	11
	90,667	15	1

The total amount claimed and allowed under the Parliamentary grant for medical and educational purposes for the year ended 25th March, 1876, namely, £78,501, is £206 less than the amount for the previous year.

The amount for salaries under Public Health (Ireland) Act appears in this statement for the first time.

Origin of the Term Syphilis.

Dr. Lunsford P. Yandel, Professor of Therapeutics and Clinical Medicine in the University of Louisville, ventures to offer a theory on the subject which seems to him more probable than any hitherto suggested. "The town disease," "the town disorder," are terms used by the lower classes, and especially among the rustics, to indicate this affection. Syphilis, from our first knowledge of it, has been eminently a city disease. The Latin word *civilis* signifies pertaining to a city or to citizens ; and it occurs to me that *morbus civilis, i.e.*, citizens' disease, or city disease, was probably the first popular name for syphilis. Furthermore, it is perfectly natural, and in accordance with popular custom, that, for the sake of brevity, the word *morbus* should have been dropped, leaving only *civilis*. The alteration in the spelling of the word is not remarkable. Chancre was once spelled shanker, scrofula was spelled scrophula, and often we find even the meanings of words wrenched entirely from their original signification."

Ergot in Atony of the Bladder.

Prof. von Langenbeck, at a meeting of the Berlin Medical Society, stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he had lately tried the hypodermic injection of ergotin with most surprising results. In three cases, the contractile power of the bladder was at once increased so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued. Dr. Israel said that he had derived the same benefit from the employment of ergotin, and referred to the case of a patient who was thus enabled to hold his water for three hours, whereas before he voided it every ten minutes.

Astley Cooper Prize.

We learn that the prize for 1877 has been awarded to the Essay bearing the motto "Facta non verba," the sealed envelope accompanying which contained the names of Drs. Eulenburg and Guttman. The subject selected for the next prize is—"The Cranial Nerves, with reference to their Anatomy and its relations to Surgical Diseases and Injuries. The Essay to be accompanied by Preparations and Drawings clearly displaying the course and distribution of the nerves, and especially their mutual connections." Essays in competition, either written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital on or before January 1st, 1880, addressed to the Physicians and Surgeons of Guy's Hospital.

The New Hotel-Dieu.

This hospital, says *Le Progrès Médical* of last week, already contains a large number of patients ; surgical operations will soon be performed there if they have not been already. The moment has therefore arrived to take as carefully as possible the means necessary to establish daily statistics of the hospital which are not merely of an administrative but also of a scientific character. . . . There will be also now the opportunity for the physicians and surgeons to communicate their opinions respecting the working of the different services of the hospital. We are all acquainted with the admirable reports which are annually published by the great London hospitals. The inauguration of the new Hôtel-Dieu affords a favourable opportunity for adopting this excellent plan.

Pharmaceutic Morality.

The *Chemist and Druggist*, referring to the case of a druggist convicted last week for selling castor-oil pills which did not contain a trace of the nominal ingredient, reminds its readers that "a literal fulfilment of legal requirements will be attained by combining a little castor-oil in the pills until the public is educated out of the misnomer."

When a public journal is found thus openly advising a dishonest evasion of the law and a deliberate fraud upon the purchaser, argument is no longer necessary to prove that Parliament is amply justified in interfering to control the traffic in adulterated drugs. Even a druggist's conscience must surely feel that "castor-oil pills" in which castor-oil is the active ingredient, and that to sell to a buyer who wishes to use that particular drug, a preparation which only contains a trace of it, is not honest.

Practice of Pharmacy in Ireland.

At the last Council meeting of the Irish Pharmaceutical Society an animated debate arose upon a motion made by Sir Dominic Corrigan that the hitherto existent rule which requires from students two years' practice of pharmacy "under the instruction of a pharmaceutical chemist or apothecary should be amended so as to restrict that practice to chemists and apothecaries" keeping open shop or in the compounding department of an hospital containing not less than 100 beds. An amendment was

proposed that the resolution should stop at the word "shop," it being urged that the experience of compounding in hospitals was inadequate for the requirements of a compounding establishment, which proposal Sir D. Corrigan accepted.

Sir G. B. Owens urged that a certificate from an apothecary who dispensed his own medicines should be admitted, and proposed a resolution to that effect.

The motion of Dr. Ryan was carried.

Importation of Small-pox to Ireland by Deported Paupers.

THE Local Government Board for Ireland alludes to this subject in its recently issued report. It says that last July small-pox prevailed in London, Liverpool, and Manchester, and the Local Government Board, apprehensive lest the disease might be introduced into Ireland by means of Irish paupers returned under removal warrant to their native country, addressed a letter to the Under Secretary for Ireland.

Communications were thereafter made to the Home Office, and lengthened correspondence ensued.

No case of small-pox has as yet occurred amongst Irish paupers removed from England under warrant, but the disease has since the date of the above communication been introduced into Ireland from England.

A woman, named Elizabeth Coles, left Manchester, with her husband and child, in July, 1876, and arrived in Dublin on the following day. She was visited by one of the medical officers of the South Dublin Dispensary District, and was found to be suffering from small-pox, and was then removed to Sir Patrick Dun's Hospital.

Since this date several other cases of small-pox have been introduced into various localities in this country from England, but owing to prompt precautionary measures which were adopted, and to the efficient manner in which vaccination had hitherto been conducted in Ireland, the disease spread to a very limited extent.

However, the introduction of small-pox into Ireland from England shows how well-grounded was the apprehension on the part of the Irish Local Government Board as to the possible extension of the disease by the removal of paupers under warrant from localities in England in which the disease prevails.

A RICH JEWELLER of Paris, lately deceased, M. Moina, bequeathed £40,000 for the establishment of a hospital for aged and infirm women.

Correspondence.

ASYLUMS FOR INEBRIATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Some remarks having appeared in the editorial column of your journal on Wednesday, July 18th, 1877, relative to my paper in the *Journal of Psychological Medicine* on "State Medicine in its Relation to Intemperance and the Inebriate," I desire to correct the error relative to my opinions which are quoted.

In my writings upon the subject of inebriety I have always endeavoured to carefully distinguish between the dipsomaniac or inebriate, who labours under an uncontrollable and intermittent impulse to take alcoholic stimulants, and the *physiological state* in which the individual merely chooses to indulge in liquor to excess. Habitual drunkenness, *per se*, I *do not* regard either as a physical disease or as a type of insanity. The result—*intemperance*—is the same in both cases, the two *states* or *conditions* widely different. When speaking of inebriates, I do not mean habitual drunkards. The great diagnostic point attending the *disease*, is the *irresistible impulse* by which the patient is impelled to gratify his morbid propensity, being, during the paroxysm, blind to all the higher emotions, and pursuing a course against which reason and conscience alike rebel. Between these paroxysms the inebriate or dipsomaniac is different from a confirmed drunkard in oftentimes disliking exceedingly all stimulants, and is then a useful member of society. As a result of the law of hereditary transmission we find three divisions in inebriety or dipsomania, which we fail to find in drunkenness as a vice. First, a predisposition or simple aptitude, the result of a defective organisation and a weakened or diseased nervous system, as a result of which the possessor is predisposed or has a tendency to seek for the relief obtained by alcoholic stimulants when labouring under physical or mental depression; second, in the latent state or germ of the disease; and third, in the actually developed disease. In both insanity and dipsomania we are dealing with abnormal cerebration; in the one case associated with mania, melancholia, dementia, and idiocy; and in the other, with a depraved alcoholic appetite,—an irresistible impulse, which the mind seems powerless to control; an *insane impulse*, just as surely as a homicidal or a suicidal impulse is an insane impulse. I think that when our cerebral pathology, which is as yet in its infancy, becomes more generally understood, it will be found equally applicable to this as to other forms of insanity. The terrible insane craving for alcoholic stimulants is often the result of a lowered vitality or abnormal organic development of the nervous system, that has descended from generation to generation, gaining in intensity until it manifests itself by the complete loss of self-control, and active inebriety in children and grandchildren after they once taste intoxicating liquors and indulge in them. The blunted moral perception which so many inebriates exhibit, and which renders them peculiarly liable to a relapse after they leave an asylum, is to be regarded in the same light, I think, as the perverted moral sense in moral insanity. In every institution for the insane we find inmates who exhibit no obvious intellectual aberration or impairment, the *moral* faculties being deranged, while the *intellectual* faculties remain apparently in their normal condition. The manifestation of moral insanity may be a simple perversion of some sentiment or propensity, under certain exciting causes, and I think this exactly comprehends cases of inebriety or dipsomania with loss of self-control and perversion of moral nature. The person of course, is aware that the act is wrong in both instances, but the control which the intellect exercises over the moral sense is overborne by the superior force derived from disease. I have been told many times, by both insane patients and inebriates, that the feeling on the one hand to commit some insane deed and on the other to give way to alcoholic appetite was contemplated in both instances with horror and disgust, and at first successfully resisted, until at last, having steadily increased in strength, it bore down all opposition. What can be a more powerful argument in favour of the disease theory of inebriety? That inebriety or dipsomania is both a physical disease and a type of insanity is proved by cerebral pathology, the fundamental principle of which is, that healthy mental function is dependent upon the proper nutrition, stimulation and repose of the brain, and upon the processes of waste and reparation being regularly and properly maintained. We know that the cerebral cells are nourished by the proper and due supply of nutritive plasma from the blood, and that this is essential to healthy function; and, indeed, the ultimate condition of mind with which we are now acquainted, consists in the due nutrition, growth and renovation of the brain cells. If now, we take into the system an amount of alcohol that causes the blood-plasma to convey to the brain-cells a noxious and poisonous, in place of a nutritive substance, stimulating the cells so as to hasten the process of decay and waste, beyond the power of reparation and renovation and impressing a pathological state on them, we must inevitably have resulting a change of healthy function and disease induced. We have a change in the chemical composition of the cerebral cells from the standard of health, which is the foundation of organic disease, as it interrupts healthy function. The sym-

ptoms of cerebral irritation manifested in inebriates are due to increased excitability of the nerve-filaments and ganglion cells of the brain, while the symptoms of exhaustion and depression occurring at a later stage are due to lost excitability of the nerve-filaments and ganglion-cells of the brain. With regard to my views respecting the compulsory detention of inebriates which are criticised as a measure which the profession would never think of recommending, and a measure to which the public would always entertain the greatest aversion," I beg to reply, that some of the highest professional gentlemen in this country have publicly commended them, and that they are supported by such men as Dr. Alexander Peddie, Dr. Austin Flint, sen., Dr. Millard Parker, and Dr. Thomas B. Christie, and that if the public do not appreciate the necessity of sending their friends or relatives where they may be cured, by compulsion, if necessary, while in an early and curable stage of inebriety, they do not understand their own interests. The question of the compulsory control of habitual drunkards I leave entirely out of the question. I am dealing with a *disease* and would never allow the wards of an inebriate hospital to be cumbered up with confirmed sots. I am dealing with a class of patients who I do not propose to treat as "lunatics," except so far as the fact of retaining them until their broken down nervous system and shattered constitutions are restored and built up, and sufficient mental and physical stamina are given, and will-power enough to resist the force of morbid impulses; and I speak from personal experience when I say that such places can be rendered attractive and homelike, so that both ladies and gentlemen will be equally as happy and contented as when in their own homes. Please favour me by giving this a place in your valuable journal, and oblige Yours respectfully,

EDWARD C. MANN, M.D.

New York City, July 31, 1877.

THE USE OF ARTIFICIAL SALINE WATERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the April number of the *Practitioner*, Dr. Wade, "On the Use of Weak Solutions of Saline Drugs," remarks that "if we give two scruples each of sulphate of soda and sulphate of magnesia, we put them into an ounce, or an ounce-and-a-half of water. Nature at Friedrichshall puts them into 16 ounces." Here there is a very material difference between artificial and natural prescriptions, and there is no doubt if we study the composition and action of mineral waters, we may not only get many wrinkles on prescribing, and make pretty exact imitations, but also in some measure, simplify and improve on nature by the addition or omission of some ingredients as circumstances would require. For instance, at my instigation, some of my medical friends have used the following mixture where the bitter saline purgative waters of Friedrichshall and Hunyadi Janos were indicated with equal, if not more satisfactory, results in abdominal diseases, hepatic congestion, even attended with hæmorrhoids, plethora, &c. :—

℞ Sulphatis sodæ;
Sulphatis potassæ, āā ℥iij.;
Sulphatis magnesiæ, ℥iv.;
Bicarb. sodæ, ℥j.;
Bicarb. potassæ, ℈j.;
Aquæ fontanæ, ℥xx.

Solve et adde acid muriatic diluti, ℥j. Signatur.—The bottle to be kept well corked and in a cool place.

A wine-glassful the first thing every morning in a tumbler of cold water. The addition of the muriatic acid answers a two-fold purpose, it saturates the mixture with carbonic acid gas, making it more palatable, and the small quantities chlorides it generates adds to its efficacy in a surprising way. Sulphate of potass is the best cholagogue in the saline shape, and invariably enters largely into all the natural waters of use in hepatic congestion. But all the natural waters contain, more or less, sulphate of lime (in common *parlance* plaster of Paris), which adds nothing to their efficacy and is objectionable.

Again, in gouty and rheumatic diatheses where an iodized alkaline aperient is indicated, the following may be prescribed, and will be found far more efficacious than any of the natural waters :—

℞ Sodæ sulph. sicc., ℥iij.;
Potassæ sulph. sicc., ℥vj.;
Potassæ bicarb., ℥ijss;
Carb. lithiæ;
Iodidi potassii, āā., ℥ss.

℔. Et fiat pulvis. Capiat cochleare parvum summo mane ex aquæ tepidæ Oss.

If the patient prefer cold to tepid water, plain cold or aërated may be used.

In renal affections, where a course of the warm alkaline waters of Vichy or Carlsbad, or the cold ones of Vals, Jachingen, and Marienbad is desired, we may use (as Dr. Wade suggests) dilute solutions of potass and soda bicarbonate with citrate of lithia. Sir H. Page has found soft or distilled water of great service in the palliative treatment of renal affections, and either the one or the other should always be used in the preparation of the solutions. They may be taken warm, or surcharged with carbonic acid.

By adopting such measures as these, we can confer, in some measure, the boon of mineral waters on the poor patient, which is now only enjoyed by the wealthy.

I am, sir, yours, &c.,

J. H. W.

NEWSPAPER MEDICAL RIVALRY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your Special Correspondent has omitted the discussion on Dr. Haddon's motion at the British Medical Association, but I may tell you there was a very strong feeling against the *Journal* being used for the personal quarrels of the editor, and I think the editor has received a hint for the future which he will not forget.

I must thank you for your editorial, and for your long notice of the whole proceedings.

Yours faithfully,

Manchester, Aug. 17. A MEMBER.

"THE HOMŒOPATHIC SCHISM."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last number you say—"Dr. Wyld resorts to the *frequent* use of aperients." The expression I used in my letter to Dr. Richardson was—We *occasionally* used aperients. As this is an indefinite term, I may now add that I do not perhaps prescribe aperients more than ten times in a year. I have not myself taken an aperient for 31 years, and not one of my six children, the eldest being 23, has ever enjoyed that privilege! This is a marvellous change from the usages of my childhood when periodic aperients were considered essential to the salvation of man.

You say Dr. Wyld's well-meaning proposition (for mutual tolerance) is chimerical as shown by Dr. Bayes' inimical letter in the *Homœopathic Review*.

The fact would appear to be that Dr. Bayes represents sectarian homœopathy, and I represent broad and progressive homœopathy, and if I may judge by recent voting at our society, progressive homœopathy would appear to be in the ascendant.

The following form of resolution has recently been signed by nearly all our leading men—indeed, all have signed it to whom I have applied personally—and several of the leading men on your side have said to me—"Nothing could possibly be better than your form of motion, and if it represents the views of the homœopathic body we see no reason why a perfectly free interchange of professional courtesies should not at once be established."

This is all I desire, and as you have ventured on a prophecy, perhaps you will permit me also to prophesy. That within three years of this date the profession at Birmingham, Manchester and Liverpool will declare their willingness to meet any medical men, irrespective of theories, and that London will follow the free trade example of the North within five years of this date.

Form of Resolution meant to be signed by both parties.

"We, the undersigned, believing that medicine is a progressive art and science, hold that any qualified medical man is at liberty to adopt any theory or practice which seems to

him best for his patients. Therefore the adoption of any theory or practice should not exclude any qualified medical man from the freest professional intercourse, provided he does not trade on a distinctiv ename nor unprofessionally advertise his mode of practice."

These are abstract propositions which all could sign, and yet they involve the entire question. If agreed to at a a forthcoming conference, homœopathy, *as a schism*, is extinguished.

GEORGE WYLD, M.D.

12 Great Cumberland Place, Hyde Park.
10th August, 1877.

SCIENTIFIC GRANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The awards made by the Scientific Grant Committee of the British Medical Association amount only to the small sum of £300, and this certainly seems to me a very small contribution out of the large income of the society.

It was said by Dr. Bartholomé that the profession does not receive much encouragement from the outer world, but it also seems that its scientific exertions receive only a small modicum of support from within.

If the *Journal* absorbs £7,000 it is a great waste of money, for I should imagine from the advertisements it ought to be like other journals—self-supporting.

It is well we have such thoroughly earnest workers as Drs. Vacher and Braidwood, for their remuneration is sadly too little for the work they have done.

Yours truly,

August 17, 1877. INQUIRY.

DR. STOKES ON THE FUTURE OF THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—From the tone of your leader you differ with Dr. Stokes on the proper work of this Association, and as his remarks have a bearing on internal medical reform, I think they are worth reviving.

In his valedictory address at Oxford, 1868, he said in reference to the Association. "Its durability and usefulness will depend on its being made the instrument for the public good, rather than the machinery to advance the immediate worldly interests of the profession. The man among us who by his unselfish labour adds one useful fact to the storehouse of medical knowledge, does more to advance its material interests, than if he had spent a life in the pursuit of medical politics."

"Far be it from me to say there are not great wrongs to be redressed. But these evils being admitted, how are they to be lessened, if not removed? Is it by public agitation and remonstrance addressed to deafened or unwilling ears? or is it by the demand for class legislation? or is it by the efforts of one and all to place medicine in the hierarchy of the sciences, in the vanguard of human progress; eliminating every influence that can lower it; every day more and more developing the professional principle, while we foster all things that relate to its moral, literary, or scientific character. When this becomes our rule of practice, then begins the real reform of all those things, at which we fret and chafe. Then will medicine have its due weight in the council of the country. When medicine is in a position to command respect, be sure that its rewards will be proportionally increased, and its status elevated."

These words are worth pondering on, and as you have done so much to enforce professional honour, you may deem them worthy of insertion, even though not in accordance with some of your views.

Yours truly,

HIBERNICUS.

August 19th, 1877.

DURING the week ending the 13th August, 5,357 births and 3,204 deaths were registered in London and twenty-two of the large towns of the United Kingdom.

Literature.

LECTURES ON SURGICAL PATHOLOGY AND THERAPEUTICS. (a)

WHEN a course of lectures treating on the subject of surgical pathology and therapeutics reaches its eighth edition there is good reason to believe such lectures have been well appreciated, particularly when it is known that they were delivered by a surgeon whose skill and practical experience as a lecturer and hospital teacher affords sufficient guarantee that the principles laid down can be thoroughly trusted.

In the first volume we find the various subjects treated were delivered in twenty-three lectures; these, again, are divided in twelve chapters, 438 pages in all, and are illustrated with something over seventy woodcuts, which we think might be a little clearer. However, the work has been exceedingly well and freely translated, the style is simple and most intelligible, and we give the translator every credit for the manner in which he has accomplished his task. We have carefully read through the work, and we cannot say we see anything particularly new, but we find that Billroth seems to be *au courant* with the surgery of all countries; he may omit certain matters found in other works, but makes up for it by slight introductions of his own, and fully acknowledges the labours of fellow-workers in the sister countries.

In Lecture I. he speaks of the relation medicine has to surgery, and believes that it is hard to separate them. At page 3 he says, however, "One thing alone is required of the pure surgeon more than of the pure physician—the art of operating," He then gives a very full historical sketch of the rise and progress of medicine and surgery from the earliest times down to the present. He also enlarges on the method of study pursued at the various German universities, and concludes his first lecture by urging on his class the value of perseverance, continued industry, and, above all, note-taking.

Lecture II. commences with the consideration of "Simple Incised Wounds of the Soft Parts." As regards the means he uses to produce anæsthesia in surgical operations, he mentions that he is aware that ether has been greatly used lately in preference to chloroform, owing to the great number of deaths that have occurred within the last ten years. Billroth says, however, "at present I use exclusively, as an anæsthetic, a mixture of three parts of chloroform with one part of sulphuric ether and one part of absolute alcohol, and I have an impression that the narcotism produced is less dangerous than that from chloroform alone." In the latter observation we perfectly agree, but feel that ether alone is a still better and safer anæsthetic.

At page 58, when speaking of wounds of the hairy scalp, he mentions, in such a situation we are told never to apply sutures; this is a good rule, he intimates, but in some exceptional cases he thinks you might apply them, and says, "There are articles of faith of this kind handed down from teacher to pupil, from one handbook to another; many of them are a sort of Hippocratic tradition full of practical truth; these I willingly respect; others are based on undetermined observation and prejudices founded thereupon, and among these latter I class the prohibition to apply sutures to wounds of the head."

In the seventh lecture we have a remarkably clear description of ulceration, granulation, and cicatrisation, in fact, clearer than we have seen in most books. As regards the dressing of wounds, Billroth does not appear to be an enthusiastic admirer of the antiseptic method of Lister in its integrity, although he approves of it; at the same time he mentions his experience in this method is not great, but

(a) "Lectures on Surgical Pathology and Therapeutics. A Handbook for Students and Practitioners." By Dr. Theodor Billroth, Professor of Surgery to the University of Vienna. Translated from the Eighth Edition. Vol. I. Published by the New Sydenham Society. 1877.

from what he knows of it, he feels bound to recommend it, feeling, at the same time, that cleanliness is the great point in favour of the antiseptic method. When talking of unreduced dislocation, Billroth mentions that half-an-hour should be the maximum time observed for an attempt of any one method at reduction in such cases. When speaking of gangrene of the extremities, he recommends the propriety of waiting for a line of demarcation before operating.

In conclusion, we recommend this volume to the careful consideration of senior students and young practitioners, feeling sure the perusal of such a work will add pleasure and profit to the reader.

DISEASES OF THE HEART. (a)

This system of medicine is so well known, and has been so favourably received by the profession, that the appearauce of this fourth volume will be very acceptable. It has long been expected, and the delay in its appearance has been chafing to many readers. They will, however, find in this volume much that will gratify them, especially if interested in pericarditis. The papers of the late Dr. Sibson on the "Position of the Heart," "On Pericarditis and Endocarditis," are the most exhaustive articles we ever remember seeing, and are really monographs on the subjects. The thorough and painstaking method of working adopted by Dr. Sibson is well known, and specially so by those who were familiar with him in the wards of St. Mary's Hospital. His bright genial presence used to inspire in others the enthusiasm which he himself felt in his work; and these articles of his will form to many a memorial, and a fitting one, of their old teacher.

The other articles are all of great merit, and are by eminent writers. The first on "The Size and Weight of the Heart," is from the pen of Dr. Peacock, who also contributes the articles on "Lateral or Partial Aneurism of the heart and Adventitious Products in the Heart." They are accurate, concise, and brief, but full of information. Osseous degeneration he describes as being associated with the development of connective tissue either under the pericardium or in the muscular structure of the heart. "Such formations are not, however, to be regarded as truly bony, though they may be very hard, thick, and of large size. They consist, indeed, only of granules of calcareous matter deposited in the altered tissue, without any of the elements of bone structure." The ossification of the heart, so much spoken of by older writers, seems less familiar to the present generation. They recognise the fact that the valves, and especially the aortic valves, when undergoing chronic inflammatory change, are often the seat of a deposit of lime salts, and that a calcification of the valves is thus brought about. They also are aware that a similar deposit of lime salts may take place in the indurated tissues under a thickened pericardium, but they do not find, as Burns did, "the ventricles perfectly ossified, so as to resemble the bones of the cranium," nor in the present state of our knowlege is such a state of matters conceivable.

Dr. Sibson devotes 95 pages to the normal position and form of the heart and great vessels, and leaves nothing more to be said on the subject, at present at least. His material for the essay on pericarditis is derived from the cases which came under his care during fifteen years at St. Mary's Hospital, and is, as might be expected, so large as to be embarrassing, even to Dr. Sibson himself. The elaborate pains which he has bestowed upon it fails to arrange it in such a form and order as makes it readily intelligible to the casual reader; but this article will ever remain a storehouse of facts for future writers on this subject, the lengthy article on pericarditis extending over 240 pages. This article contains long tables, in which, for the sake of brevity, symbols are used profusely, which makes them hard reading. One symbol resembles a coffin, but it evidently is not intended to indicate that the patient died, for it is found under circumstances which preclude that interpretation. What it means we have not yet succeeded in discovering. Endocarditis does not occupy so many pages, and is a good article.

Hydropericardium and pneumopericardium are by the late lamented Warburton Begbie, and though brief are excellent.

The article on angina pectoris and allied states, including certain kinds of sudden death, is by W. T. Gairdner, of Glasgow. It is learned, accurate, and interesting, and contains the most recent views on this malady, as well as a *résumé* of older views. Most readers will read this essay with pleasure and profit.

Dr. Hilton Fagge contributes the article on the "Diseases of the Valves of the Heart." Dr. Fagge is a pathologist of repute, and is known to have devoted much attention to the diseases of the heart, as this piece of solid work testifies amply. In speaking of the prognosis of these affections, he says, "There is no doubt that thirty years ago the most practised auscultators of the day condemned, as the victims of organic valvular disease that would soon destroy them, children who have since grown up to be men and women, and who, to all appearance, enjoy excellent health." This statement is made when considering the point of how far inflamed valves can recover their normal structure and function. He agrees with Jaksch that when one flap or cusp of a valve becomes diseased compensatory enlargement of the other cusps or flaps may take place, but such change is confined to young subjects. The remarks on treatment are sound and judicious.

The affections of the walls of the heart are by Dr. W. R. Gowers, a very rising physician, and ought to enhance his reputation very decidedly. Atrophy, hypertrophy, dilatation, fatty diseases, and fibroid disease of the heart are all from his pen. Here the reader will find all that is yet known on these interesting topics put in good array and order. Dr. Gowers is well read in the literature of these maladies, and has also evidently observed closely.

We must conclude this notice by saying that these last articles are quite worthy of the whole work; and further, that this volume is quite equal to its predecessors.

CLINICAL STUDIES ILLUSTRATED BY CASES OBSERVED IN HOSPITAL AND PRIVATE PRACTICE. (a)

These two volumes contain the different essays and articles Sir John Rose Cormack has contributed to the literature of his profession from time to time. Some of the earlier writings, such as his inauguration thesis for the University of Edinburgh on "The Presence of Air in the Organs of the Circulation," have a permanent value. But the essay on "The Epidemic Fever in Edinburgh in 1843," will, at this lapse of time, have little interest, except for those who are writing on the history of our views on fever. Many of the essays are interesting and instructive to the general reader, while his views on croup and its relation to diphtheria are specially interesting. Diphtheria is a disease, croup is a symptom of various laryngeal affections, he states. The different papers are on very various subjects, but they all indicate that the writer has not allowed his extensive and unusual opportunities for observation to escape him, but that he

(a) "A System of Medicine.—Vol. IV. Diseases of the Heart." Edited by J. Russell Reynolds, M.D., F.R.S., Professor of Medicine in University College. Macmillan & Co. 1877. Pp. 814.

(a) "Clinical Studies Illustrated by Cases Observed in Hospital and Private Practice." By Sir John Rose Cormack, M.D., Physician to the Hertford British Hospital of Paris. J. & A. Churchill. 1877. 2 vols., pp. 1,114.

has availed himself of them. Some of the papers are worthy of careful perusal, and furnish information on subjects not generally known, and which, indeed, could only be so written upon by one who has had the peculiar experience of the writer.

LIST OF HOSPITALS AND ASYLUMS FOR IDIOTS AND IMBECILES IN GREAT BRITAIN, AUSTRALIA, CANADA, AMERICA, GERMANY, FRANCE, BELGIUM, AUSTRIA, SWEDEN, DENMARK, AND RUSSIA.

The following figures of M. Ireland, translated from *Le Progrés Medical*, will prove interesting to the statistician who may desire to compare the relative number of afflicted persons in different countries, and the accommodation provided for their comfort and treatment. Of late years, the efforts of philanthropists have been directed to the amelioration of the condition especially of idiots, and experiments have proved that they are capable of receiving instruction, and of developing their faculties.

	When Founded.	No. of Patients.
England.		
Bath Asylum	1846	—
Essex Hall, Colchester	1859	98
Earlswood, Surrey	1855	594
Star Cross, Exeter	1864	40
Royal Albert, Lancaster	1864	251
Normansfield	1867	94
Midland Counties, Birmingham	1867	20
Clapton	1874	335
Caterham, Leavesden, for Imbeciles, and chronic cases of insanity	1870	—
Warwick Counties Lunatic Asylum for Idiots	1877	—
Ireland.		
Stewart Institution	1862	43
Scotland.		
Baldovan	1853	46
Scottish National, Lambert	1862	102
Columbia Lodge, Edinburgh	1867	8
Canada.		
London, Ontario	1872	46
Toronto	1877	200
Australia.		
Newcastle	1872	132
Germany.		
Berlin	1820	38
Craschnilly	1860	133
Gladbach	1859	136
Hassendi	1861	16
Kiel	1862	44
Kuckenhulke	1863	89
Langenhaben	1862	228
Nieustadt	1861	70
Potsdam	1865	60
Rostenburgh	1865	32
Riga	1853	10
Schwerin	1870	30
Schleswig	1852	59
Schreiberhan	1845	15
Saxony.		
Dresden	—	6
Dahlen	1858	11
Hubertsburgh	1845	150
Mackern	1841	41
Bavaria.		
Eckaberg	1852	138
Neuendelltesan	1854	68
Polsingen	1868	53
Wurtemburg.		
Mariaburg	1841	80
Stettin	1849	183
Small States.		
Darmstadt	1869	64
Eckerode	1868	64
Schwrin	1867	12
Bulifeld, Westphalia	1867	72 Epileptic
Eckerode, Brunswicke	1875	24 Epileptic
France.		
Bicetre	1842	20
Salpétriére	1841	50
Clermont	1841	15
Chantilly, Paris	—	
Vandure	1876	60
Holland.		
La Haye	1858	60
Austria.		
Prague	1872	55
Switzerland.		
Austalt. Zur Hoffnung (Berne)	1850	48
Weissenheim	1868	22
Holtingen, Zurich	1868	18
Etoy, Vaud	1868	10
Lausanne	1870	10
Sweden.		
Stockholm	1870	22
Johannesberg	1868	35
Stromsholm	1871	10
Denmark.		
Copenhagen, Three	—	65
Russia.		
St. Petersburg	—	20
Riga	—	10
United States.		
Barre, Massachusetts	1848	70
Syracuse, New York	1851	215
Boston	1848	80
Miora, Pennsylvania	1843	225
Lake Wills, Connecticut	1858	85
Columbus, Ohio	1857	408
Frankfort, Kentucky	1860	120
New York City	1866	183
Jacksonville, Illinois	1865	100
Fayville, Massachusetts	1870	12
Glenwood, Ohio	1873	14

Vaselin.

H. A. Du Bois, M.D., San Rafael, Cal., expresses himself strongly in favour of vaselin as a topical application, either alone or in combination with other remedies, in a great variety of affections. According to Dr. Du Bois, its range of usefulness—both as a remedy by itself, and as a base capable of entering into combination with other substances—is very wide indeed. In ulcerations of the septum of the nose he has experienced great benefit in treating such cases locally, with an ointment composed of five grains of salicylic acid, added to an ounce of vaselin; the one-hundredth to one-fiftieth of a grain of corrosive sublimate, with some preparation of iron, being at the same time administered internally twice daily.

After a few months, this plan of treatment is usually effective in securing a complete cure.

In cases of scrofulous enlargements of the glands of the neck, vaselin, with from ten to twenty grains of iodine and the same quantity of iodide of potassium makes an excellent ointment. In hæmorrhoids, vaselin, with five to ten drops of tar to the ounce, makes a very soothing application to the inflamed piles. Ten to twenty grains of the subnitrate of bismuth may be substituted in some cases for the tar with advantage; the portal system must at the same time be kept unobstructed.

In granular lids, he has found that vaselin alone, introduced into the eye, soothes the parts and has obtained very good results. Alum, sulphate of zinc, or liq. ferri perchloridi may be added, if desired.

In purulent ophthalmia, vaselin, with one-half to three grains of salicylic acid to the ounce, has proved useful.

In otorrhœa in scrofulous children, the vaselin, with varying proportions of salicylic acid, checks the discharge and relieves all excoriations caused by it.

Dr. Du Bois found it exceedingly useful as an application to the whole surface of the body, in the case of a child suffering from small-pox, who was naturally of a very irritable disposition, but in whom it entirely relieved the itching—so much so, that not a single pustule was broken by scratching, nor a mark left after convalescence. The secondary fever attendant upon the maturation of the pustules was also absent. It should be applied daily, or oftener.

It is more useful than carron oil in the treatment of burns, it stimulates the granulations to a healthy action, and, in combination with astringents, is useful in all stages of the treatment of an extensive burn.

He recommends it also as a dressing in the treatment of chancroids.

In cases of baldness or loss of hair after fevers, vaselin, with twenty grains of quinine and thirty drops of tincture of cantharides, makes an excellent pomatum. It may be used with very good effect as an external application, instead of cod-liver oil, in diseases of malassimilation. It is a useful and soothing application in dressing blisters; added to poultices, it keeps them moist and (if a little salicylic acid be added) sweet for a length of time. It is a good vehicle for active medicine when used by the rectum. The vaselin should be slightly warmed, and the nozzle of the syringe large. If introduced in the melted state into the urethra, in cases of difficult strictures, it enables the catheter to enter with facility.

It answers well, either alone or in combination with tannic acid, as an application to bed-sores. In fact, he has found it useful under a great variety of circumstances.—*New York Medical Record*, April 21st, p. 244.

Small-pox and Diphtheria in Persia.

Late foreign exchanges say that diphtheria has existed for two years in Persia, and has lately shown itself in unexpected severity; in Shiraz the disease has become almost endemic. With slight variations in intensity it has prevailed the whole year through, and has already cut off nearly all the children. The devastation caused by small-pox in Persia is terrible; vaccination is almost unknown, and is considered a sin. In Ispahan, since December last, 760 persons have been attacked, of whom only thirty recovered, and none of them have escaped without blindness or the loss of one or other of their limbs. In Astrabad, on the Caspian Sea, fifty persons are at the present time dying daily, of small-pox.

Treatment of Migraine.

According to M. Hervez, of Chégoin, migraine is an arterial neurosis which takes its origin in the great sympathetic nerve, and its seat is in the nervous filaments which accompany the arteries, whilst it manifests itself in the dilatation of these vessels and in the compression of the brain and other organs it produces. The treatment of migraine consists in combating the tendency to periodicity, the pain and the arterial dilatation. M. Hervez finds the following prescription of essential value in fulfilling those indications. He gives every day one pill containing about one grain of sulphate of quinine, one grain of tannic acid, and a seventy-fifth of a grain of aconitina. The dose may easily be increased to three or four such pills daily.

On Suicide.

At the last meeting of the Association of Superintendents of Asylums for the Insane, an interesting paper on "Suicides" was read by Dr. Gray, of the Utica (N. Y.) Asylum, in which he took the ground that while suicide is an unnatural act, it is not necessarily an evidence of insanity.

Dr. Vincent Richards, of Bengal, states that the testimony of medical officers in India goes to show that high temperature has great influence in determining the number of suicides in any given year. The majority of suicides are, he says, committed "during a state of mental excitement—in fact, impulsively—when the nerves are, so to speak, strung to the highest pitch of irritability; even those of the most phlegmatic temperament must have experienced the comparatively irritating effect of the hot weather months."

Flower Barometer.

The latest novelty in the French capital is a simple artificial flower in fine cotton imitating a rose, daisy, hyacinth, or other flower, the petals of which are impregnated with a chemical solution which has sensitive properties, and changes colour as the weather is fair or otherwise. In fine weather the flower is blue, in changing weather lilac, and in bad weather pink. This interesting novelty is the invention of a leading scientific man in France, who attached no commercial value whatever to it, and communicated the discovery to a speculator for £20, who afterwards sold it for £120, and it was again transferred to the parties who are actually making a fortune out of it for the sum of £200. These flowers are mounted up in pretty little vases with a suitable surrounding of artificial leaves, moss, &c., and are sold readily at from two to three francs each.

In the year 1876 there were 5,467 suicides in France, of which 109 were by poisoning. The poison used was generally laudanum.

Stone Butter.

The quarrymen and miners of parts of Germany are in the habit of spreading on their bread a fine unctuous clay found in the crevices of the rocks, which they call "stone butter," and eat with apparent relish.

A New Anti-epileptic.

Professor Xavier Landerer, of Athens, states in the *Pharmaceutical Journal* that he has been able to recognise in a substance that has locally acquired some reputation as a remedy against epilepsy, the root of the *Clematis cirrhosa* or *sylvestris*. In two cases of epilepsy treated with a decoction of this root, which is strongly diuretic, there has been a cessation of the attacks for more than three months. The bruised fresh leaves of the plant act as a rubefacient, and sometimes even as a vesicant when applied to tender parts of the skin.

An Error in Diagnosis.—The following excerpt taken from the *Australian Medical Journal*, into which it was copied from the *Maryborough and Dunolly Advertiser*,

"Si non e vero e ben trovato"

It reads however very doubtfully as to the truth of the facts recorded :—

"It was reported to the physician of one of our Melbourne hospitals the other day, that there was a man lying in one of the wards in a comatose condition. The nurse declared that he had been insensible for twenty-four hours, and she had tried in vain to rouse him. The doctor said that it was probable that the patient was under the influence of some powerful narcotic; perhaps he had taken a large dose of laudanum. He said it was imperatively necessary that the unfortunate man should be resuscitated at once by some powerful stimulant. Accordingly he directed two of his assistants to take a strong galvanic battery, while the nurse stopped for a few moments in the laundry. When they reached the man's bedside, they placed the battery on the floor, and, baring the patient's ankle, they wrapped the wire around it. When everything was ready they turned on the current full head. A second later the prostrate form

of the patient bounded about four feet in the air, and as it came down upon the bed, a second shock sent it up again, the patient meantime exclaiming, 'Oh, murder, murder-r-r-r-r! Grashus! Let up on that. Another one of them'll kill me! O merciful Moses! Dont do that again." When he came down the fourth time the doctors turned off the current, with the remark that they thought that would be about enough. Then one of them asked the patient how he felt, and attempted to feel his pulse. But the patient, furious with rage, said, 'You diabolical scoundrel, what d'ye mean by hitching that thing to me in that manner, say?' 'Now, be calm,' said the doctor, 'it's all right, you'll be better directly.' 'But it isn't all right. I've a mind to knock your head off for blowing me up with that infernal machine. What d'you do it for, anyway?' 'My friend, don't excite yourself,' said the doctor, 'you've been in a very bad way, and we ran the current through you to bring you back to life.' 'Bring me back to life! Why, you must be crazy. Back to life! I was no more dead than you were.' 'Now, keep cool. You have been unconscious for twenty-four hours. Narcotic poisoning, no doubt. We have saved you from an early grave. It was the closest shave. It was, upon my honour.' 'Well, well, if this don't beat all the——. You took me for the man in ward 3. Why, I'm one of the new wardsmen, and I lay down on this bed for a nap. The fellow you're after is over yonder. An early grave! Well, now I have heard foolishness in my life, but this takes the rag right off. And I give you warnin' that if you come about yer with that apparatus again, trying experiments on me, I'll wrench your brain-pan for you.' Then the doctor moved off in search of the right man, while the keeper went out to hunt a dog to kick in order to relieve his feelings."

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Dr. O. F.,—We cannot insert discussions on religious questions.

Dr. J. Griffith.—The clinical record of a "Case of Puerperal Mania" will be inserted probably next week.

Dr. Drysdale.—We cannot insert further correspondence on the subject of the "Fruits of Philosophy."

X. Y.—The guardians are not bound to pay the substitute of a sick dispensary doctor unless they have made a contract with the said substitute to do the work, but they *must* pay him if the doctor sticks to the strict letter of the law. According to Article 22 of the Dispensary Regulations "If a medical officer of a dispensary district be temporarily incapacitated, by illness or other cause, from performing his duties, he shall immediately, if practicable, communicate with the chairman or honorary secretary of the committee, and shall recommend to the committee a medical practitioner qualified as hereinbefore provided, to perform his duties during such temporary incapacity. And on the fact of the medical officer's incapacity becoming known, a special meeting of the committee shall be at once called, in accordance with Article 13 of this order, for the purpose of appointing a temporary substitute for the medical officer; and the committee shall report the circumstances of the case to the Board of Guardians, who shall, subject to the approval of the Commissioners, determine the amount of remuneration, if any, to be paid to the temporary substitute." Under this rule the medical officer is perfectly protected, and he is rightly served if he finds himself obliged to pay the substitute himself. His simple course is to notify his incapacity for duty to the hon. sec. of his committee, sending, if he sees fit, his medical certificate and nominating a fit person, no matter who, to do the duty. He should, at the same time, inform his nominee that he had recommended his appointment as *locum tenens*, but would not be responsible for any payment. The committee may or may not appoint such nominee, but if they do so, and he be fool enough to act without a distinct understanding as to fees, they need not pay him at all. The course before the medical officer is perfectly simple, and, under such circumstances, it disgusts us to read an abject letter addressed to the Gorey Guardians by a medical officer last week. The officer says, "It is now many years since I put the board to any expense in consequence of ill-health. I would now *take it as a great favour* if the board would sanction the usual payment to Dr. —— for an additional week; I have been ordered salt-water baths, and wish to go to Courtown for the purpose." This was the second begging petition of the doctor, the former one having been rejected.

Epitaph written upon the tomb-stone of an old cat belonging to the family of a first-course medical student:—

Here lies, in her bed longitudinous,
The mother of kits multitudinous.
Her life—a perspicous history:
Her death—an insuperable mystery,
With causes profound and specific
To puzzle the unscientific.
If her rustic physicians—odd rot 'em!—
Had given poor puss a post-mortem.
Who knows but the innocent cusses
Might have found that she died of pertussis;
Or haply of intussusception,
The result of too frequent conception;
Or a uterine subinvolution,
Of abortion the fitting conclusion?
It may have been struma or phthisis,
Or coma, asphyxia, emesis;
Or mayhap a stone in her bladder was
The agent that made her cadaverous.
But enough for her fatal pathology,
She made a success of biology;
And if she was weak in psychology,
We stop not to offer apology,
But resign her cold clay to geology.
Sleep, mother of kits multitudinous,
In peace in thy bed longitudinous.
We joy in thy prolific history;
We mourn thy cadaverous mystery.

—*Louisville Med. News.*

VACANCIES.

Killala Union Workhouse.—Medical Officer. Salary, £50. Election, Sept. 1.

Killala Union, Killala Dispensary.—Medical Officer. Salary, £80. Election, Sept. 1.

Queenstown Dispensary.—Resident Apothecary. Salary, £70 per annum, with perquisites amounting to £45. Election, Aug. 29.

Waterford Union, Ullid Dispensary.—Medical Officer. Salary, £120 per annum. Election, Aug. 30,

APPOINTMENTS.

Barlow, T., M.D., M.R.C.P.L., an Assistant Physician to the London Hospital.

Carruthers, W., M.R.C.S.E., L.S.A.L., reappointed Medical Officer of Health for the Halton Sub-District of the Runcorn Rural Sanitary District.

Fox, A. E. W., M.B., C.M., Medical Officer to St. Catherine's and Bellott's Hospitals.

George, W. H., L.R.C.P.Ed., L.F.P.S.G., Junior Assistant Medical Officer to the Metropolitan Asylum District Asylum for Imbeciles, Leavesden.

Kempe, J. A., L.R.C.P.L., M.R.C.S.E., Senior House Surgeon to the Hospital for Sick Children, Great Ormond Street.

Morgan, T. C., late Surgeon to the Royal Eye Hospital, Manchester, has been appointed Hon. Surgeon to the Sydney Infirmary.

O'Meara, T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer of Health for the Newbold and Dunston Urban Sanitary District, Derbyshire.

Ridley, J. H. W., M.R.C.S.E., Medical Superintendent of the Dunston Lodge Lunatic Asylum, near Gateshead-on-Tyne.

Weaver, F. P., M.D., M.R.C.S.E., L.S.A.L., reappointed Medical Officer of Health for the Frodsham Sub-District of the Runcorn Rural Sanitary District.

Willett, J., M.R.C.S.E., L.S.A.L., reappointed Medical Officer of Health for the Budworth Sub-District of the Runcorn Rural Sanitary District.

Births.

Fitzgibbon.—Aug. 16, the wife of Henry Fitzgibbon, M.D., of a son.
Magee.—Aug. 13, at Kilkenny, the wife of Dr. Magee, of a son.

Marriage.

Spencer—Savory.—Aug. 15, at St. Mary's, Wendover, Edward Richard Spencer, of Albion Road, Stoke Newington (son of the late Thomas B. Spencer, of Keyston, Hunts), to Isabella, youngest daughter of the late Joseph Thomas Savory, Surgeon, Wendover, Bucks.

Deaths.

Bowie.—On Aug. 8, found dead in bed at Jarrat Street, York, Robert Bowie, M.R.C.S.E., aged 43.

Copland.—On Aug. 18, at 87 Ladbroke Grove, Notting Hill, Maria Annie, the eldest daughter of James Charlesworth Copland, Surgeon, aged 13.

Hamilton.—On Aug. 11, at St. George's House, Chorley, Lancaster, Edward Palmer Hamilton, M.D., L.R.C.S.I.

Hill.—On Aug. 12, at Barton House, Openshaw, Philip Hulme Hill, L.F.P.S.G., aged 44.

Macdougall.—On Aug. 9, at Birkenhead, William James Macdougall, M.R.C.S.E., aged 56.

Ridsdale.—On Aug. 6, at Vane Street, York, William Everard Ridsdale, M.R.C.S.E., aged 39.

Tapp.—On Aug. 3, at Cheltenham, William Denning Tapp, F.R.C.S.E., aged 80.

NORTH-EASTERN HOSPITAL for CHILDREN, HACKNEY ROAD, E.

The post of PHYSICIAN to this Hospital is vacant (consequent upon the lamented decease of Dr. Woodman).

The applications of Candidates (who must be either Fellows or Members of the Royal College of Physicians in London) accompanied by Qualifications and Testimonials, are to be addressed to the undersigned (who will also give full particulars as to the nature and duties of the appointment) on or before the 11th proximo.

ALFRED NIXON, Secretary.

City Office, 27 Clements Lane, E.C.
22nd August, 1877.

UNIVERSITY COLLEGE, LONDON.—The SESSION of the FACULTY of MEDICINE will commence on MONDAY, OCTOBER 1st, 1877. Introductory Lecture at 3 P.M., by JOHN WILLIAMS, M.D.

LECTURES IN WINTER SESSION.

Medicine—Professor J. Russell Reynolds, M.D., F.R.S.
Human Physiology (including Practical Physiology and Histology)—Professor Burdon-Sanderson, M.D., F.R.S. (Jodrell Professor); Assistant Professor, Mr. Edwd. A. Schäfer.
Chemistry—Professor Williamson, F.R.S.; Assistant Professor, Professor C. Graham, D.Sc.
Anatomy—Professor G. D. Thane
Comparative Anatomy—Professor E. B. Lankester, M.A., F.R.S.
Surgery—Professor Marshall, F.R.S.
Practical Surgery—Professor Berkeley Hill, M.B., F.R.C.S.; Mr. Marcus Beck, M.S., M.B., F.R.C.S.; Mr. A. E. Barker, F.R.C.S.
Dental Surgery—Mr. Ibbetson, F.R.C.S.

LECTURES IN SUMMER SESSION.

Botany—Professor Oliver F.R.S., F.L.S.
Midwifery—Professor Grailly Hewitt M.D.
Medical Jurisprudence—Professor Maudsley, M.D.
Practical Chemistry—Professor Williamson, F.R.S.
Mental Diseases—Lecturer, W. H. O. Sankey, M.D.
Hygiene and Public Health—Professor Corfield, M.A., M.D.
Materia Medica and Therapeutics—Professor Ringer, M.D.
Zoology—Professor E. R. Lankester, M.A., F.R.S.
Operative Surgery—Mr. Marcus Beck, M.S., M.B., F.R.C.S.
Pathological Anatomy—Professor H. Charlton Bastian, M.A., M.D., F.R.S.
Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.
Analytical Chemistry—Professor Williamson, throughout the Session.

UNIVERSITY COLLEGE HOSPITAL.

Consulting Physician—Walter H. Walshe, M.D., F.R.C.P.
Physicians—Sir W. Jenner, Bart., K.C.B., M.D., F.R.S.; Dr. Reynolds, F.R.S.; Dr. Wilson Fox, F.R.S.; Dr. Ringer; Dr. H. Charlton Bastian, F.R.S.
Obstetric Physician—Dr. Grailly Hewitt.
Physician to the Skin Infirmary—Dr Tilbury Fox
Assistant-Physicians—Dr F. T. Roberts, B.Sc.; Dr W. R. Gowers; Dr G. V. Poore, B.S.
Assistant Obstetric Physician—Dr John Williams
Consulting Surgeons—Mr Richard Quain, F.R.S., Surgeon Extraordinary to the Queen; Mr J. Eric Erichsen, F.R.S., Surgeon Extraordinary to the Queen; Sir Henry Thompson, M.B., Surgeon Extraordinary to the King of the Belgians.
Surgeons—Mr Marshall, F.R.S; Mr Berkeley Hill; Mr Christopher Heath
Assistant-Surgeons—Mr Marcus Beck; Mr A. E. Barker; Mr R. J. Godlee, M.S., M.B., B.A. (temporary)
Ophthalmic Surgeons—Mr Wharton Jones, F.R.S.; Mr J. F. Streatfeild
Dental Surgeon—Mr Ibbetson, F.R.C.S.
Surgical Registrar—Mr A. J. Pepper, M.B., B.S., F.R.C.S.
Assistant Medical Officer in the Skin Department—Dr H. R. Crocker, B.S.
Resident Medical Officer—Mr L. S. Jameson, M.B., B.S.

CLINICAL INSTRUCTION.

Medical Clinical Lectures by Prof. Sir Wm. Jenner, Prof. Reynolds, Prof Grailly Hewitt, and Prof Ringer; also by Dr Wilson Fox, Holme Professor of Clinical Medicine, whose special duty it is to train the Pupils in the practical study of Disease. Dr Roberts and Dr Gowers, the Assistant Professors of Clinical Medicine, also give special instruction in the methods of Physical Diagnosis and of Clinical Observation.

Surgical Clinical Lectures by Mr Heath, Holme Professor of Clinical Surgery, Professor Erichsen, Professor Marshall, Sir Henry Thompson, and Professor B. Hill.

Professor Heath holds weekly Clinical Examinations of the Senior Students; and Messrs. Beck and Barker, the Assistant Teachers of Clinical Surgery, give special instruction to those preparing for examination.

Clinical Lectures on Ophthalmic Cases by Mr. Wharton Jones and Mr. Streatfeild.

Clinical Lectures on Diseases of the Skin by Dr Tilbury Fox.

SCHOLARSHIPS, EXHIBITIONS, AND PRIZES.

Three Entrance Exhibitions, of the respective values of £30, £20, and £10 per annum, tenable for two years.

An Atkinson Morley Scholarship for the promotion of the study of Surgery, £45 a year, tenable for three years.

Sharpey Physiological Scholarship, about £70 a year, tenable for three years.

Filliter Exhibition for proficiency in Pathological Anatomy, £30.

Liston Gold Medal for Clinical Surgery.

Dr. Fellows' Medals for Clinical Medicine, two Gold and two Silver.

Alexander Bruce Gold Medal for Pathology and Surgery.

Cluff Memorial Prize, awarded every other year for proficiency in Anatomy, Physiology, and Chemistry.

The next Examination for the Entrance Exhibitions will be held at the College on the 27th and 28th of September.

Prospectuses and the regulations concerning the Exhibitions and Scholarships may be obtained on application, either personally or by letter at the Office of the College.

GRAILLY HEWITT, M.D., Dean of the Faculty.
TALFOURD ELY, M.A., Secretary.

THE LONDON HOSPITAL and MEDICAL COLLEGE, MILE END, E.

The Session for 1877-78 will commence on MONDAY, OCT. 1st, 1877, when a Conversazione will be held at 8 p.m.

Two Entrance Science Scholarships, value £60 and £40, and Two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September to new Students. Entries on or before September 20th.

Fee to Lectures and Hospital Practice, 90 guineas in one payment, 100 guineas in three instalments.

All resident and other Hospital Appointments are free.

The resident Appointments consist of Five House Physiciancies, Four House Surgeoncies, One Accoucheurship, also Two Dresserships, and Two Maternity Assistantships.

The London Hospital is now in direct communication by rail and tram with all parts of the Metropolis.

R. KERSHAW, Secretary.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.—The General Committee of this Hospital have decided that the Honorary Medical Staff shall in future consist of two Physicians, two Surgeons, one Assistant Physician, and one Assistant Surgeon. The present number of beds in the Hospital is over 100: this number will shortly be increased to over 150. The Committee announce that they are ready to receive applications from gentlemen who may be desirous of filling the offices of Assistant Physician and Assistant Surgeon. Five beds each will be allotted to them, and their special duties will be to attend the Out-Patients of the Hospital two days each in every week, when the new buildings are completed. The Assistant Physician must be a Member of the College of Physicians of London, and the Assistant Surgeon a Fellow of the Royal College of Surgeons of England. The election rests solely with the General Committee.

Further particulars may be obtained of Mr. BLYTH, Secretary, at the Hospital.

Candidates are requested to send in their testimonials before the 1st September next. JAMES S. BLYTH, Secretary.

LONDON SCHOOL of HOMŒOPATHY, 52 GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

PRESIDENT.—The Right Hon. Lord Ebury.
BANKERS.—Union Bank of London, Argyll Place.

The WINTER SESSION will open on TUESDAY, OCTOBER 2nd, with an Introductory address at 5 p.m., by Dr. R. HUGHES.

Lectures on Materia Medica and Therapeutics, Dr. RICHARD HUGHES.

On Principles and Practices of Medicine, Dr. D. DYCE BROWN.

Clinical lectures (within the wards of the hospital) by Dr. J. GALLEY BLACKLEY and Dr. D. DYCE BROWN.

Clinical lectures on Surgery, by Dr. JAMES JONES.

Clinical lectures on Diseases of the Ear, by Dr. COOPER.

The hospital contains 65 beds.

Contributions are requested in aid of the funds of the hospital, and for the general purposes of the School.

For further information as to fees, free admission, &c., apply to Dr. Bayes, Hon. Sec., or to

FRED. MAYCOCK, Secretary.

ROYAL COLLEGE of SCIENCE for IRELAND, STEPHEN'S GREEN, DUBLIN.

SCIENTIFIC AND TECHNICAL EDUCATION.

This College supplies a complete course of Instruction in Science, applicable to the Industrial Arts, especially those which may be classed broadly under the heads of CHEMICAL MANUFACTURES, MINING, and ENGINEERING.

A Diploma of Associate of the College is granted at the end of the Three Years' Course.

There are Four Royal Scholarships of the value of £50 each yearly, with free education, including Laboratory Instruction, tenable for two years. Two become vacant each year. They are given to students who have been a year in the College.

The Fees are £2 for each Course, or £10 for all the Courses of each year, with the exception of Laboratory Practice.

Chemistry (Theoretical and Practical), Metallurgy, &c.—Professor GALLOWAY, F.C.S.

Mathematics, Mechanics, and Mechanism—Professor HENNESSY, F.R.S.

Descriptive Geometry, Drawing, Engineering, and Surveying.—Professor PIGOTT, C.E., M.R.I.A.

Experimental Physics (Theoretical and Practical).—Professor BARRETT, F.R.S.E., F.C.S.

Mining and Mineralogy.—Professor O'REILLY, C.E., M.R.I.A.

Botany.—Professor MCNAB, M.D., F.L.S.

Zoology.—Professor LEITH ADAMS, M.B., F.R.S.

Geology.—Professor HULL, M.A., F.R.S.

Palæontology.—Mr. BAILY, F.G.S.

The Chemical and Physical Laboratories and Drawing School are now open daily for Practical Instruction.

The SESSION COMMENCES on MONDAY, OCTOBER 1st.

Programmes may be obtained on application to the Secretary, Royal College of Science, Stephen's Green, Dublin.

FREDERICK J. SIDNEY, LL.D., Secretary.

MEDICAL ALLIANCE ASSOCIATION (late East London Medical Defence Association).

This Association, in its efforts to suppress the practice of Medicine by unqualified persons, has instituted numerous prosecutions in various parts of London, and at the present time is engaged in further prosecutions. It has been decided to extend its operations to beyond the Metropolitan district. The subscription is 10s. 6d. a year, and the year commences from the date that Gentlemen join the Association, and they are now invited to do so.

Further information will be given by

R. H. S. CARPENTER, Honorary Secretary,
533 Commercial Road, E.; or
J. T. HAZELDINE, Esq., Solicitor to the Association,
58 Cheapside, London, E.C.

IRISH POOR-LAW INTELLIGENCE.

ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

ABSTRACT

THE Board submits a summary of weekly returns of persons relieved in the workhouse and out of the workhouse for fifty-two weeks, to the week ended 10th February, 1877. It appears that supervening on the decrease noticed in the last year's Report, there has been a further decrease in the number of workhouse inmates, accompanied by a small increase in the number receiving out-door relief.

ORPHANS AND DESERTED CHILDREN.

The number of orphans and deserted children put out to nurse from the workhouses in Ireland has fluctuated very little during the two years 1874-5 and 1875-6, having been usually about 1,450 daily; but since the recent Act, 39 & 40 Vic., c. 38, extending the legal age from 10 years to 13 years, the number has sensibly increased, as was to be expected, and on the 10th February last was 1,566.

An Order was issued under seal, as required by the Act, to provide due security for the maintenance, the education, and supervision of children boarded out by the Guardians.

OUT-DOOR RELIEF.

The next table exhibits the fluctuation for twenty-one years past of the number on out-door relief.

On the last Saturday of February the total number of persons receiving relief out of the workhouse under the 1st section has increased from 31,496 to 32,420, a difference of 933; there is an increase of 411 in the class of "permanently disabled;" of 265 in the class of "widows with two or more legitimate children;" and of 257 in the class of "persons disabled by severe sickness or serious accident."

CASUALS.

The great reduction in the number of casuals or night lodgers noticed in our last annual Report has been maintained, subject to some slight fluctuation at about the same average as in last year.

DEATHS.

The total number of deaths in the workhouses in the fifty-two weeks comprised in the table has been 10,129. In the corresponding table in the last Annual Report the total number of deaths was 11,333; so that there has been a decrease of 1,204 deaths, as compared with the number last year.

Deaths by fever were 612, as against 703; by lung disease, 1,633, as against 2,045; and deaths by small-pox only 2, against 41 in last year.

TOTAL NUMBER ADMITTED.

A decrease of 2,436 has taken place in the total number admitted in sickness during the year; a decrease of 26,112 in the number admitted who were not sick; a decrease of 1,439 in the number suffering from fever and other dangerous contagious diseases, and a decrease of 31,045 in the total number relieved;—the numbers relieved during the year were less than the numbers relieved in any year since 1860.

UNION EXPENDITURE.

We now proceed to the statistics arising out of the accounts of the unions for the year ended 29th September, 1876.

We deal in the first place with that part of the Union expenditure which relates exclusively to the relief of the poor.

There has been a decrease of £17,075 in the cost of "in-maintenance and clothing," but an increase of £2,628 in "out door relief," of £450 in cost of "deaf, dumb and blind," £3,048 in "salaries and rations of officers," and of £2,551 in "all other expenses," resulting in a net decrease of £8,398, while the decrease in the total number relieved has been 31,261.

PARLIAMENTARY GRANT.

The following is a statement of the Parliamentary Grant for Medical and Educational purposes, and for Salaries under the "Public Health (Ireland) Act, 1874," for the year ended 25th March, 1876:—

	£	s.	d.
Medical purposes, . . .	69,586	5	10
Educational purposes, . .	8915	8	4
Total for medical and educational purposes, . . .	78,501	14	2
For salaries under Public Health Act, . . .	12,167	0	11
Total, . . .	90,668	15	1

The total amount claimed and allowed under the Parliamentary Grant for Medical and Educational purposes for the year ended 25th March, 1876, namely, £78,501 is £206 less than the amount for the previous year.

SALARIES UNDER PUBLIC HEALTH.

The amount for Salaries under Public Health (Ireland) Act appears for the first time.

The total expenditure of poor-rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths, and marriages, sanitary measures, and expenses under Superannuation Acts was in 1875 £975,044, making a poundage of 1s. 5¼d. on the valuation. In 1876 the expenditure for all purposes was £1,045,505, being 1s. 6½d., an increase of £70,461, which increase is composed of £59,482 payments under National School Teachers Act, a newly created source of expenditure, and of an increase of £11,070 under Cattle Plague Act, less by a net decrease of £91, on other accounts.

In the Session of Parliament of 1876 an important alteration was made in the law by which the electoral divisions of unions in Ireland are separately charged with the cost of maintenance of their respective paupers.

By this alteration the charge for in-door relief was

limited to a certain amount of poundage on the electoral division, the residue being charged to the union at large, while the out-door relief continued to be charged on the electoral division in full as before.

The object of this change was to lessen the pressure on over-charged electoral divisions, chiefly town divisions, and in some instances that object has been attained in a considerable degree. For example, the New Ross Electoral Division, on which the entire expenditure charge for the year ended 29th September, 1876, was 4s. 1¼d. in the pound, was in the account for the second half year relieved by the operation of the new law to the extent of 8¼d. in the pound (which on the whole year would be 1s. 4½d.), that amount being charged on the union at large, including the New Ross Electoral Division.

DECREASE OF MEDICAL RELIEF.

In Ulster there has been a decrease of 5,941 cases at the Dispensaries, and of 7,097 of those attended at their own houses.

In Munster there has been a decrease of 5,160 cases at the Dispensaries, and of 227 of those attended at their own houses.

In Leinster there has been a decrease of 1,828 cases at the Dispensaries, and of 768 of those attended at their own houses.

And in Connaught there has been a decrease of 1,270 cases at the Dispensaries, and of 1,151 of those attended at their own houses.

This shows a decrease of 23,442 cases for all Ireland, including both classes, as compared with previous year; being 14,199 Dispensary cases, and 9,243 cases of persons attended at their own houses.

VACCINATION.

The following table contains a summary of the total number of cases of vaccination during the year ending 30th September, 1876, in each of the four provinces, the cases being classified under the heading, "under one year old when vaccinated," "above one year old," and "other persons,"

Provinces.	Children Born since 1st January, 1864.		Other Persons.	Total.
	Under one year old when Vaccinated.	Above one year old when Vaccinated.		
Ulster, . .	33,674	3,656	590	37,920
Munster, . .	25,555	6,327	850	32,732
Leinster, . .	20,897	3,827	215	24,939
Connaught, .	12,935	5,618	343	18,896
Total Ireland,	93,061	19,428	1,998	114,487

The following are the totals under each of the above headings for the previous year ended 30th September, 1875:—

94,370 25,305 17,665 137,340

It will be observed that there is a decrease in the total number of cases vaccinated and re-vaccinated in all Ireland of 22,853 cases.

This decrease at first sight appears remarkable, but admits of explanation to a certain extent.

During the presence of small-pox in districts more or less panic exists amongst the inhabitants, who usually in large numbers avail themselves of the protective influence which the operation of vaccination affords, and thus vaccination and re-vaccination are had recourse to, but when as a consequence of its cessation the alarm caused by the immediate presence of the disease abates, re-vaccination is not had recourse to, and parents are not so prompt in bringing their children even for primary vaccination, and the result in general, if not invariably, is, that the year following an epidemic of small-pox there is a considerable reduction in the number of persons vaccinated.

The statistics of vaccination during the year ended September 1875, when compared with September 1876 (to which this report refers), show this very forcibly.

SMALL-POX.

During 1876 the number of cases of small-pox recorded by the Medical Officers of all the Dispensary Districts is only 29, consequently there was no cause for unusual alarm, and vaccination was not so actively conducted, and re-vaccination was little resorted to.

During the year 1875, 881 cases of small-pox were reported, of which 140 occurred in Ulster, and 674 in Connaught, and it is in those two provinces that, as might be expected, there was such an augmentation in the number vaccinated during the prevalence of small-pox, and a corresponding falling off the next year, 1876, the disease having subsided.

During the prevalence of the disease in a severe form in Ulster and Connaught 21,426 persons, all upwards of one year old, were vaccinated; this number was composed of children not previously vaccinated and of cases of re-vaccination; and in 1,998 instances adults offered themselves anxious to undergo the operation, they being under no legal obligation to do so, and they also brought their children to be vaccinated, thus showing their confidence in the protective influence which they believed the operation would afford.

Still, having regard to the number of children annually born in Ireland, the number vaccinated when under one year of age cannot be regarded as quite satisfactory.

Last July small-pox prevailed in London, Liverpool, and Manchester, and the Local Government Board, apprehensive lest the disease might be introduced into Ireland by means of Irish paupers returned under removal warrant to their native country, addressed a letter to the Under Secretary for Ireland.

Communications were thereafter made to the Home Office, and lengthened correspondence ensued.

No case of small-pox has as yet occurred amongst Irish paupers removed from England under warrant, but the disease has since the date of the above communication been introduced into Ireland from England.

A woman, named Elizabeth Coles, left Manchester, with her husband and child, in July, 1876, and arrived in Dublin on the following day. She was visited by one of the Medical Officers of the South Dublin Dispensary District, and was found to be suffering from small-pox, and was then removed to Sir Patrick Dun's Hospital.

Since this date several other cases of small-pox have been introduced into various localities in this country from England, but owing to the prompt precautionary measures which were adopted, and to the efficient manner in which vaccination had hitherto been conducted in Ireland, the disease spread to a very limited extent.

However, the introduction of small-pox into this country from England shows how well-grounded was the apprehension on the part of the Local Government Board as to the possible extension of the disease to Ireland by the removal of paupers under warrant from localities in England in which the disease prevails.

Although the preceding statistics only refer to the year ended the 30th September, 1876, it may be of interest to observe that during the quarter ended the 31st December, 1876, only 9 cases of small-pox were attended by the Medical Officers of the Dispensary Districts.

IRISH NATIONAL COW-POCK INSTITUTION.

Representation having been made in Parliament that the annual grant of £400 to the Irish National Cow-pock Institution was insufficient, the Government consented to increase the grant to £1,200, provided that the supply of vaccine lymph, which hitherto had been paid for by the Poor-law Unions, be in future gratuitous, and that the institution be placed under the management of the Local Government Board.

The Governors of the Cow-pock Institution willingly assented to the proposal of the Government, and from the 1st of April, 1877, the collection and distribution of lymph will be directed and controlled by the Vaccine Department of the Local Government Board.

Under this arrangement a circular has already been issued in relation to the future supply of lymph to each Board of Guardians and to each Dispensary Committee, a copy of which will be found in the Appendix.

COLLECTION OF LYMPH.

On reference to this circular it will be found that a very material change has been made in the mode of collecting lymph, which heretofore has been collected by the Dublin Cow-pock Institution almost entirely on ivory points. It will hereafter be collected exclusively in capillary tubes, and submitted to microscopic examination and approval, as is done in England, before distribution, and proper registers will be kept by the collectors so as to enable the source of the supply to be ascertained in every case in which inquiry may be found to be necessary on the occasion of complaint or otherwise.

ENNIS UNION.

A RESIDENT MEDICAL OFFICER.

MR. HALPIN proceeded next to bring forward for discussion his notice of motion respecting the appointment of a resident medical officer in the house. He said that from the complaints against the doctors, and the fact that one man is competent to discharge the duties of both officers, he would move that a resident medical officer be appointed, who would always be available in cases of urgency.

Mr. P. J. Coffee—Is that a written resolution?

Mr. Halpin—No, but I'll write it.

The Chairman—Does anyone second it? It would be against my principles to vote for it, and besides I think it it is direct antagonism with the late decrease in salaries. If it went before the Local Government Board it would look very bad indeed.

Mr. Coffee—It is unfair for any man to traduce the character of others.

The Chairman—I don't think Mr. Halpin has done so. He has said before the doctors' faces more than what he said to-day.

Mr. Halpin—I did, and I was not afraid to do so. The doctors are afraid to come here themselves, and they put forward a man to defend them.

The resolution was withdrawn.

A SANITARY BOARD "SCENE."

AT a meeting of the Limerick Sanitary Board, a rather lively scene took place, consequent on an application from Dr. Robert Barry, consulting medical officer, to have his present salary of £15 per annum, increased.

Mr. Cronin moved—That the corporation be recommended to increase Dr. Barry's salary to £30 a year, and the proposition was about being put from the chair, when

Alderman Myles objected on a point of order. He wished to know whether, the council having in the first instance fixed the salary, the application for an increase should be made to them, and not to the Sanitary Board.

Mr. Cronin—I am more than astonished to hear Alderman Myles raise such a point as this, sir. I know matters of this sort to have been settled after the manner just proposed hundreds of times.

Alderman Myles—Well, sir, I can bear out Mr. Cronin in that. I know things to have been done wrong hundreds of times in the corporation. Things have been done illegally hundreds of times at No. 2 Committee, and Mr. Cronin himself has been one of the greatest delinquents.

Mr. Cronin (warmly)—I could never take half the credit for being so monstrous a jobber as Alderman Myles himself.

Alderman Myles (rising)—This is an expression that ought not to be used, and if it is allowed to go unchallenged I will contradict it in the plainest manner possible by calling it a lie.

Mr. Cronin—I say it is not a lie, and if you contradict I will repeat that you have no right to perpetrate a job.

The Chairman—I think gentlemen, for your own respect and for that of the meeting, you ought to withdraw the words you have used.

Mr. Cronin—Let Alderman Myles withdraw his first.

The Chairman—No matter what Alderman Myles does you ought to withdraw.

Some cross-firing ensued, but finally, several members having appealed, Mr. Cronin consented to withdraw the words he had used.

The resolution in a modified form was unanimously adopted, after a prolonged discussion.

DUNGARVAN UNION.

THE MEDICAL OFFICER'S OPINION.

A NOTE was read from the secretary of a Dublin hospital requesting payment of £16 18s. for treatment and maintenance of a patient named Cronin.

The Chairman asked was it not against the consent of the medical officer that Cronin was sent to the institution. There were several parties sent to Dublin from the union against the opinion of the medical officer, and they had to be sent home without deriving the slightest benefit, having, however, caused great expense to the ratepayers.

Several guardians concurred. The account was ordered to be paid.

Dr. Hartland applied for two weeks' leave of absence. He had procured the services of a substitute to act during his absence. The majority of the board were for having Dr. Hartland pay his substitute, and not the ratepayers. —Granted.

ATHY UNION.

LUNACY CERTIFICATE FEES.

"Local Government Board, Dublin,
11th August, 1877.

"SIR,—The Local Government Board for Ireland forward to be laid before the guardians of the Athy Union the accompanying copy of a letter which they have received from Dr. Hobson, medical officer of the Ballylinan dispensary district, relating to his application for payment of a fee of one guinea for his services in examining a person alleged to be a lunatic, together with a copy of the Board's reply.—By order of the Board.

"B. BANKS, Secretary.

"The Clerk, Athy Union."

The following is the correspondence referred to :—

"Ballylinan, Athy,
August 4, 1877.

"Sir,—The guardians of the Athy Union have refused to pay an order for £1 1s., signed by two magistrates for my professional attendance and examination of an alleged lunatic, named Lewis Moore, of Shanganamore, on the 30th of June, 1877. After a lengthened examination I gave my opinion to the magistrates that Lewis Moore was not a lunatic. Under these circumstances I wish to be informed if I am entitled to be paid by the guardians, whose answer to my application I beg to enclose.—I am, &c., "ABRAHAM HOBSON.

"To B. Banks, Esq., Secretary to the Local Government Board, Dublin."

"Local Government Board, Dublin,
11th August, 1877.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 4th inst., and of

its enclosure, relating to the refusal of the board of guardians of the Athy Union to pay you a fee of one guinea, as ordered by the justices under the provisions of the 28th and 29th Vic. c. 67, for your services in the examination of a person alleged to be a lunatic, and in reply to your inquiry the Local Government Board desire to state that they are of opinion the guardians are bound to comply with the order of the justices. The circumstance that the father of the alleged lunatic is in a position to pay the fee does not affect the question in the opinion of the Board.—By order of the Board.

"B. Banks, Secretary.

"A. Hobson, M.D., Ballylinan."

The following is the order of the guardians with respect to the doctor's application :—"Application refused, as the guardians consider the father of the alleged lunatic should pay the fee.

"F. M. Carroll, Chairman."

The Chairman considered the guardians had no alternative but to pay the money.

An order was made in accordance with the Chairman's opinion.

SUPERVISION OF SALE OF MILK.

The Society of Public Hygiene of Berlin has appointed a special commission to overlook the milk, in such establishments as may accept their control. The state of health of children nourished by the milk of these establishments is to be inquired into, while a veterinary surgeon oversees the purchase, health, stabling, and condition generally of the animals. The proprietors are to inform the Commission when any animal is taken sick, and not to use the milk of any animal pronounced unfit by the veterinary surgeon. The Commission have the right of examining the milk at any time.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING AUG. 11, 1877.

Total registered deaths in Dublin and suburbs*	...	138
Ten years average of same week	...	127
Excess of mortality above average	...	11
10 weeks mortality, suburb of Rathmines	17·5 per	1,000
„ „ „ „ Donnybrook†	14·7 „	
„ „ „ „ Blackrock	18·0 „	
„ „ „ „ Kingstown	17·7 „	
„ „ Entire Dublin District	22·8 „	
Comparative Ratios—London ...	19·1 „	
„ „ Glasgow ...	21·0 „	
„ „ Edinburgh ...	19·3 „	

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 22; average number for the corresponding week of the previous ten years 32·2. The deaths from these diseases include 6 from measles—being 5under the number in the preceding week, and 8 less than in the week ended 28th July—6 from fever (all of the typhoid character), 4 from diarrhœa, 2 from influenza, 1 each from diphtheria, croup, whooping-cough, &c.

The deaths of 7 children were ascribed to convulsions.

Bronchitis was the cause of 14 deaths, pneumonia and pleurisy of 2 each, laryngitis of 1, and lung disease unspecified of 3.

Heart disease caused 9 deaths, aneurism 1, apoplexy 1, brain disease unspecified 4, and kidney disease 1.

Twenty-three persons died from phthisis, 2 from mesenteric disease, and 1 each from scrofula, and hydrocephalus or water on the brain.

Seven accidental deaths were registered, viz., 4 from fractures and contusions, 2 from drowning, and 1 from "accidental injuries."

Two deaths from measles, 2 from fever, 3 from diarrhœa, and 1 from whooping-cough were registered in Belfast during the week.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, August* 11*th*, 1877; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, Aug. 11, 1877. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	23	175	138	15	37	..	6	...	1	1	6	4	7	5	41
Belfast . .	20,687	182,082	22	93	78	13	10	...	2	...	...	1	2	3	1	4	17
Cork . .	13,816	91,965	26	62	46	10	12	...	...	...	...	...	2	5	...	4	18
Limerick .	8,509	44,209	19	24	16	1	5	...	...	1	...	...	1	1	...	...	11
Londonderry	21,865	30,884	27	17	16	2	4	...	...	...	...	...	2	...	...	...	11
Waterford .	17,209	30,626	3	14	2	...	2	...	...	...	...	..	...	...	...	...	...
Galway	21,358	19,692	8	2	3	...	1	...	...	...	...	...	...	...	...	...	3
Sligo . .	30,835	17,285	21	10	7	2	1	...	...	..	..	...	4	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 29, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On Syphilitic Diseases of the Nervous System. By Thomas Stretch Dowse, M.D., F.R.C.P. Edin., late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest..... 167

Matico in Post-Partem Hæmorrhage. By E. Marlett Boddy, F.R.C.S., &c. 170

Notes upon Chloral in Infantile Convulsions. By John W. Martin, M.D., Dronfield, near Sheffield 170

CLINICAL RECORDS.

St. Mary's Hospital, W.—Under the Care of Mr. Norton. Reported by J. B. Coumbe, House Surgeon.—Comminuted Fracture of Thigh and Pelvis, &c.—Recovery 170

Fracture of the Odontoid Process 171

Probable Ovarian Tumour taking on Inflammatory Action 171

LITERATURE.

Carpenter's Principles of Mental Physiology 172

Notes from a Dentist's Case-Book 174

LEADING ARTICLES.

The Degeneration of Human Teeth.—I. 175

Sanitation at Great Massingham..... 176

Citizenship in Sanitary Work 177

NOTES ON CURRENT TOPICS.

Medical Reform and the British Medical Association 178

Aconitia in Tic Douloreux..... 179

Hospital Mortality 179

Typhoid Fever 180

How Small-Pox is Spread 181

Funeral Reform 181

Chloral in Whooping-Cough 181

The Colorado Beetle Act 182

Famine Fever..... 182

The Abuse of Adulteration Law 182

Trained Nurses for the Sick Poor 182

Death following the Bite of a Dog..... 182

Spermatorrhœa and the Electro-Medical Alarm 183

The London Water Supply 183

Infant Mortality in Berlin..... 183

Sanitary Institute of Great Britain 184

CORRESPONDENCE.

Patent Bags and Cases 184

The (So-called) Homœopathic Schism 184

NEW INVENTIONS.

An Insulated Clinical Surface Thermometer 185

MEDICAL NEWS.

University of London 185

Army Medical Service..... 186

Indian Medical Service 186

Notices to Correspondents, &c. 186

Vacancies 186

Appointments 186

Births 186

Marriages 186

Deaths..... 186

Original Communications.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By Thomas Stretch Dowse, M.D., F.R.C.P. Edin.

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Chapter I.—History.

There can be no doubt, although syphilis (*a*) was not recognised as an especial and characteristic disease until the end of the 15th century, it existed at a much earlier period. (*b*)

We first find French writers (*c*) directing attention to this malady about the year 1490, and from this time until the present it has presented a constant theme for discussion and argument amongst the most learned members of the medical profession.

The first treatise written in the English language upon "Lues Venerea" was by Wm. Clowes, one of her Majesty's chirurgeons (1596), who mentions that he had known divers persons infected who were free from any disease of the organs of generation, and there can scarcely be found a writer of note in European medical literature who has not advanced some theory concerning its nature.

At the end of the last century we find amongst others who have specially signalised themselves for investigating this disease the names of Bartholin, Zacchias, Th. Bonet, Tissot, Morgagni, Astruc, Lazerme, Sauvages, Lieutaud, Cyrillo, Piso, Cardona, Raïken, Pelargus, &c., &c.; whilst the most eminent writers of the modern period are Ricord, Diday, Lagneau, Lancereaux, Fournier, Bazin, Virchow, Wegner, Dittrick, Von Barensprung, Zeisl, Bergh, Boeck, Bidenkap, and Bumstead; and in our own country Murchison, Moxon, Weber, Payne, Lane, Lee, De Meric, Hill, Gascoyen, Jonathan Hutchinson, and Wilks.

With especial reference to the action of syphilis upon the nervous system and nervous centres, nothing much appears to have been known even by such distinguished authorities as John Hunter and Sir Astley Cooper.

Yet it is evident from the works of Fernel and Fracastor, who speak of the cure of venereal algæ (*a*) that the effect of this poison upon the nerves could not have been altogether unknown to them, and Paracelsus (*b*) states that the Lues Gallica is at times complicated by paralysis and disease of the heart.

Nicholas Massa also speaks of several specific neuralgias. (*c*) Baillou writes of specific neuralgias, and mentions the case of a patient who, after suffering from a complicated cephalalgia with loss of several senses, died through a venereal tumour compressing the optic and olfactory nerves. (*d*)

Riviere mentions (*e*) a cephalée of the same nature.

(*a*) As to the etymology of the word "Syphilis" we are indebted to Fracastor, who was the first to make use of it; and has its origin in the following mythical story, "Syphilis," who was King Alcithoo's shepherd, having insulted Heaven by vaunting the riches of his master, the Creator corrupted by "humours" those who raised altars to the monarch, and covered them with "pustules and ulcers," the pain of which deprived them of all sleep. The people ever after called this plague by the name of the impious wretch who provoked it.

(*b*) M. Littré mentions having found allusion to syphilis in a writer of the 13th century, and a correspondent in the *Brit. Med. Journal* of January 23, 1875, suggests that reference is made to this disease in the 38th Psalm of David.

(*c*) It is said of Rabelais, that as he was kneeling once at church before the statue of King Charles, a monk came and said to him that doubtless he mistook the King's statue for that of some saint; but Rabelais immediately replied "I am not so much a blockhead monk (swearing) as thou thinkest me, nor yet so blind as not to know that I kneel before the representation of King Charles, for whose soul I am praying, because he brought the pox out of Naples into this kingdom, by which means I and other physicians have been the gainers."

(*a*) "Cura doloris an a lue venerea," "Universa Medica," lib. vii, consilium lxxii.

(*b*) "Livre de Chirurgie, De morbo Gallico."

(*c*) *Ibid.*

(*d*) "Liber Paradigmatum," No. 7.

(*e*) "Centurie" II, observ. xci.

Baglivi (*a*) mentions the case of a Venetian who was struck with paralysis in one of his limbs in consequence of a venereal infection.

In 1813 Pariset (*b*) stated that sometimes there is found arising from syphilis accidents of a varied character, such as epilepsy. Bard (*c*) also affirms that the syphilitic virus has the power to irritate the nerves and to disturb their tranquillity, without any alteration being perceived in the parts, also to cause pains in the head, articular pains, tremblings, and epilepsy.

The true recognition of pathological changes in the nervous system appear to take their standpoints in the works of Dr. Zambaco (*d*) and M. Lanceraux. (*e*)

From this time, year by year, day by day, additions have been made by pathologists of all countries with lengthy strides towards a solution of what is the exact nature of these syphilitic changes. Their nature does not seem to be so doubtful as their exact seat of origin and mode of progression.

I believe it is due to Dr. Reid, of Belfast, to state that he was the first of our countrymen to draw attention to syphilitic disease of the nervous system. He was, however, soon followed by Broadbent, Hughlings Jackson, Buzzard, and many other observers.

Nature and Pathology.

Thus far we have a slight sketch of the history of syphilis, and now proceed to notice very briefly some essential points in reference to its nature and pathology as evidenced by the more recent investigations.

Admitting that in this disease we have a series of variable phenomena which for some time induced many observers to conclude that we have two or even three kinds of syphilitic poison, which idea gave rise to the pluralistic doctrine of Carmichael, and however much we may be led away by the varying features assumed by syphilis, I am certainly inclined to believe that the weight of material clinical fact rests with the assertion of Mr. Hutchinson (*f*) and Sir James Paget that we have in syphilis but one malady and one virus. The various ways in which the poison affects the constitution has never, to my mind, proved the dualistic theory, but rather shown that certain conditions of the blood, or constitutional state, the diathesis, or even the mental state, can and does essentially influence its action, its course and elimination, as well as of necessity the organic changes which it produces in the vital economy.

Hunter prefaces his work on venereal diseases by the statement that in the action of the syphilitic virus there are four morbid processes at work, which he calls :—

1. The adhesive inflammation.
2. The suppurative inflammation.
3. Ulceration.
4. Mortification.

This remark is worthy of the great master who wrote it, but time brings with it modifications.

Histology shows us that there is no very essential difference in structure between an indurated chancre, a secondary tubercle, and a tertiary gumma, and it is well to note here that in the low forms of inflammations engendered by this virus, they are all more or less distinguishable as fibro-plastic, consisting of small nuclei, fatty granules and amorphous material. Yet it cannot be affirmed that all gumma are of precisely the same nature, any more than it can be stated that the products of the more common inflammations are essentially of the same kind. Sir James Paget, (*g*) in speaking of the relation which syphilis bears to other diseases, says :—"I think that one of the things which we have most to study both in the pathology and treatment of syphilis is the modifications which it undergoes in persons of different constitutions in whom it may be inserted." "I think we should look for facts which would indicate that out of the constitution of each person into whom the syphilitic virus is inserted, there may come a different—not essentially different, but a modified result."

In my own practice for the past seven years at the Central London Sick Asylum, where I have had over 10,000 patients under my care, of whom I have no hesitation in saying that three-fourths were more or less the subjects of acquired and hereditary syphilis, I have often been puzzled how to arrive at a definite conclusion as to the exact type of disease with which I have had to deal.

In the scrofulous, the gouty, the rheumatic, and even the cancerous diathesis, syphilis has been so masked, that the functional troubles, as manifested by objective signs and symptoms, have produced a condition so hybrid in character that the most patient and careful investigations have failed for some time to lead me to a correct diagnosis, and I presume that my experience in this respect has not been altogether different from that of other observers. It is in the sequelæ or tertiary stage that these complications are more apt to arise, and especially in middle and advanced life, and in no class of cases is the diagnosis more puzzling than in the many and varied forms of what are called functional neuroses or nervous diseases. If we are guided by our patients' own statements as to their history, if we expect to find an account of the incubation period, the primary and secondary stages, the earthy complexion, nodular or atrophied testes, &c., we shall in many cases fall short of the truth and be led into error. Yet in all such, if due care be taken and the field of clinical research is thoroughly explored, some, although slight, sign reveals itself, which throws a flood of light to illumine what was before a darkened camera. This might be a patch upon the choroid, an optic irregular neuritis, a faint interstitial keratitis, an unequal thickening of the vocal cords, with cicatrices of old ulceration, and last, but not least—and especially where syphilis is associated in a gouty habit of body—psoriasis upon the sides of the tongue, as well as an indurated irregular thickening of the lower bowel. So much do I believe in this latter condition existing that I feel sure, if it was looked for, it would be found to occur with no less frequency than a psoriasis upon the palms of the hands or soles of the feet. How frequently do we not find, on the other hand, well-marked signs of syphilis in its acquired form where all evidence of primary infection is absent?

I do not think that this can be as well maintained of the secondary stage, and in such instances it is well to remember that inoculation must arise from contact, and that the sore, to produce its trail of sequence, need not (as was at one time supposed) be of necessity a hard Hunterian chancre. I have seen the most severe secondary symptoms to follow an abrasion which healed in a few days by the use of lead lotion, where no induration could be detected ; and yet in this very case, when the patient became weakened physically by continuous mental anxiety, five years later, a hard indurated nodule appeared on the spot of the primary abraded surface at the same time that gummata showed themselves on other parts of the body, and it was proved beyond question that he was not in any other way infected.

If this case stood alone, it could not be accepted as proof that the blood and tissues might become syphilised by any other process than that promulgated by a hard indurated sore ; but it is now the accepted doctrine that a syphilitic exanthem can result from any kind of sore with which the virus has come into contact.

This fact was completely substantiated in the evidence taken by the Medical Commission appointed by the Admiralty so far back as 1865, presided over by Mr. Skey, to investigate the whole question of venereal disease, with

(*a*) "Accroissment de la medicine prat. trad. de Boucher," 1851, p. 185.
(*b*) "Dictionnaire des Sciences Medicales," á l'article Causes.
(*c*) *Ibid.*
(*d*) "Syphilitic Neurosis," 1859, preface, p. 12.
(*e*) *Ibid*, preface, p. 132.
(*f*) "Pathological Society's Transactions," 1876.
(*g*) *Ibid*, page 370.

a view to its prevention. The committee, in their report, stated that twenty-nine experienced witnesses gave evidence that sores, both soft and hard, may be followed by every variety of syphilitic eruption.

Dr. Wilks, who has studied the subject of visceral syphilis, has made the statement—which is borne out by my own experience—"that in those cases where the primary and secondary manifestations of syphilis are least marked, the viscera and nervous system are affected in an inverse ratio." From many *post-mortem* examinations which I have made of syphilitic disease of the nervous system, where the meninges (as well as the substance of the brain and spinal cord) have been involved, I am bound to admit that I have not found similar changes in the liver, spleen, heart, and lungs, as a rule; and, on the other hand, where gummata and syphilitic products have been found freely distributed through these viscera, the nervous system has usually been found free. I might note also that a similar condition, of equal comparative value, exists between the nervous system and the more objective syphilitic factors and signs, which have been described; so that diagnosis of syphilitic lesions of the spinal cord, as apart from their other degenerative connective tissue-changes, is a matter of no small difficulty, and of very questionable certainty. Let it be remembered that I am here referring to the nervous system *per se*, and not to pressure upon it by changes in the osseous system.

This appears to be a point of so much clinical importance that it ought not to be passed over lightly. Often have I had patients totally ignorant of having at any time acquired or experienced the signs or symptoms of syphilis in its primary and secondary stages, yet the sequelæ have been made manifest in many ways, particularly in many of the obscure diseases of the nervous system, where there are none of the common forms of objective paralysis, of gross lesion of brain and spinal cord; yet there is good evidence in proof of functional derangements, the result of albuminoid changes in the vaso-motor and sympathetic centres.

In reference to the syphilitic virus, in producing constitutional changes we have, as it has been seen, considerable difficulty, not only in making ourselves acquainted with the precise stage of the disease, or periodicity of the stage in question, or the time that the poison has been lying dormant in the blood, previous to the secondary rash having made its appearance; and here we find it, in practice, not an easy matter to map out, with Mr. Hutchinson's geometrical precision, the stages of the definition of specific fever. But this by no means detracts from the fact, or invalidates the comparative relationship. For we have many causes to alter the typical course of syphilitic agency in precisely the same way that we find other specific fevers to vary in their manifestations, course, and sequelæ; and however much I am willing to admit the doctrine of the death of the duality or plurality of the syphilitic virus, I think it is impossible to discard altogether the idea of its being so modified—I do not mean merely diluted—that its action might be unable to produce the stage of exanthem, yet its sequelæ become the more striking, although perhaps not of such definite character. That the stages of the syphilitic fever can be completely upset (leaving diathesis or temperament out of the question altogether) by the mode of life in the person infected is, to my mind and in my own experience, quite a recognised fact.

In the lower class of prostitutes, who live to drink and rarely eat, who are exposed to vicissitudes of atmospheric influence, the change from the secondary to the tertiary periods is so rapid and so wanting in definition that I have seen many cases where gummata and rupial masses have co-existed with the roseola maculata of two weeks' duration. I have also had cases, which will be detailed, showing that, in addition to the gummata and roseola co-existent, there has been pulmonary hæmorrhage and albuminofibroid changes going on in the viscera, the urine loaded with albumen, retinal extravasations, localised cerebral thrombosis and eclampsia. These patients have got rapidly well by treatment, but not necessarily by iodide of potassium or mercury. Again, in some cases which I have published on basic cerebro-spinal meningitis, I found this form of disease associated with syphilitic roseola; and, in fact, in most all my cases of this basic form of inflammation occurring in young people, there has been a marked history of syphilis (see cases recorded), and in its secondary stage. This is interesting, and has not been noted by other observers—in fact, I believe it is usually admitted that the nervous system is rarely, if ever, influenced by the syphilitic poison whilst in the secondary stage. We shall, I hope, clearly disprove this idea. So far, I repeat, it is difficult sometimes to define the stages of syphilis with accuracy, and for this reason the one-virus theory might still be open to some doubt.

The same might be said, again, of visceral syphilis becoming manifest during the secondary stage—I mean the active period. The liver and spleen may become enlarged, but I do not think these glands are so much influenced as the lungs. If at this time we have pulmonary hæmorrhages and pneumonia—not so uncommon—I think we are justified in assuming that the "origo mali" is syphilis, the more especially as mercury rapidly cures it. Here we find the pathological condition of the lung very different to that where we have chronic syphilitic changes. In the former, the air-cells are centrally and primarily involved, as well as the endothecium of the small vessels; whilst in the latter we find perivascular and peri-bronchial cell and fibre proliferation; and I would here remark that in my experience the poison of syphilis does not influence the tubercular diathesis or the tendency to gout or scrofula, but rather keeps their respective actions dormant, or in a state of subjection, whilst it is running an active course. I have very many cases to prove this (see recorded cases), so that if in the second stage of syphilis we had an active pneumonia, I should unhesitatingly characterise this as syphilitic, much more than I should a fibroid lung in advanced syphilis with caries of the bones, nodes, &c.

The syphilitic picture at present exists in bare outline, and it requires the master hand of some skilled workman to complete its detail and give it true colouring. We see in the background a dark chaotic mass shaded here and there by vague tints of an uncertain hue, which are being gradually developed, however, with a rapidity which bids fair soon to present us with a consummate masterpiece of medical art. In the more important phases of this disease we find an infinite variety of opinion. 1. There are some who deny that it bears any resemblance to a specific fever. 2. That its stages, if any exist, are so indefinite and variable that the comparison is of little practical value. 3. That in the tertiary form it continues to be a blood disease. 4. That there is not in symmetry any especial distinguishing characteristic between the exanthem and gummatous periods.

Others, again, make these divisions their standpoints, and no one has yet brought forward any evidence to upset the careful and philosophical reasonings of Mr. Jonathan Hutchinson.

There is something subtle and uncertain about syphilis which puzzles the histologist, pathologist, and clinicist alike, and it is probably this which gives to it so much scientific interest. Yet there is a profundity of research open in the study of this disease which rises even above scientific investigation; I allude to its heredity, diagnosis, and treatment. It takes a range far wider than any other in the whole field of pathology. Once let a man become infected with syphilis, we then have reason to anticipate that not only he, but his children, will in some measure become the subject of syphilis.

MATICO IN POST-PARTEM HÆMORRHAGE.

By E. Marlett Boddy, F.R.C.S., &c.

The use of matico in post-partem hæmorrhage is doubtless of uncertain efficacy, and its operation therein akin to empirical, but nevertheless in one case of obstinate flooding I found it of some utility. I had no idea at the time that this astringent would have been beneficial, and I only used it, I may say, at a venture, as I had no ergot by me at the time.

The preparation I used being the *tincture*, is not recognised by the "British Pharmacopœia," nor is there any mention of it either in Garrod's "Materia Medica," or Ringer's "Handbook of Therapeutics," consequently it is not considered a therapeutic agent. I mention this fact in case some may be tempted to refer to those books, and not finding any notice of this preparation, conclude I am in error.

It was the usual parallel case of post-partem hæmorrhage which one now and then meets with in general practice, so to give a concise account of it would be puerile; let it suffice when I tell my readers that I gave this tincture of matico instead of ergot, and the hæmorrhage decreased from the time I administered it. I will not attempt to discuss the *modus operandi*, for it is not very plain.

Naturally, this being an isolated case, one cannot affirm with any degree of certainty that there is any real efficacy of matico in post-partem hæmorrhage, or that its action therein is on a par with ergot, because one single case is not sufficient for one to arrive at such a conclusion, besides it would be an absurdity; however, it is deserving of some consideration.

It seems possible, nevertheless, that if matico is useful in staying bleeding on free surfaces, it might be used with advantage in uterine hæmorrhage; most decidedly it would not cause those painful contractions of the uterus as ergot usually does.

One very useful hint may be learnt from this case, however, and that is, an injection of a liquid preparation of matico, such as the infusion, would be quite as advantageous and not so dangerous as the perchloride of iron injection, which has been known to cause a fatal termination.

Therefore, as nothing of a pernicious nature could possibly ensue from an injection of the infusion of matico, it is much preferable to an injection of the perchloride of iron.

NOTES UPON CHLORAL IN INFANTILE CONVULSIONS.

By John W. Martin, M.D.,
Dronfield, near Sheffield.

During the past year I have been called upon to treat about forty cases of infantile convulsions, many of them presenting symptoms of a most alarming nature; and in four or five instances the appearances being almost hopeless, I at first tried free purgation, bathing the feet in mustard and hot water, and the administration of five-grain doses of bromide of potassium to children over nine months of age. Not being satisfied with the rapidity of results obtained, I began to combine chloral hydrate in two-grain doses with the bromide mixture, and found the combination to act with the happiest results. I am glad to find myself confirmed in the beneficial results to be obtained by this treatment, by the following extract from the *Canada Medical Record*:—

"Löwenstamm (*Medicinish-Chirurgisches Centralblatt*), speaks of numerous instances in which he has tested the efficacy of this drug in convulsions; and he gives one case in detail. The patient was the third child of a highly nervous woman, who had lost her first and second children from this affection at about the same age as that at which this one was attacked. At the thirteenth day, twitchings of the eyelids and of the angles of the mouth were first observed; these rapidly developed into more general convulsions, which were repeated, later, every ten minutes. The infant was first seen on the sixteenth day of life. He showed then strong twitchings of the face, trismus, clonic spasms of the limbs, spastic contractions of the thumbs, and contracted pupils; the fit terminated, at the end of five minutes, in profuse perspiration. Two grains of chloral hydrate were given every hour. The convulsions diminished in frequency and intensity, and on the following day he was free from them. As the case was considered to depend upon dyspepsia, an antacid in the form of *magnesia usta* was then given, and no recurrence took place."—*London Med. Record.—Amer. Jour. Med. Sciences.*

Clinical Records.

ST. MARY'S HOSPITAL. W.

(Under the care of Mr. Norton.)

Reported by J. B. Coumbe, House Surgeon.

Comminuted Fracture of Thigh and Pelvis, &c. Recovery.

R. H., a van boy, age 15 years. Admtted May 2. This patient was walking along the street, accompanying an engine of which the fly-wheel, 2½ tons weight, fell off, knocking the boy down, and ultimately the edge of the wheel rested on his neck. He remained unconscious half an hour. Condition on admission apparently hopeless. Cold, pale, clammy, almost unconscious, pulse very weak and irregular. His thigh fractured in two places—at the upper third and just above the knee—which was comminuted, and felt like a doughy mass; the iliac bones more moveable than normal; a severe ecchymosis situated over the left lumbar region, and a contusion on the neck. On passing a catheter his urine was drawn off, mingled with blood. On examining him per rectum the left ischium sloped differently from the right, being most perpendicular.

His leg was placed between sand-bags, opium administered, hot bottles to surface generally. Next morning he had somewhat recovered from shock. Urine less bloody.

I could not pass the catheter in the evening as I had previously. Mr. Norton, on trying to pass the instrument, found that the urethra was pressed on by the now displaced pelvic bones, the rami of the pubes and ischium being broken across, the bones on the right side displaced downwards and in front of the left. The pelvic bones generally immoveable. After much trouble, under chloroform, an instrument was introduced and tied in, but it produced so much pain that the patient withdrew it in the morning. Temp. 102·4. The introduction of the catheter again caused as much trouble on the evening of the 4th. Temp. 103. He managed to keep the instrument in three days, though he complained bitterly of the pain; his urine becoming offensive the catheter was withdrawn, and he could pass sufficient urine by straining to keep his bladder from being excessively distended, which gradually improved. His temperature became normal and remained so, and he took his food and slept much better than could be expected. He was kept perfectly still in bed for seven weeks, with a seven-pound weight hung to his foot, sand-bags preventing lateral displacement of thigh.

Result.—He walked well, without a crutch or stick, in ten weeks, though the left limb measured as a whole one inch shorter than the right; normal curve of femur on injured side, perfect movement at hip and knee joints. Pelvic bones remained displaced, which could not be replaced. The anterior superior spine on the right side being an inch nearer the central line than left, gluteal fold half an inch lower on injured side, urethra adapted to new position.

Remarks.—This is one of those cases of severe injury terminating in recovery which we can only expect in the class of patients such as this was—a strong, careless, wanton boy, with a happy disposition, being able to bear mutilation to almost any extent compatible with life, as much more depending on the character of the patient as on the extent of injuries received.

FRACTURE OF THE ODONTOID PROCESS.

S. O. Vanderpoel, Jr., M.D., reports the following interesting case of fracture of the odontoid process, prolongation of life for six-and-a-half months, in the *Archives of Clinical Surgery*, June 15, 1877 :—

Frank Tinervian, æt. 21, single, United States, admitted October 12th, 1876.

Two weeks before admission patient fell from a waggon, striking heavily on the back of his head. Since that time he has been unable to bend his neck or turn his head, but keeps it all the time in an exceedingly erect position. Examination disclosed a peculiar deformity of the back of the neck, making it appear as if several vertebræ were displaced forwards. A closer examination caused the visiting surgeon to decide that only one vertebra was affected, the fourth cervical, which he supposed to be fractured through the right lamina, the fragment being dislocated to the right.

The patient was advised of the necessity of keeping very quiet and avoiding all sudden motions, and as he seemed inclined to take proper care of himself, he was allowed to sit up all day.

Oct. 21st.—Patient complains of a great deal of pain in the muscles of the neck, from his constrained position, he was ordered unguent belladonna.

26th.—His neck is still very painful, but less so than before the application of the belladonna ointment.

Dec. 4th.—All motion of the neck is painful. He has neuralgic pains about the shoulder and neck. Collodion vesicant was applied.

6th.—Pain has not been very much relieved.

Jan. 3rd.—Patient has had two or three falls and jars, but they have not caused any harm to his neck.

April 12th.—He has been quite comfortable for the last two months. The pain he had in his neck on the 6th of December, was relieved by the continued use of belladonna ointment, and since then he has not complained He has been doing general work in the ward until to-day, when he complained of great pain in his back and arm, and was put to bed.

13th.—It seems that the pain in the neck has been coming on for four days, gradually increasing in severity. 9 a.m.—Is complaining of intense pain, paroxysmal in character in his neck. There is hemiplegia of the right side with general anæsthesia of the right arm, which is congested and œdematous. 1 p.m.—There is now dysphagia, and diaphragmatic respiration, the thoracic respiration being suspended. Any movement of the body is referred with great pain to the neck. Patient assumes the left decubitus. The bladder and rectum act normally. Treatment, eight leeches, and a blister to the neck, with hypodermics of morphia. Pulse 52 and irregular, respiration 32.

14th, 6 a.m.—There is complete paralysis with general anæsthesia. The patient is cyanotic, and there are no respiratory movements of chest or abdomen. At 7.45 a.m., he died of apnœa.

Autopsy.—Twelve hours after death. Thorax, abdomen and brain not examined. The cervical vertebræ were all removed, when it was found that there was a fracture of the odontoid process, transverse in direction, below the articular facet which articulates with the avis. The transverse ligament was intact, and the upper fragment of the odontoid was held in place by it, and thus prevented from pressing against the cord. No dislocation or other fracture was found. The cause of death was meningitis of the cord, produced by caries of the axis. The deformity of the neck was due to muscular contraction, holding the odontoid away from the cord.

Remarks.—This case is one of more than ordinary interest on account of the extreme rarity of the accident, and the length of time that the patient survived after it. Prof. Willard Parker reported a similar case in the *New York Journal of Medicine* for March, 1853, the patient living for five months after the receipt of the injury, and during all that time, still continuing to follow an active occupation. In the same interesting paper, four other instances are mentioned, and two of the cases given in full. These cases go to prove that fracture of the odontoid process is not necessarily immediately fatal, as it is commonly supposed to be.

PROBABLE OVARIAN TUMOUR TAKING ON INFLAMMATORY ACTION.

The following abstract of a very interesting case, the notes of which were published by B. F. Hamilton, is taken from the *Philadelphia Reporter* :—

Mrs. B., æt. 34 years, always healthy, the mother of four children, the youngest five years of age. First noticed an enlargement in the right iliac region in the spring of 1876, which gradually increased, extending upwards into the abdomen. Health continued good, and menstruation remained regular until July 1st, when after walking several miles and becoming overheated, she was attacked with violent chills, headache, and abdominal pain.

Dr. Hamilton first saw her Sept. 20th. Found her much emaciated, with a very sallow, cachectic appearance, constant diarrhœa, and total loss of appetite. She was unable to leave her bed. There was no evidence of disease of the heart, lungs, liver, or kidneys. The abdomen was larger than that of a woman at full term of pregnancy, of a conical shape, with the apex just below the umbilicus, where there was some pouching and tenderness, resonance over the epigastric region, dulness, and distinct fluctuation everywhere below; changing the position of the body made no change in these respects. Examination per vaginam showed the os uteri pushed down to the vulva so firmly, that it could not be replaced ; any effort to do so caused intense suffering ; the sound passed two and one-half inches ; menstruation had ceased nearly three months before. In consultation with his partner, Dr. Moore, on analysing the symptoms carefully they excluded pregnancy, ascites, uterine fibroid, and malignant disease of the pelvic or abdominal organs.

Thier un ited opinion was to the effect that the tumour was one of ovarian cyst, which had taken an inflammatory action, and gone on to suppuration. The woman's strength was failing rapidly. Fearing further delay might lead to a fatal issue, they punctured with a large trocar at the most prominent point, giving support to the abdomen by means of a many-tailed bandage, and drew off two gallons of a greenish yellow and very offensive pus : on symptoms of weakness appearing, the canula was withdrawn, and the opening secured by a pad and bandage. Next morning another gallon of pus escaped. When the sac was nearly empty there was for a moment a flow of pure serum, indicating, in Dr. Hamilton's opinion, the rupture of a small cyst, which had resisted the inflammatory process. Under stimulating tonics, and a generous diet, she improved steadily. A drainage tube was inserted into the womb, which continued to discharge for five months. The woman made a capital recovery, regaining perfect health.

Typhoid fever has broken out at Bedale, Yorkshire, and is spreading rapidly. The market is now held at Crakehall, some distance out of the town. The Richmond Agricultural Society have decided to postpone their show in consequence of this terrible visitation.

Literature.

CARPENTER'S PRINCIPLES OF MENTAL PHYSIOLOGY.

THIS is the fourth edition of a work already favourably known to the profession as the production of one of the first physiologists of the age, but owing to the antecedents of its publication it has come before the public, and, indeed, to a great extent, before the profession, as a new book, and as such, therefore, we shall treat it. Its *raison d'être* in the present edition is obviously the agitation that has arisen in men's minds in consequence of the promulgation of certain doctrines by Professor Huxley, in which he has sought to prove that animals are automata, and, by inference, that man is an automaton also. We might pause to take exception to the word automaton as used in the discussion, which, as signifying a self-moved thing, is very suitable as applied to a certain construction of doll-figure, but undoubtedly thus signifies the very opposite of what Huxley intends us to understand. He means to teach the doctrine that man is a machine moved by external forces or stimuli; Dr. Carpenter, girding all his strength to attack this doctrine, urges that man is a self-moved being, or, properly speaking, an automaton. This doctrine of Huxley's forms the subject of the Preface to this edition, and Dr. Carpenter's handling of it affords the principal matter for analysis in his book. We cannot but think, however, that in opposing this doctrine Dr. Carpenter has confounded with it another, and a very different one, namely, whether man's actions are performed in obedience to motives or no. Our author asserts that many of them are performed without motives, in obedience to the self-determining power of the will; and, strange to say, seems throughout to think that in thus opposing the view that man's actions are invariably determined by motives he is opposing Huxley's doctrine of human automatism; not only so, but he actually thinks he has succeeded in proving that man's actions are, or may be, independent of motive, because he adduces instances or cases in which man voluntarily chooses his own path or course of action. This confusion of idea runs through a great deal of the book, and we think very much mars its philosophical value, and detracts much from the pre-eminent authority which it would undoubtedly have achieved if its author had confined himself to the scientific aspect of mental physiology. The true answer to Huxley, as it seems to us, and one which at once struck us while listening to his very able address at the Belfast meeting of the British Association, at which he publicly propounded his views, is this—that we can judge of mind and volition in animals only by an analysis of both as we find them in ourselves, and by a comparison of volitional actions of our own with similar actions performed by animals under circumstances similar to those which evoke them in ourselves. If an analysis of our mental states in relation to such actions leads us to the belief that we are possessed of minds which govern our volitional actions, we are bound by all analogy to infer that similar actions in animals, performed under similar circumstances, are so performed because that animals also are in possession of what is called mind, and that these actions of theirs are determined by mental states in them analogous to those determining the corresponding actions in ourselves.

It is contrary to all true principles of inductive science first to remove, as Huxley does, the animal body from connection with the organ which all physiological research teaches us is the organ of thought in man, and then, having produced certain automatic movements by the agency of another organ assigned to that purpose, to assert that all animal movements are independent of the first organ. Why, the self-same result would follow in the human system also. All observation teaches us that man no less than beast performs many movements, in fact, all those which we call instinctive, by the agency of his spinal cord, and continues to perform them without a brain, as in the acephalous infant, which, nevertheless, sucks the breasts; yet self-consciousness teaches us that others of our actions are volitional, and we are forced, therefore, to infer that corresponding actions are volitional in animals. Huxley's argument inverts true inductive processes; in such a case as this we are bound to argue from man to animals—from the better known to the less known—and not in the inverse direction, from animals to man. Dr Carpenter thoroughly investigates automatic movements from the scientific point of view, and his *resumé* of the present state of our scientific knowledge of these subjects (chap. ii., sec. 3.) is worthy of his fame; but we think his philosophical line of argument (p. 74, &c.) weak where he endeavours to prove that animals are not automata by showing exactly how far they are so—that is to say, in all actions dependent on the reflex activity of the spinal cord.

But, sharing thus thoroughly in Dr. Carpenter's opposition to Huxley's doctrine of automatism, whether human or animal, we are yet compelled to differ from our author as regards his second doctrine—that human actions may be independent of motive. We call it his second doctrine, or thesis; and disagreeing with him as regards this, while we agree with him as regards the other, we utterly fail to see how he has come to suppose that he has been discussing but one thesis all the while.

The sum total of our author's arguments on this point, viz., the volitional determination of man's actions apart from motive, may be summed up in a single quotation he makes (Preface, p. xx.) from Mr. Sedgwick—"No amount of experience of the sway of motives even tends to make me distrust my intuitive consciousness that, in resolving after deliberation, I exercise free choice as to which of the motives acting on me shall prevail." Certainly the adage must be true, "Quot homines tot sententiæ." For ourselves, after the most careful mental self-analysis, it is exactly to this consciousness that we appeal in proof of the assertion that never, under any circumstances, do we perform any action whatsoever of a volitional character without the presence of a determining motive; nay, more, that, to our mind, at least, the contrary is unthinkable. We have carefully analysed every instance Dr. Carpenter gives of what he considers to be action determined without motive, and in every instance have found the underlying motive at once recognisable. Take, for instance, his illustrative example (Preface, p. xxxiv.)—"Those most successfully engaged in the education of the young . . . . . watch for the dawn of this power of reflection and deliberation in the child, endeavour to strengthen his feeble resolution by judicious encouragement, lead him to reflect upon the consequences of his misdoing to himself or to others, and give additional force to his sense of duty by earnest appeals to it . . . . . and make him feel that it rests with himself by habitually fixing his attention upon what his reason and moral sense tell him he *ought* to do to be able to *will* to do it against his inclination." That is to say, in one word, they supply him with motives. Our whole judicial system of rewards and punishments is nothing else than appeal to motives, and a supplying of new motives, such as the fear of punishment, of shame, &c., when old ones, and better ones, have proved insufficient.

So when Dr. Carpenter says (Preface, p. xxxi.) that a confirmation is afforded to his view by the existence in language of the common expression "'I have no choice' in cases in which we feel it to be a necessity (whether physical or moral) that we should take a particular line of action," it is surely self-evident that if the necessity is moral the expression means nothing more than that the motives are overwhelming. The whole section on the Influence of the Will on Conduct is permeated by this, as it seems to us, erroneous philosophy; thus, he speaks (p. 413) of the will "modifying the relative force of motives" by contemplating some more persistently, and refusing to regard others; very true, so it does, but undoubtedly in obedience to motive. In the worthy man the motive will be the wish to act rightly, which will lead him to contemplate principally those motives which he knows tend to lead him in the right path, in opposition to certain other motives, such as the love of pleasure, ease, wealth, power, revenge, &c., &c., which may tend to lead him wrong; and, indeed, we think that much of what we consider erroneous in Dr. Carpenter's reiterated views on this point arises from his having strangely failed to see that the wish to act rightly is a motive, and in well-constituted and virtuous minds a very powerful one; and even habit itself becomes a motive in so far as it determines a certain *set* of cerebral organisation which demands activity or action in a certain direction as a discharge for what we may, for want of a better term, call its polarity.

It seems to us that while we are warranted in saying that man is free to carry out his choice, we are also bound by that

universal induction of our personal experience, no less than by a rigid self-analysis, to assert that this choice is invariably determined by motive.

Nor does this view seem to us in the least degree to militate against our responsibility for our actions, as Dr. Carpenter fears it will; for our part, the same self-consciousness that asserts our subordination to motive asserts also our responsibility for our actions, and we are as little inclined to question its dicta in one case as in the other. We think that a man is responsible for the weight with which motives, good or bad, present themselves to him; above all for his possession or non-possession of that supreme motive, which interweaves itself as a governing element with all other motives—the wish to act rightly. The presence or absence of this motive, with its weighty results, both direct and, by its leading us to admit or reject other motives, indirect, is, we think, the essential element by which a worthy character is distinguished from an unworthy; and for the presence or absence of this motive we think a man is responsible. Nay, more, our receptivity to motive, our subjective capacity for the appreciation of motive, is very much under our own control, and under the influence of this supreme motive, the wish to act rightly, this receptivity will become adapted to the appreciation of worthy motive, and insensible to unworthy; and for this training of our subjective receptivity, in obedience to this supreme motive, man is undoubtedly responsible. But would not the expression, "freedom of power," be philosophically more correct than the expression, "freedom of will?" "I can do it *if I choose*" is our correct expression of freedom, and the absence of the supreme motive, a *wish* to do right, is our severest ground for censure of an utterly worthless character.

We have been led into this train of analysis of Dr. Carpenter's views, which may perhaps seem even somewhat out of place in a medical journal, in consequence of the great extent to which we find this theory permeating the whole of Dr. Carpenter's book, and perpetually recurring in its otherwise truly philosophical and, we need hardly say, scientific pages.

Dr. Carpenter next attacks the materialistic philosophy which makes the mind altogether a function of the brain, and immediately afterwards discusses the spiritualistic hypothesis, which makes the mind a separate, independent, immaterial existence, and gives us the soundest reasons, of which, indeed, his whole book is an expansion, against this latter view or, at any rate, against the idea of the independence of mind of the body. Probably no man of fair scientific education thinks in these days that the mind is independent of the body; but many of Dr. Carpenter's most interesting facts and observations go far to prove, or, at least, lead one to suspect that the mind and body are more truly controvertible terms than we have been hitherto taught. It is true that such a view would necessitate a total remodelling of our ideas as to the nature of matter, and would require us to attribute to it a certain capacity for consciousness; but this is indeed what Tyndall's school assert of it, and physical science has already conducted us to the very verge of the conclusion which the celebrated Boscovitch long since reached from the metaphysical side—that material atoms are after all only localised expressions, so to speak, of a portion of the great aggregate of force in the universe. And what is mind? Can we offer a better definition of it than conscious force? But how become possessed of consciousness? That mystery rests with the Infinite author alike of force and mind; we have to deal with phenomena only, phenomena mental and physical alike. Dr. Carpenter has gone a long way (p. 11, *et seq.*) towards these views, and, we think, suggests, if he nowhere distinctly formulates, the idea that, after all, the conversion of mental volition into material motion, or the production of the latter as a result of the former, is no less mysterious than the conversion of molecular motion into sensation and consciousness, whence it would seem to follow that the latter doctrine is no more impossible, and no more to be dreaded, than the former. The truth is, all this discussion is about the *mode* of our existence, physical or mental, not about the *fact* of it; nor has it any bearing upon the great moral truths and responsibilities which underlie that existence, and are self-asserted by its self-consciousness.

In the remainder of the first book Dr. Carpenter treats of the General Philosophy of the nervous system in its relation to the mind and mental perceptions, instincts, and emotions. In these strictly scientific matters we have only to say that Dr. Carpenter is, of course, our standard authority, to be carefully studied by all who wish to make themselves masters of the subject, and that he who should undertake to criticise Dr. Carpenter's writings on such a subject would need first to have reached Dr. Carpenter's level as a physiologist. For ourselves, we have perused these chapters carefully as a matter of study, not of criticism, and we strongly recommend our readers to do the same, in which we can promise them a treat, as well from the graceful elegance of style as from the abundance of thoroughly digested and arranged material.

In this part, and throughout the remainder of his book, Dr. Carpenter's thesis is the extension upward of the reflex action of the spinal cord, first discovered, we believe, by Marshall Hall, in the first place to the sensory ganglia at the base of the brain, in which the nerves of the special senses have their central terminations, and with these to the corpora striata and optic thalami; and, secondly, to the cerebral lobes themselves. By a large induction he thoroughly establishes these two theories, showing that, as the spinal cord is the centre for excito-motor reflex action, produced without sensation by the checking at any point of an excitor impression in its upward course to the cerebrum, whence results something analogous to the explosion caused by the interruption of an electrical discharge in its onward path, so the sensory ganglia at the base of the brain are the centres of sensori-motor reflexion produced when the impression has been allowed to proceed on to the sensorium, and so awaken sensations, but has not yet reached the cerebrum, and accordingly has given rise to no ideas; and so, further, that the cerebrum itself is the centre of emotional and ideo-motor reflexion, excited by its automatic response to impressions when from any cause the will is in abeyance and its governing and directing power over the muscular system, or over the thoughts and feelings, can no longer be exerted. Further, he shows that ideas are only generated when the impressions transmitted upwards to the cerebrum, or the molecular changes arising therein, are reflected downwards again to the sensorium, so as themselves to became the objects of our consciousness, a result by no means necessarily following on the occurrence of cerebral molecular change, whence arises the singular phenomenon of mental activity without our consciousness of it, known by the name of unconscious cerebration. The investigation of these various states occupies a large portion of this charming book, and is illustrated by innumerable cases of spontaneous, or even of artificial, production of the various phenomena, some of them of a strangeness almost surpassing belief. Dr. Carpenter adduces (p. 113) the phenomena of memory as the principal basis on which rests this theory of the reflex action of the cerebrum. For since it is clear that our conception of a remembered object is very nearly the same as our perception of it when an object of sensation, it is impossible to suppose that two states so closely related as these can be due to the instrumentality of two different seats of consciousness, whence the inference is irresistible that the same sensorial condition or changes that are due in the one case to the presentation of objects of sensation are present also in the other, where their origin can only be due to molecular changes within the cerebral lobes or organs of thought. The interesting case of Sir John Herschel is introduced as an illustration of this theory, with the keen speculations thereon of the scientific subject of the impressions.

The next step in the process is found in the natural inference (p. 157). "But if cerebral (ideational) states can *reproduce* sensations they can also *produce* them." And this thesis Dr. Carpenter proceeds to develope by a vast induction and a train of close and well-reasoned argument, shewing that the phenomena of mesmerism, electro-biology, and somnambulism are all due to the production of such ideational states, and that dreams, ecstasies, visions, apparitions, &c., are one and all subjective phenomena merely, due to an excited condition of the cerebral lobes, the consequent molecular changes in which, being reflected downwards to the sensorium, give rise to subjective sensations only too readily referred by the subject of them, and even by others, to real or objective causes.

Here and there we would, of course, differ from our author on a matter of opinion, as when he maintains (p. 190) that the sense of distance, though acquired by the human infant, is intuitive in some of the lower animals. We cannot believe that this sense is arrived at by the two beings by a different route, though one may reach it more rapidly than the other. Professor Abbott, of the University of Dublin, rightly, we

think, inferred, after careful observation, which most of us have probably had opportunity to verify, "that there is an independent visual perception of distance and magnitude in the earliest infancy prior to any association with touch or locomotion." True it is that distance cannot be seen directly, but Dr. Carpenter states (p. 199), as we have long thought, that a certain muscular sense in the motor muscles of the eye-ball, particularly in the internal recti, or converging muscles, is the origin of the sense of distance as regards near objects, while comparison of size, illumination, &c., gives a relative estimate of that of more remote objects. This conclusion may be verified by observing how completely we lose the sense of distance of near objects on shutting one eye. But undoubtedly the appreciation of distance must be due in the chick to some similar muscular sense caused by the act of focussing the eye by the peculiar muscle possessed for this purpose by birds.

Our author again states (p. 190) that "there can be little doubt that, in the earlier stages of its existence it (the infant) is incapable of distinguishing between a picture and the solid object which it represents." We doubt this; our own careful observation has convinced us that an infant is long before it sees in a picture any resemblance whatsoever to the object represented thereby.

Again, Dr. Carpenter (p. 228) seems strongly inclined to accept the view of J. S. Mill, as modified by Herbert Spencer, regarding the origin of our primary beliefs, viz., that "the intellectual and moral intuitions of any one generation are the embodiments in its mental constitution of the experience of the race." We can hardly accept this; we accept to a very considerable extent the doctrine of inherited race experience; but we fear that the authority or arguments of Mill, Spencer, and Carpenter, all together, will hardly persuade us to the view that, *e.g.*, our belief in our own present existence, given on p. 226 as the first of these primary beliefs, is due to an embodiment in our mental constitution of the past experience of our ancestors, or that, in fact, we do not arrive at it by a far shorter as well as more satisfactory route, viz., our own present experience, which is open, we presume, to us now as much as it formerly was to them. Similarly, as regards numerical intuitions, our own belief that 2 + 2 = 4 is due, we consider, to our power of appreciating this statement of a necessary objective truth; the statement itself carries with it the conviction of its truth—nay, of its necessary truth, though not of our necessary capacity to comprehend it; when stated and understood it is an experience, no doubt, but a necessary experience, *i.e.*, we recognise the fact that it could not be otherwise, and hence such an experience is different from one which might have been otherwise.

Geometrical truths afford a rigid test of the truth of our view, for if race-experience means anything real it must mean the experience of an individual's personal ancestors, not of the ancestors of his neighbours, which obviously cannot affect his intuitions; yet geometrical truths—say, that the three internal angles of a triangle are equal to two right angles, are apprehended as necessarily true the moment they are intelligibly presented, even by, say, an intelligent peasant, not one of whose ancestors, as far back, if you will, as Mr. Darwin's ape, ever had the faintest glimmering of geometrical truth previously.

Again, we do not think that (p. 243) "Conscience, or the moral sense, has been usually considered by moralists and theologians as the faculty which unmistakably declares *what is right*." We certainly cannot answer for the theologians, but Butler makes the essence of conscience consist in its self-assertion of authority, independent of the question whether, being well-informed or ill-informed, its dicta are absolutely right or wrong in themselves.

Chap. IX., on the Will, is very valuable, though it presents throughout the evidences of the unphilosophical idea of the author, as we hold it to be, that the will can act independently of motives, as where he asks (p. 392), evidently intimating that this is his own view, "Is it a power which, being completely independent of these conditions (physical antecedents), is capable of acting *against* the preponderance of motives." He thinks it is, because a man can modify the relative force of motives by the mode in which he contemplates them (p. 413). So he can, but he must have a motive for so doing. And he says that, even "in the discussion of a question of intellectual truth, the will has the power of keeping some considerations out of view, and thereby diminishing their force." Perhaps it can, but not without conscious dishonesty, and certainly not without some strong motive to such dishonesty; and this motive we have generally found to be the fear lest if the point in question were proved it might be found to involve the demonstration of some further point to the proof of which we entertain a very strong objection, based, of course, on some further motive, and usually one not difficult to assign. We have not space farther to discuss this question, and can only hope that Dr. Carpenter will reconsider his views on this point, with a determination more rigorously to track motives to their hiding-places. His section on Our Responsibiliiy for our Beliefs, showing clearly that we are responsible for that habitual attitude of our minds on which our acceptance or rejection of truths depends, is, we thank, a most valuable one, and one that puts in a true light a difficult point. Reliance on authority and passive acquiescence in what we may have been taught are shown to be the leading habits of mind on one side, which thus prevent our arriving at the truth, and for which we are undoubtedly responsible, while antagonism to such habits may lead us too far on the other.

The writer has elucidated a valuable idea in his proposition that self-discipline in our reasoning processes is an element of much importance to the well-being of our posterity, since it "acts *downwards* in improving the mechanism that evolves the 'self-evident' material of our reasoning processes, as well as upwards in more highly elaborating their product, so that the race, like the individual, emancipates itself from early prejudices, gets rid of worn-out beliefs, and learns to look at things as they are, rather than as they have been traditionally represented" (p. 484).

The sections on unconscious cerebration are of the highest value as elucidating this subject, which is one not yet sufficiently recognised even by the profession, while to the public it is almost utterly unknown.

The analysis of the influence of suggestion in the production of the phenomena of electro-biology is also valuable, though we think that some of the phenomena adduced in this chapter require further investigation; there are some residual phenomena unaccounted for by suggestion. The cure of opacity of the cornea by Mr. Braid, when the subject of it was being treated by him only for pain in the shoulder (p. 609), will hardly be accounted for by suggestion of ideas.

We think our author has rightly distinguished (p. 692, &c.), between the laws of Nature as expressions of phenomenal uniformities, and efficient causation as the necessary result and outcome of our conception of force; the laws of Nature only formulate sequences, but the scientific investigator cannot rest here without tracing the relation between cause and consequence as arising in the transmission of force or energy, under the same or a different form, from one point of the cosmos to another. But we think our author has failed to perceive that there are other laws of Nature than those positive laws, as we should call them, that formulate sequences; that there are necessary laws, negative laws, as we should call them, such as Newton's first law that a body at rest will remain at rest for ever, and a body in motion will move for ever unless some counter-force be applied to it. Our recognition of the truth of such a law is independent of experience; the law could be predicated *à priori*, since it merely denies the power of a body to move itself, independent of force, and this is involved in our very idea of matter.

In conclusion, we can only say we have read this book with intense interest, and commend it to our readers no less for the valuable light it throws on all the subjects of which it treats than for the mental exercise which a perusal of it will afford. Mental physiology is a subject which ought to be more widely studied by our profession than it has yet been, and no better work on the subject than this could be selected to aid the study of it.

A.

NOTES FROM A DENTIST'S CASE-BOOK. (*a*)

THIS pamphlet consists of a series of papers originally printed in a dental contemporary. They are composed mainly of narratives of interesting cases, with a running commentary on their pathology and treatment. Nearly every topic in the domain of dental surgery is brought

(*a*) "Notes from a Dentist's Case-Book." By Felix Weiss, L.D.S,R.C.S., M.O.S., &c. London: J. and A. Churchill.

more or less into discussion; and as the author has enjoyed great and varied experience, and possesses the power, not only of profiting himself by this experience, but of communicating his knowledge easily to others, the materials he has here compiled may be studied with interest and advantage both by the medical and dental reader.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 29, 1877.

THE DEGENERATION OF HUMAN TEETH.—I.

WE have often been surprised that the causes which have led to the present degeneration of human teeth have not attracted the serious attention of dentists, and other members of the medical profession. It may be that the former class of practitioners are so occupied with meeting the demands made upon them for the extraction of decayed and the insertion of artificial teeth, as to have little time for inquiring into the subject. Now, however, that the majority of dentists are well educated men, and are well qualified to turn their attention to something more than the mere mechanical departments of their profession, it is to be hoped that some advancement will be made in our knowledge of the causes and true pathology of a disease from the ravages of which there is scarcely a family in the kingdom exempt. What these ravages are, and the alarming extent to which they have reached, are so generally known that any particular reference to them is unnecessary. They have indeed become so common, that our very familiarity with them has made us indifferent to the fact and the evils that may result from it. This premature decay of teeth is not confined to any one class, for the rich and the poor appear to suffer alike. Youths who have not yet stepped into manhood with half their teeth nearly gone, and girls scarcely out of their teens applying to the dentist for a new set! Nor is this general prevalence of dental caries confined to this country. The Americans, and most of the Continental nations, are not more fortunate than ourselves. A distinguished dentist in Philadelphia remarks that from the great grandparents to their children, and their children's children, there is a general continuous deterioration in the quality of their teeth through the successive generations.

"All the facts of professional experience which have been gathered, all the improved modes of practice which the best heads and hearts have thus far developed, have not sufficed to stem the tide which seems destined to render the human race edentulous."

"Surely," says Mr. Carter in the current number of the *British Journal of Dental Science*, "some law of God and Nature has been outraged to bring upon our children so dire an affliction." Unfortunately, this decay of teeth is only part of the evil we have to contend with, for independently of the disfigurement, and other inconveniences resulting from it, we have to take into consideration its injurious effects upon the digestion and assimilation of food, and consequently upon the general health of the individual.

To what causes, then, are we to attribute this general degeneration of the teeth among civilised nations? As no one has taken the trouble to seriously inquire into these causes, we must not wonder that a number of hypotheses have been hastily advanced in explanation of one of the most remarkable features in the *physique* of a large portion of mankind. It has often been asserted that the large amount of sugar now eaten by the public compared with what was consumed by our ancestors, has much to do with the evil of which we are speaking. It is doubtful, however, whether this practice does anything more than accelerate the progress of the caries that has originated in other ways. Neither are people who take much sugar particularly subject to, nor those who take little or none, particularly exempt from this affection; and it is well known that no people have better teeth than the negroes at work in the sugar plantations, who consume a large amount of this substance. Nor can we conceive that Nature would have made sugar an important ingredient of the nourishment she has provided for the new-born infant, if she did not intend it to be always an essential article of food for the future man. A more rational argument is that which refers the degenerating condition of human teeth to those injurious influences which are at work in all our great centres of population, such as overcrowding, impure air, insufficient food, &c. But this explanation is by no means a satisfactory one, for the disease is just as rampant among the middle and wealthier classes, who are little exposed to these conditions, as amongst the most destitute section of the community, and as prevalent in the village as in the city slums.

No people, remarks the writer above-mentioned, live in more crowded and unwholesome cities than the Chinese. They spend their lives in conditions the most repugnant to health, without drainage or ventilation, feeding, in many instances, upon the most obscene food, giving rise to leprosy, gangrene, necrosis, ophthalmia, and terrible forms of skin diseases, and yet their teeth remain good.

On the other hand, the rural populations of Germany and France now suffer to such an extent that a sound set of teeth is a rarity among them; and almost the same may be said of our own farmers and their families. Indeed, Dr. James A. Salter, the eminent dental pathologist, states that in this country the labouring classes in purely agricultural districts are afflicted with caries of their teeth beyond all others.

Nor can this great and growing evil be traced to the prevalence of any particular disease or class of diseases; although there are several constitutional affections, the operations of which should not be lost sight of in discussing this subject. Among the local and constitutional diseases, says Mr. Sewill, which favour the onset and progress of caries, "may be mentioned all the varieties of stomatitis among the former, and among the latter, scrofula, syphilis, phthisis, chlorosis, and chronic alcoholism." But the great question before us is not whether a few cases of dental caries may not be traced to the baneful influence of one or other of those affections, but whether they are accountable for the enormous number of cases that are constantly coming under the notice of the dentist or general practitioner. If this were really the case, then it follows that the general health of the community must be in a very deplorable state. If every one who runs to the dentist with half his teeth gone, or fast going, is to be considered as the victim of some of those constitutional maladies to which dental caries has been attributed, then must we admit that we have all along been labouring under a delusion with respect to the reputed improvement in the health of the public, and that these maladies are fast undermining the constitution of all classes of society.

Fortunately for the future prospects of the next generation, we cannot accept this argument either; for it is well known that all these constitutional affections are most prevalent in crowded cities and among the poor, whereas the disease now under consideration is just as rife in the country as it is in the town, and among the rich as among the poor. Besides, in a large proportion of cases, caries of the teeth cannot be traced to the existence of any constitutional disorder whatever.

But the most remarkable and significant fact in connection with this question is, that the improvement in the general health of the public, and the degeneration of their teeth, seem to have advanced in an inverse ratio. The most eminent authorities in hygiene and sanitary statistics agree that a very great improvement has, within the last fifty years, taken place in the sanitary condition of the people. The general mortality or death-rate has diminished to a considerable extent; disease is neither so prevalent nor so fatal as it was formerly; the average duration of human life has been remarkably increased. We live more by rule, drink purer water, breathe purer air, and are less exposed to the ravages of epidemic disease than our ancestors were; and yet, *pari passu*, with all this improvement in the health and average longevity of the public, we find that the degeneration of their teeth has been steadily increasing, and to such an extent as to suggest the propriety of making a systematic investigation into the causes which have led to it.

SANITATION AT GREAT MASSINGHAM.

Whatever progress sanitation may have made in our great cities, it has not made much way in many of our rural districts. At least, it would appear so if we may judge from the report which has been made by Dr. Thorne, the Local Government Inspector, to the Local Government Board, with respect to the extensive diffusion of scarlet fever in Great Massingham, and other villages in the Freebridge Lynn rural sanitary district. It is difficult to say which is the most deplorable, the sanitary condition of the district, or the parsimonious negligence of the rural sanitary authority. The Great Massingham district is just one of those districts which afford a wide field for sanitary improvement. The houses are scattered round numerous open spaces. These spaces are to a great extent occupied by shallow sheets of water, which, besides causing a nuisance, owing to the sewage they receive, greatly increase the natural dampness of the soil. The drinking water is partly derived from shallow wells in the sand and gravel which are so situated that they must be often fouled by surface soakage, while one of them which is much used, is situated close to one of the pools of water which is a receptacle for sewage. In many instances there is no proper drainage, and the slops, liquid, filth, &c., find their way into privy pits, waste places, the ground round the house, or the pools just mentioned. There are only common privies, and so few of them that from three to six cottages have but one between them. Some are also in such a filthy and dilapidated condition as to be unapproachable; and from this cause several households have been compelled to do without any closet whatever. The very primitive state of the village is also shown by the fact that until 1875 the causes of death were but rarely certified. Such was the condition of this district when in 1874 scarlet-fever became epidemic in it. In the year previously, the rural sanitary authority of the Freebridge Lynn Union appointed a medical officer of health for their entire district, as well as an inspector of nuisances. Both appointments were made for one year, and with so much success as regards the sanitary administration of the district, that the authority above-mentioned thought they might the following year dispense with the services of both the medical officer and inspector. At all events, in 1874 they did not renew their appointment. The medical officer was only to act when "specially called in," for which he was to receive a special fee, while the two relieving officers were appointed to act as inspectors of nuisances. From this moment, says Dr. Thorne, the sanitary condition of the union became characterised by neglect of the gravest description. Not until the first epidemic of scarlet fever had broken out several months was the medical officer of health requested to visit Massingham. He very properly pointed out to the sanitary authority the uselessness of such a visit, adding that "the way to stop preventible disease is to attack the first case, and not to wait till the whole village is ravaged before steps are taken to arrest it." Other circumstances indicative of great negligence on the part of the sanitary authority might be mentioned. Suffice it to say that nothing appears to have been done with respect to this wide-spread epidemic until May, 1877, when the rector of Great Massingham took the matter up, the medical officer

for the third time visited the place, and reported that upwards of 100 cases of scarlet fever had occurred in the village, that other villages were infected, and that the district was a source of contagion to the whole of the western division of the county. Be it observed also that these three visits of the medical officer to Great Massingham was the whole of his work for the Freebridge Lynn sanitary district for nearly three years.

As a contrast to the above, Dr. Thorne draws attention to the sanitary administration of King's Lynn with regard to infectious diseases. Here there was an arrangement whereby the poor-law medical officers received a fee each time they reported a case of infectious disease to the medical officer of health, and by this and other means the sanitary authorities were informed of all the cases of scarlet fever which appeared in King's Lynn. Precautions were then taken to limit the epidemic, and with the result that no spread of the disease occurred beyond the house first affected, and nearly every case was a slight one. "It is impossible," remarks Dr. Thorne, "not to connect the course taken with the notable restrictions of the disease in King's Lynn as compared with its wide-spread prevalance in the Freebridge Lynn sanitary district, where no similar course was taken." The above facts are so significant of the imperfection that still exists in the sanitation of our rural districts that comment is almost unnecessary. It is quite evident from these disclosures, as well as from others to which we have had, on former occasions, to draw the attention of the reader, that the machinery of our sanitary system is not only faulty in its construction, but in many respects in bad working order. That an epidemic should go on raging in a district for two or three years with little or no notice being taken of it is scarcely conceivable in these days of sanitary legislation. It is also evident that the appointment of medical officers of health must not on any account rest with the rural sanitary authority, and that before long a more centralised system of sanitation will have to be adopted. It is to be hoped that the day is not far distant when, as Dr. Richardson suggests, we shall have a Minister of Health, or when at least, the sanitary welfare of the nation will, under medical guidance be, as Mr. Well's remarked the other day, provided for by Parliament in such a manner as to prevent the occurrence of such a scandal as that which has been brought to light by the Report of the Local Government Inspector.

CITIZENSHIP IN SANITARY WORK.

There is an awakening interest at the present time in sanitary work, which is evinced by the number of sanitary exhibitions and new patents; by the lay press in reporting the proceedings of medical meetings, and by the formation in many towns of societies for the distribution of tracts on subjects affecting the public health. Medical practitioners can materially help on this movement, and there is one subject on which the public and especially the lower strata of it, require education, which might be taken up with advantage by our brethren, that is, to impress the duties of citizenship in the prevention of diseases of an infectious or contagious nature.

How may this be done? The influence of the medical mind upon our national manners is very much greater than is generally believed, and every medical man has the power of influencing a certain circle, so that with the aggregate of circles we obtain an influence over the whole mass of the community, and thus, if each medical man availed himself of the opportunities within his own sphere of action we should have a combined effort in this direction.

What is the theme? It is a very wide one, and of interest, and in special cases, where there is time and talent for the work, it might be embraced in popular lectures. Using the language of commonplace, we know that health is the greatest of all blessings—the principal source of enjoyment and happiness, but its value is relative, according as it affects different classes of society, and as Dr. Guy says—"To the rich, who need not work, and to the poor who must, health is equally the source of comfort and enjoyment; but to the man who must labour that he may live, health is this and something more—it is the means by which he earns his living." Disease, and especially such maladies as fever, small-pox, dry up the source of his subsistence, exhaust his savings, plunge him into debt, threaten him and his with destitution and the poorhouse. If he recovers his health he may have lost his occupation, and will have to spend his convalescence in a wearisome and perhaps a fruitless search after work. If disease attacks his family but spares himself, it is still the greatest calamity that can befall him and them. The minor household virtues have no worse foe, education no deadlier enemy, intemperance no surer ally, than sickness when it invades the humble dwellings of the poor.

Here is a theme capable of expansion. It does not require eloquent lanquage to illustrate its truths, and should any of our readers feel inclined to devote themselves to this meritorious work weoffer a few suggestions as to the method. In the plainest words, and avoiding all expressions of a medical or technical nature, the public should be told that the prevention of infectious or contagious disease is a duty they owe both to themselves and their neighbours—to themselves to save their own lives and the lives of their families, and to their neighbours in discharge of the command of God that "we should love our neighbours as ourselves"—that we should strive to save our fellow-citizens from suffering, from pecuniary loss, by adopting those precautions which have proved successful in arresting the spread of infectious or contagious diseases. It will then be necessary to explain what is meant by those terms, to tell them it applies to those affections which may be communicated from one to another, either by actual contact, as touch, or by means of what are termed poison germs, or small invisible, odourless particles, which set up in the body an action somewhat similar to that of yeast. Everyone knows that a small quantity of yeast will rapidly develop into a large bulk, and thus, by a similar process, a small bit of matter absorbed into the system will cover the body with nasty hard sores or pimples, as may be seen in small-pox, or may show istelf in a general red rash, so that the patient looks like a boiled lobster, as may be seen in scarlet fever.

By a natural transition from small-pox we are led to

vaccination, and from vaccination to the various preventive measures, a few of which we may mention.

1. That the services of a properly qualified medical man should be procured, and his instructions faithfully carried out.

2. That sympathising neighbours should not be allowed to fill the sick chamber.

3. That isolation should be carried out, and in many cases the patient removed to a public hospital.

4. That disinfectants be used.

5. That in cases of scarlatina other children should not be sent to school.

There are many other points which may be filled up by each individual at will, but we are only giving an outline to show the scope and wide field open to him. Much might also be done in reference to infant mortality, and in impressing the necessity of saving infant life. By death, and by the early death of the young growing population, capital is wasted in the shape of prospective labour, and thus this becomes almost a State question.

We have said enough to direct attention to this important channel for medical philanthropy. It has been suggested lately to enforce the registration of such diseases by penal enactments, so as to assist medical officers of health in the discharge of their duties; but we are not in favour of repressive legislation, for though in other countries such a system may be necessary, and may suit their social requirements, still in England it is opposed to our traditions, and penal clauses pressing on the domestic circle are looked on with suspicion. It is a theorem of English life that an Englishman's home is his castle, and we hope the idea will always exist. We would prefer to trust to education to induce the public to look upon medical officers of health as their best friends, to teach society, especially its lower formations, that disease, and especially preventive disease means premature death, destitution, misery, the workhouse; that it paralyses labour and wastes capital; that their own interests are best consulted by facilitating the working of the Public Health Act, and in rendering every assistance in their power in the eradication of those diseases we have mentioned.

Notes on Current Topics.

Medical Reform and the British Medical Association.

We last week remarked upon the fact that the British Association, at the instance of the Editor of its journal, has thrown overboard the committee who desired to follow up its previous efforts in favour of direct representation of the profession in the Medical Council and reformed medical education, and has declared the protection of the profession against the competition of quacks to be of greater importance than these objects. As our readers are aware, the most influential section of the committee resigned on the spot, and the medico-political functions of the Association may be said to be suspended until a new committee can be got together, who will devote themselves, with due ardour, to the protection of general practitioners from prescribing druggists. The following paragraphs from the rejected report will serve to show the ex-committee had a superior ambition to this. They say they have deemed it advisable to refrain from pressing forward the Medical Act (1858) Amendment Bill, introduced in April, 1873:—

That Bill provided for the admission to the General Medical Council of direct representatives of the profession in the proportion of one-fourth of the members of the Council, and would give to the Council, thus modified, more important and greater powers than it at present possesses. It would enable the universities and corporations to form conjoint examining boards for each division of the kingdom, but in case of failure to do so in either division of the kingdom, the General Medical Council would then be empowered to form a conjoint examination board for such division of the kingdom.

It provided that the conjoint boards should be formed on the principle of equal fees and equal examinations, so as to avoid the scandal of men rejected by one examining body gaining admission to the profession, without further study, through the less stringent requirements of another. Above all, it enjoined a practical as well as a theoretical examination, and a sound preliminary general education in all candidates for the medical profession. The provisions of the Bill were settled in the interest of the public equally with the profession, both interests being indissolubly connected; it aimed at securing those afflicted by illness from the inefficient treatment of incompetent men, and protecting them from the designing craftiness of charlatans, while it tended to elevate the profession socially, and to increase its influence by the weight of extended general and professional attainments.

Your committee, being aware that the English medical authorities were both active and earnest in their efforts to combine, have, in consequence, studiously refrained from embarrassing their proceedings by separate parliamentary action, notwithstanding the distinct declaration in debate by an eminent member of the House of Commons in favour of the general measure of the Association in preference to the piecemeal legislation by little isolated Bills required by various corporations to enable them to combine in a conjoint scheme.

Your committee are happy in the knowledge that their forbearance has borne good fruit, for they have to congratulate the Association on the success which has at last crowned the efforts of the universities and licensing corporations of England in establishing a conjoint board of examination for their division of the kingdom. A great advance has been thus effected; the separate licences of the English corporations will no longer be attainable, and, as regards English qualifications, the possession of a licence in one branch of the profession will no longer enable the owner to practise all its branches. For the future, if the scheme be carried out, every practitioner will be fairly examined in England in all departments of professional knowledge.

Your committee regard this as a most important, though partial, recognition of one of the objects for which the Association has so long contended. Unfortunately, it does not apply to Scotland, where the temptation to secure separate qualifications will now have greater force—nor yet to Ireland, where the Apothecaries' Society may still grant its separate licence for the modest sum of half-a-guinea, and so qualify its fortunate possessor to be placed on the *Medical Register*, enable him to practise all branches of the profession, and that in every division of the kingdom.

Your committee feel that, as long as this state of things endures, and they have little hope that the example of the English medical authorities will be voluntarily followed either in Scotland or in Ireland, so long the Medical Reform Committee must represent the influence of the Association, and continue its labours until, through pressure,

conjoint boards of examination, framed on the principle of equal fees and equal examinations, are established in each division of the kingdom.

Your committee again desire to submit to the Association whether the principle of direct representation is one for which they are still to contend. The Apothecaries' Society of Dublin, which comprises a very small number of shareholders—some of them women, and some, it is said, with more than one share, granting its licence for half-a-guinea—nominates a representative, and will always do so under the present Act, on the General Medical Council. The representative has the special interests of his own corporation to watch over and maintain. The great body of the medical profession, with no private interests to serve, including the important provincial medical schools of Manchester, Liverpool, Birmingham, Bristol, and Leeds, have no voice, no representative in the General Medical Council. In the matter of medical reform, it is for the Association to decide whether the struggle for this bare meed of justice is still to be continued; if so, there is no cause to despair: the Association struggled for 26 years before the Medical Act of 1858 was obtained.

To have abandoned these principles in favour of a mere fee-saving policy is a melancholy decadence for the Association, and we certainly hope that some means may be found in the Council of the Association to modify a hasty and ill-judged resolution arrived at by a petty vote of uninfluential members at the Manchester meeting. Even if the Association should succeed in extinguishing the counter-prescribers, and if all its present ambition should be thus satisfied, it will gain no "honour," but will stand before the public and Parliament rather as a doctors' trades union than as an organisation anxious for the purity of medical education and the raising of the scientific status of the profession.

Aconitia in Tic Douloreux.

THE remarks which Prof. Gubler recently made on this subject at a meeting of the Société de Thérapeutique (*Gaz. Hebd.*, Feb., 1877), have attracted some attention. Although Prof. Gubler thinks this medicine should not be given to persons suffering from disease of the heart, on account of the cardiac disturbances it is apt to produce, yet, in his opinion, too much distrust is often shown with regard to a drug which is by no means a dangerous one when used prudently. It should, however, be prescribed in solution, as if given in the form of pills or granules, absorption may not so readily take place, and then encouraged for some time by the nullity of their effects, the medical attendant may be thus led to give a mischievous dose. The aconitia of Hottot and Liégeois is excellent, and that of Dequesnel possesses great power, so that a quarter of a milligramme may suffice as a dose. Of the value of this nervic remedy Prof. Gubler speaks in the highest terms, and states that he has never known a neuralgia of the fifth pair, even tic douloureux, resist aconitia. Some years ago he saw a patient who had long been the victim of obstinate trifacial neuralgia, for the relief of which Nélaton excised all the nerves affected. The operation only gave temporary relief, and the patient declared she would commit suicide, when, by the advice of Debout, Hottot's aconitia was tried, and after five milligrammes had been taken the patient suffered no more. In another patient, who had suffered agonies night and day for three months, six milligrammes completely dissipated the pains. It is not, however, so successful in other forms of neuralgia, and it seems to be more beneficial in the congestive forms of the trifacial variety. Although the disease may be owing to organic lesions which pursue their course, Prof. Gubler is of opinion that if we succeed in relieving for a long time the functional disturbances a cure may be effected. Many diseases which, at least present organic changes, are at first of trifling importance; the neurosis in them engenders the lesion. Locomotor ataxy, for example, is at first a neurosis, and it is only at a later period that atrophy of the nervous tissue takes place. Nutrition is at first affected, the tissues being only secondary. It is on the section of a motor nerve that muscular atrophy supervenes, cellular tissue filling up the vacuities. M. Moutard-Martin agreed in the opinion that the progress of lesions may be arrested by acting on the pain. In this way he has definitely cured cases of tic douloureux by repeated injections of morphia.

These remarks of Professor Gubler, which are quoted more at length by the *Practitioner* and *Medical Times and Gazette*, are very interesting, both from a therapeutical and pathological point of view. The efficacy of this drug in some cases of neuralgia has been long acknowledged. Murray, Fleming, and Hufeland regarded it as a remedy of the highest value. Professor Gubler's experience with regard to aconite being more useful in the congestive form of trifacial neuralgia corresponds with that of Fleming, for this physician found that its internal employment is more likely to be beneficial when the affection depended upon inflammation, either in the painful part of the nerve, or higher up in its course. Perhaps, therefore, the thermometer may enable us to decide whether aconite should be given for this disease or not. Sydney Ringer insists strongly upon this point with regard to the aconite treatment of inflammations generally, but he says little or nothing about the utility of aconite in the treatment of neuralgia.

The influence of pain as a factor in originating or in aggravating organic disease is a contingency which is too often lost sight of. But how far pain may actually generate disease it is difficult to say. Perhaps Prof. Gubler has over-estimated this influence, for we must bear in mind that as we do not have the opportunity of examining such lesions as locomotor ataxy in their earliest stages, it is impossible to be sure whether the pain preceded the lesion, or the lesion the pain. That however severe and continuous pain will react, as it were, upon the nutrition of the tissues supplied by the affected nerve, and originate or aggravate organic affections, is so probable, that the alleviation or removal of this symptom, independently of the causes which may have originated it, should be always an important indication in the treatment of disease.

Hospital Mortality.

MR. LAWSON TAIT, F.R.C.S., of Birmingham, who has interested himself very much on the subject, read a paper before the Science Section of the British Association for the Advancement of Science, held last week at Plymouth. He said, in order to obtain a proper estimate of the quality of the work done in any general hospital it is necessary to obtain exact information concerning

three factors; and it was very much to be regretted that the method of keeping hospital records was generally so careless and inefficient that it was a very difficult matter to obtain correct data. After a great deal of trouble, however, he had been able to extract trustworthy figures from the records of 179 hospitals for a period of six years. The three factors required were the average daily population of each hospital, the actual number of admissions from the 1st January to the 31st December, and the total deaths occurring within the walls of the building. By dividing the admissions by the average population, a figure was obtained which might be termed the "activity" of the hospital, that is, the number of cases treated per annum in each bed, and dividing 365 by the result, gives the mean residence. The death-rate is to be calculated as a per-centage on the admissions. Splitting the hospital up into four groups, according to size, he found that the activity diminished and the mortality increased just as did the size of the hospital. Selecting amputation below the knee for injury as the best instance for contrasting results, the author produced the following remarkable results, and the figures showed conclusively that the causes of the increment of mortality are intrinsic to the large hospitals, and therefore entirely, or almost entirely, avoidable:—

Hospitals.	Activity.	Gen. Mort.	Leg Amp. Mort.
Under 20 beds . . .	15·2	5·17	23·52
20 to 100 beds . . .	10·86	6·6	28·3
200 and over . . .	12·04	7·98	42·37
Leeds Infirmary . . .	14·21	6·78	20·75
Birmingham General Hospital	13·08	8·07	42·32
St. Thomas's Hospital, London	9·03	12·13	47·05

In the discussion which followed, Dr. Farr of the Registrar General's Department said they were much indebted to Mr. Lawson Tait for his able paper, who had condensed into his paper the results of an immense inquiry, which had required a great expenditure of labour. Those who looked into the matter as Mr. Tait had, must come to the same conclusion as he had. He (Dr. Farr) was the first person, he believed, to call attention to the effect of large hospitals upon mortality, and now that the inquiry had been extended by Mr Tait, the conclusions that he had come to could not be disputed by anyone. It had been conclusively proved that surgical patients suffered from being kept together, and he hoped this would affect the whole medical and surgical policy. Hospitals in some shape or other were necessary, but he thought it would be better if a great number of the poor were treated at their own homes as far as possible. The next step would be to have small hospitals to meet necessary cases, and then of course the large hospitals could be utilised by increasing the area, and having fewer patients in some spaces. Small-pox patients were taken to hospitals in order to prevent a spread of the infection, and this was no doubt desirable. But it was only fair that if they were taken there for the good of the community every precaution should be taken that their mortality should not be increased by aggregation in hospitals.

Mr. W. F. Collier said the paper was especially valuable at Plymouth just now, when they had before them a scheme either for building a new hospital or altering the present one. Sir James Simpson had pointed out the great mortality in hospitals in comparison to the mortality outside, and what they had heard that day was rather a proof that Sir James Simpson was right, although some of the medical profession had challenged his conclusions. Managers of hospitals found great difficulty in doing their duty, owing to the relation of the medical profession with those hospitals and the practice within them.

Mr. Tait, in reply, concurred in the remarks of Dr. Farr as to the unwisdom of putting surgical patients together, and suggested that a mixture of the medical and surgical cases would prevent any of the evils which now arose from the classification of the same kind of cases. In reference to what Mr. Collier had said about the relations of medical men to hospitals, he hoped in the new hospital which it was proposed to build a more accurate method of keeping the statistics would be introduced. He was bound to say the particulars sent up by the South Devon and East Cornwall Hospital lacked accuracy and completeness in the record. He knew that the medical staff of hospitals were often very obstructive, and he believed this arose chiefly from the fact that they were honorary officers, elected for life. He believed that men should be paid honestly for the work they had to do, and then they would do it well. He would not have honorary and life appointments, the holders of which might consider they were conferring a benefit on the public, although they were glad to spend a great deal of money to get the positions. There was no check upon the work which these officers did. He suggested that a small committee of recognised men should elect an officer who should hold office for a period of years not exceeding twenty, and be paid for his work, so that he should be subjected to the same discipline as any one regularly employed. He was the honorary surgeon of a hospital, but he felt that he would be much more comfortable and do his work better if he were regularly employed at a salary.

Typhoid Fever.

In commenting on the recent outbreak of typhoid fever at Marlborough House, the War Offices, and the Admiralty, the *Builder* questions whether medical men are not themselves somewhat to blame for the prevalence of this preventible disease. It is to be expected, says our contemporary, that if called in to a typhoid case, the doctor will make some inquiry; just as, if he were called in to a case of consumption, he would inquire as to the dry or wet condition of the subsoil, and the state of the ventilation. But we mean something more than this. What we wish to become the universal practice is, that when a medical man is consulted on any occasion, at his own house, or on visiting a patient, whatever be the illness, whatever the symptoms, he should make minute and searching inquiry as to the possible escape of sewer-gas, or the contamination of water; and, if he visit the patient, should not only inquire, but see for himself, what the state of things is. If one or two of the most eminent men would set the example it would be universally followed. Those men who failed to take the trouble would by and by be stigmatised as heedless and unreliable practitioners.

It must be admitted that medical men do not as a rule

make very searching inquiries into the origin of the cases of infectious disease which come under their care. They can, however, plead some very good excuses for not doing so. In the first place, if a medical man has a large practice, and several cases of typhoid come under his notice he could not possibly find the time to make such a thorough investigation into their causes as the *Builder* would have him make. And why should he? Our contemporary forgets that there are medical officers of health and inspectors of nuisances who are paid to do this very work, and one reason why the State has provided the country with these sanitary authorities is that public hygiene should be superintended by a class of men whose education and freedom from other pursuits would enable them to give all their attention to, and effectually fulfil, the duties imposed upon them. The principle of division of labour on which the sanitary laws have been framed is, as everyone knows, a good one, and wherefore should it be infringed by the general practitioner taking upon himself a responsiblity which belongs to others? The most he can do, and always should do, is to give as early information as possible of such cases of infectious disease as come under his notice. By this means he would materially assist the sanitary authorities in the performance of their duties, especially as he is the first person to know about any case of outbreak that may happen. Unfortunately, this is not always done, and so far some blame may be attached to that part of the medical profession which is engaged in general practice.

How Small-pox is Spread.

Dr. T. Orme Dudfield's report of the health of Kensington, for the four weeks ending July 21st, 1877, contains some curious revelations on this subject. Out of 43 cases that were recorded in the above period, 11 occurred in one house inhabited by twenty-two persons. The first case was that of a girl, aged ten. The parents of the child concealed the nature of the disease even from the father's brother, who died on the first floor; no preventive measures were taken; it was only by an anonymous letter that the officer of health was made aware of it, and even then the child could not be removed to a hospital, because it was not a case in which the compulsory power of removal could be enforced. Of the twenty-two inmates of the house, eleven were attacked, and four have died. The child above-mentioned was seen running about for days with the scabs of the disease on her face; while the blankets in which she lay were hung over the yard wall, which, strange to say, does not appear to be an offence within the meaning of the 38th section of the Sanitary Act of 1866.

"The most striking fact," says Dr. Dudfield, "in connection with this outbreak is the condition of the household as to vaccination. The man who died had not been vaccinated, nor had either of the dead children—two aged five years, one four years, and one nine months, two of these being the children of the deceased man's brother. The boy, seven years old, who is still dangerously ill, had not been vaccinated; the girl first attacked, aged ten, had not been vaccinated. The other six persons attacked, all of whom had been previously vaccinated, had the disease very lightly indeed. Four who had not been vaccinated, and six who had, have escaped hitherto.

"But it may be asked, How is it that these people, the children especially, had not been vaccinated? The answer is simple. Those of the children that were born since the Compulsory Vaccination Act came into operation, were, with two exceptions, not born in the parish: and their cases had, therefore, never come under the notice of the vaccination officer. Of the two excepted cases, the vaccination had in one of them been repeatedly postponed on account of the child's ill-health—(he is dead now); and in the other case (also dead) the now sorrowing mother confesses that she had changed her residence from place to place repeatedly, to escape the notice of the vaccination officer, having until lately an objection to vaccination, which she no longer entertains. This explanation is necessary to clear an efficient officer from the imputation of neglect of duty that might otherwise be thought to attach to him."

Funeral Reform.

In our issue of July 11th we devoted some attention to the above subject, and we are pleased to find that our words have had some practical effect.

Radical alterations and reforms require time, and though all the curtailment of expense and frippery may not follow, still, there can be no doubt the common sense of the public will induce them to adopt the wise changes suggested. York has made the first step. In a circular or prospectus which has been forwarded to a number of influential inhabitants by the Rev. F. Lawrence, the rector of St. Mary's, Castlegate (hon. sec. *pro tem.*), the aims of the promoters are thus set forth:—"The object shall be to endeavour, by unity, example, and persuasion, to abolish all unnecessary expenditure and show on the occasion of funerals and in the wearing of mourning, and by common consent to substitute a simple, quiet, and unostatious ceremonial. The action of the association is to be in no way denominational, its members adopting the broad ground that funerals should be conducted and mourning worn without the dismal paraphernalia of hatbands, scarves, plumes, heavy crape trimmings, and the like, which are quite inconsistent with a hopeful belief in a future state, involve unprofitable expenditure, inflict severe hardships upon persons of limited means, and neither mitigate grief nor manifest respect for the dead." Here follow quotations from the opinions of Mr. Gladstone, Mr. Bright, Mr. Ruskin, and others, to which is appended a list of suggestions for the effectual carrying out of the objects of the association, and those who desire to become members are invited to communicate with the secretary.

Chloral in Whooping-Cough.

Dr. Milligan, of Wirksworth, writes to the *Practitioner* to say that he has administered this drug in several cases of whooping-cough with success. He gave it in one to five-grain doses three times a day. After four or five doses the spasms and the sickness became less violent in the three affected with it, and at the time of the next visit in five days the specific symptoms had almost disappeared, leaving a slight catarrh. The decided effect of this drug on reflex irritability, and its proved utility in many cases of infantile convulsion and chorea lead, he thinks, to the belief that more extended trials will confirm the high opinion he has formed of it. We have ourselves tried this remedy in a few cases, but have not found it so efficacious as Dr. Millgian appears to have done. From its

soporific action and the depressing influence it has upon the circulation if given is such doses as would curb reflex action we doubt whether it will be found either a safe or reliable medicine in the treatment of whooping-cough. At all events we must be very careful it does not become a popular remedy for this affection, otherwise we shall hear of many accidental deaths occasioned by mothers over-dosing their children with chloral.

The Colorado Beetle Act.

Two orders in Council have been issued during the past fortnight with reference to the introduction of the Colorado beetle into this country. By the first Order, which will come into effect at the end of this month, it will be illegal to land potato haulm, leaves or stalks brought from the United States of America, Canada, or Germany. The destruction of sand, dirt, or other refuse imported with potatoes from any of the places named is to be enforced. The second Order provides for the wholesale destruction of potatoes, or other vegetables, upon which the Colorado beetle in any stage of existence may be found. A penalty not exceeding £10 is attached to a breach of these orders.

In Canada, Paris green is recommended as the chief remedy. Wherever it has been properly used, good results have invariably been obtained. Paris green is an arsenite of copper, and the best qualties contain about 60 per cent. of arsenic, on which its activity depends ; but the inferior grades contain a much smaller per-centage, and are consequently much less effective, and in some cases almost worthless for this purpose. A vigilant watch over the growing crops, combined with hand picking and the use of Paris green is said to ensure success in almost every instance.

Famine Fever.

It appears from an abstract of a report in the last number of *Allen's Indian Mail*, from Dr. Cunningham, who was specially deputed by the Government of India to inquire into the nature of the diseases which have proved so fatal amongst the sufferers from famine in Madras, that he has not been able to discover any peculiar forms of fever during the prevalence of the famine, or, in fact, of any forms of fever which could in any way be ascribed to the influence of want. On the contrary, the Doctor says that in the town of Madras itself "fevers of any kind were practically non-existent, hardly a case being present in any of the hospitals or relief camps, in spite of the high degree of mortality prevalent at that time amongst the inmates of the latter." The prevalence, therefore, of "famine fever" remains still a matter of doubt. But that both diarrhœa and dysentery become more fatal amongst the ill-fed population during a time of scarcity seems to admit of but little question, though further microscopical examinations which Dr. Cunningham proposes to carry out will place the point in a clearer light. He admits, however, that "morbid conditions exist, which may with propriety be termed famine diarrhœa or famine dysentery." As to these diseases themselves, he goes on to say:—"There are without doubt, cases in which the symptoms of disease during life can be referred to no other origin save morbid changes and degeneration dependent on mal-nutrition, Many other cases occurring among the inmates of the relief camps are, however, complicated by the supervention of other diseases, such as acute dysentery, pneumonia, &c., and although in the majority of cases the conditions leading to true 'famine diarrhœa' may be distinctly detected, and in some the complications may be directly ascribed to their agency, yet the fatal termination is caused, or at all events accelerated, by the complications.

The Abuse of Adulteration Law.

We observe that a druggist in Cambridge has been fined £5 for selling soda water which contained no soda, but, in lieu thereof, traces of lead and copper derived from the vessels in which it was made. So far as the first part of the indictment is concerned, the victim has good right to complain that the adulteration hobby is being overridden to his disadvantage, and that the letter of the law is availed of to punish him for a technical offence. "Soda" water is undoubtedly a misnomer, but it can hardly be said to be a deception, for most people know that the beverage so-called contains usually no soda, and that it is not the least the worse of the omission, and they would, probably, buy it as readily under any other name. If analysts aim at disgusting the public with the law, they can do so no more effectually than by prosecuting inoffensive traders for technical offences, and if chemists and druggists want a grievance, this case gives them one.

Trained Nurses for the Sick Poor.

A memorial has been presented from the Metropolitan and National Nursing Association for providing trained nurses for the sick poor to the Lord Chancellor, who has been directed by the Queen to frame rules for the future administration of the Royal Hospital of St. Katherine by the Tower. The memorialists submit that it would be strictly in accordance with the intention of the founders and with the past history of the hospital if a nurses' home for the benefit of the sick poor were established in connection with it in the east of London, and if a portion of its funds were applied to the maintenance of such an institution ; and that in the event of his lordship thinking fit to establish one or more nursing homes in connection with the hospital the said memorialists are prepared to undertake the management and supervision of such homes, under such rules as might be deemed suitable.

Death following the Bite of a Dog.

A peculiar death, said by the coroner's jury to have been from hydrophobia, and certainly, following upon the bite of a dog, is reported in last week's papers. The patient, a boy, having previously enjoyed good health, suddenly became insensible, fell to the ground, and was strongly convulsed. A medical man was called in and found the boy suffering from strong epileptic convulsions. Chloroform arrested the convulsions temporarily ; a hypodermic injection of morphia was then given but without any good effect ; and he died within thirty hours from the onset of the symptoms. The boy had not been liable to epileptic fits previously. It appeared that he had been bitten by a dog some months previously, the

wound had not healed, and his thumb had been kept bound up, but he thought nothing of this as "he had been bitten lots of times, but nothing hurt him." A *post-mortem* examination revealed no coarse lesion, but the membranes of the brain were congested.

Spermatorrhœa and the Electro-Medical Alarm.

We noticed a short time ago this new apparatus, and at the Chirurgical Society of Paris, Aug. 1st, M. Tillaux brought forward another case illustrating its beneficial action.

The patient was a medical student in a deplorable condition from seminal loss, and who had the appearance of an old man. He was preparing for his examination and could not collect his ideas. He then employed M. Minière's invention, and since the 4th July up to 1st August had not a single emission; he increased in weight and using the words of the narrator, "his was a veritable resurrection."

Unfortunately, this alarm can only be used on patients subject to erections!

The London Water Supply.

Many complaints having quite lately reached the Lambeth Vestry of the inferior quality of the water supplied by the Southwark and Vauxhall Company, the Medical Officer of Health (Dr. Fisher Farr) was instructed to make an examination and report to the vestry. He states that it must not be inferred that the water is teeming with "moving organisms," invisible to the naked eye, but that if a quantity of water be set aside and allowed to deposit its suspended matter, and this be collected and placed under the microscope, low forms of animal life are plainly visible, and most of those forms are so minute as to defy the best filter. Their presence is, however, very significant, as being indicative of organic impurities, and by which they are developed and sustained. So long as the water supply is taken from the Thames we shall ever be open, at certain seasons, to inconveniences which no amount of precaution can prevent—viz., by the river floods rendering it turbid and undrinkable, and by the development of these microscopic organisms in the summer time. On the other hand, the Thames water, when pure, is so suitable for all purposes, that if it were possible to rid it of its organic impurity and to ensure its perfect filtration, we should have water even preferable in some respects to that coming from the Kent and Colne Valley. But it must be borne in mind that with a rapidly increasing population there will be a proportionately increased demand, so that the possibility of ever getting purer water from the Thames seems problematical. At certain times the demand is so great that there is not sufficient time to admit of subsidence and filtration before delivery. Large additional reservoirs for subsidence are needed to improve the quality of the water. Little advantage would accrue from seeking a water supply purer than the present, if the plan of storing water in cisterns placed in the most exposed and inaccesible situations were still adhered to. What is really needed is a separate supply for drinking and culinary purposes. While our drinking water is drawn from the same source which supplies our baths, washhouses, and so forth, the wonder is that the water is so pure. An abundant supply from deep natural sources might be obtained for the use of the metropolis if the Metropolitan Board of Works were inclined to undertake the duty of finding a purer source. The water supplied by the Kent and Colne Valley Companies and by the Tottenham Local Board are of most excellent quality; this deep well-water is of unsurpassing purity, and is very abundant in the Thames basin, but it is as yet supplied to but a very small portion of the metropolis.

Infant Mortality in Berlin.

It appears from the statistical reports of the Office de Santé at Berlin, that the mortality among the children of that town is somewhat appalling. Thus, during the month of June more than 700 children died in the capital of Germany from cholera and dysentery. This number has never been reached at any previous period. The Hygienic Society of Berlin has nominated a Commission charged with an investigation into the causes of this extraordinary mortality, and whose attention is to be particularly directed to the conditions of alimentation.

We cordially agree with the suggestion thrown out at a coroner's inquest at Scarborough last week, that a boat should be always stationed in close proximity to bathing stations, especially on the most dangerous parts of the coast. Deaths frequently occur which might easily be prevented by this simple precaution, as was the case with the young lady on whose body the inquest was held. The subject is of such importance that we would like to see it made compulsory upon bathing-machine proprietors to provide this requisite protection, as is the case at most of the French bathing places.

Prince Bismarck is reported, by latest telegrams, to be suffering severely from the effects of overwork and great mental anxiety. Although in absolute need of rest and retirement, he is still strong enough to set Europe anxiously watching for the next wire he may choose to pull; and the Eastern Question, already complicated enough, and bloody in the extreme, may yet, by the solitary action of this one man, resolve itself into a war of nations—in fact, with the present machines of warfare, a war almost of extermination.

We understand that Dr. Alfred Carpenter, M.D., C.S.S., Camb., of Croydon, has a work on "Preventive Medicine in Relation to Public Health" in the Press. The volume will comprise series of papers on Sanitation, Air, Sewage, Water, Hints upon the Management of Sewage Farms, &c.

A hen belonging to Mr. James Barrie, sen., Blairs, Fetteresso, has brought out a chicken of the Dorking breed, which had one head, two neck-bones united, one body, four wings, two tails, and four legs and feet. The chicken did not live, but it has been preserved in spirit.

We understand that Professor Erasmus Wilson, F.R.S., at whose expense Cleopatra's Needle is being conveyed

to this country, is preparing a popular work on the subject of obelisks, which will serve as an introduction and explanation of the coming monolith.

Sir Alexander Armstrong, the Director-General of the Naval Medical Department, has commenced his annual official inspection of the various naval establishments.

Two fatal cases of fever are reported on board the British fleet at Besika Bay.

SANITARY INSTITUTE OF GREAT BRITAIN.

It has been finally decided to hold the first annual congress of this Institute at Leamington, on October 3rd and three following days. Dr. B. W. Richardson has been unanimously elected president.

The objects of the Institute are:—To obtain a complete registration of sickness, and especially of all cases of preventible disease. To secure the services of medical and other scientific lecturers on subjects relating to the preservation of health. To establish communications with medical officers of health, and to render every available assistance to them and to the public, by forming local branches of the Institute throughout the kingdom. To examine and grant certificates of qualification to local surveyors and inspectors of nuisances, and to form a register of such "certified officers." To investigate the chemical aspect of any processes for the disposal, deodorisation, or utilisation of sewage, or of the refuse from factories, chemical works, and noxious trades. To establish, in a central locality in London, an exhibition of sanitary apparatus and appliances, and to publish a catalogue explanatory of the same, which shall serve as a record of all sanitary inventions of permanent value, thereby affording to medical officers of health, local surveyors, inspectors of nuisances, and the public generally an amount of practical information which could not be obtained by any other means of study. To examine and discuss any measures relating to public health which may be presented to Parliament, &c.

The following are among the principal papers to be read at the Congress:—Surgeon-Major F. S. B. de Chaumont, M.D., on "The Effects of Climate upon Health." Mr. Joseph Baly, F.R.C.S., Medical Officer of Health, Leamington, on "The Sanitary Condition of Leamington." Miss Rose Adams, of the Ladies' Sanitary Association, on "Woman's Work in relation to Sanitary Science." The Venerable Archdeacon Denison on "The Supply and Storage of Water at East Brent." Mr. T. J. Dyke, F.R.C.S., on "Missing Links in the Sanitary Administrative Service." Mr. W. Eassie, C.E., F.L.S., on "Influence of Vegetation upon Human Health." Mr. H. Burdett, on "The Dwellings of the Poor in Large Towns." Dr. Edwyn Slade-King, on "Sanitary Work in English Watering Places and Summer Resorts." James Stevenson, M.D., on "Public Conveyances for the Infected Sick in London, suggesting an Uniform System for the Country at Large." H. C. Bartlett, Ph.D., F.C.S., on "Water for Domestic Use." James Russell, M.B., on "The Necessity of Plumbers and Builders possessing a compntent knowledge of the Laws of Health as bearing on their respective occupations." Mr. A. Haviland, on "Geography of Disease in relation to Sanitary Science." The following gentlemen will also take part in the proceedings of the Congress:—Dr. George Wilson, Medical Officer of Health for Mid-Warwickshire, Mr. Brudenell Carter, F.R.C.S.; Mr. Baldwin Latham, C.E.; Mr. Earnest Turner, F.R.I.B.A.; Dr. J. Sinclair Holden; Mr. C. F. Gardner; and Dr. T. Moffat.

Correspondence.

PATENT BAGS AND CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—You justly observe we have a superfluity of such patents as bags, &c., they are simply *auto*-advertisements, and though men, of whom we might expect better things have given their names to them, as Dr. A.'s, bag, Dr. B.'s bag, Dr. C.'s bag, it is a practice to be condemned. There was some merit in Laennec's stethoscope, in Civiale's and John Weiss's Lithotrites, and in numerous other instruments I might name; but there is none in devising a bag to hold them.

It is amusing at the present time to follow the correspondence on one of those patents. I am not going to *advertise* the men's names. Dr. X. makes a case to hold a few simple tests, Dr. Y. claims priority, as the cases are exactly alike: General correspondence on the subject.

A distinguished medical swell improves on Dr. X.'s, which of course he praises; more correspondence, mutual admiration of each other's ingenuity, and thus Dr. X., whose name, in the natural course of professional work, would never have been known beyond the narrow limit of his own *clientele*, obtains a world-wide notoriety as a patentee and inventor.

Shade of Neil Arnott! who never patented any of his inventions, even his hydrostatic bed, can you not again revisit the sphere of your earthly labours and teach such men professional pride and humility?

The *Spectator* (Addison's) has a capital article on the use of the "Fan;" if the writer of it was now alive, he might take as his theme, "The Bag as a Means of Securing Practice." In many towns it has become the fashion to go about with one holding all the armamentaria, and thus if you have to vaccinate, cut a corn, open a boil, or perform any other such serious operation, you are provided with your tourniquets, artery forceps, &c. It impresses the public, and gives rise to such comments as the following:—

Scene. *Market Day. Market thronged. Dr. W.'s carriage comes on at full speed, suddenly stops. Dr. W. jumps out with a* BLACK BAG *in his hand and rushes into a house.*

Stranger (*loq.*): Who's that?

Citizen: Dr. W., clever rising man, enormous practice, great operator.

Stranger: What's in the bag?

Citizen: His instruments, some of silver, some of gold, all his own invention.

Stranger (*sententiously*): If he has so much in his bag, what must he have in his head?

Tableau.

The last conclusion may be rather a fallacious one, for probably if Dr. W.'s head was opened, there might be found, as in the bag—some stuff, but very little brains.

Yours, &c.,

Juvenis Medicus.

August 20th, 1877.

THE (SO-CALLED) HOMŒOPATHIC SCHISM.

"T'were an odd world, were the captains of a sailng-ship and steamer to mutually hate one another as schismatic and sectarian."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Pardon my intruding very briefly on your courtesy in relation to a remark of Dr. Wyld's in your issue of August 22nd.

I neither claim to represent "sectarian homœopathy," as he asserts, nor do I allow that he alone represents "broad and progressive homœopathy."

My desire in the short letter which I contributed to this discussion in the pages of a contemporary, was to point out that Dr. Wyld's letter was only the expression of his personal willingness to sacrifice the *word homœopathy* as a concession, which he fondly hoped would cause the whole profession to open its arms to himself and to its prodigal (homœopathic) sons.

I take a broader view of the differences which exist between those physicians who have adopted homœopathy into their practice, and those who have not studied the subject, and have rejected it and its professors.

I deny that the adoption of any new theory or practice of medicine constitutes a practitioner, "schismatic," or "sectarian." Medicine is a progressive science; it is not limited by a creed, and therefore has neither orthodoxy, or heterodoxy, neither sectarianism, nor schism.

Believing as I do, that the exclusion of the theory and practice of homœopathy from the teachings of the ordinary schools is injurious to scientific progress in medicine, and restricts our power to alleviate suffering, I have assisted in forming a *School of Homœopathy*, where materia medica, and therapeutics, and also practice of medicine, shall be taught, including the homœopathic method.

The establishment of this "School of Homœopathy," is not intended as a rival to any existing schools. Its courses of lectures are not intended to take the place of any recognised courses of lectures on the same subjects. The lectures are *extra-academical*, and have always been so declared in all the prospectuses and papers relating to the school. Neither are they *sectarian*, in any way or sense. They have always been spoken of as supplementary; intended to supply the homœopathic teaching to such medical men and students as desire to add a knowledge of homœopathy to their other professional acquirements. Had my views been sectarian, or schismatic, I should have endeavoured to obtain "recognition" for our lectures, and have advised students to attend our lectures, *in place* of the ordinary lectures on materia medica, therapeutics, and practice of medicine; whereas I say, in our first prospectus, "the ordinary medical schools of Great Britain supply all the teaching necessary for the education of a physician or surgeon, with this one important exception, viz., the teaching of the homœopathic materia medica and therapeutics. It is to supply this want, and *not to inaugurate any rival effort*, that it is proposed to establish a school of homœopathy."

My effort is *not sectarian*, but essentially *catholic*. I wish to see homœopathy taught as electricity, hydropathy, and every other branch of therapeutics is taught, *within the great school of medicine*, and as soon as it takes its proper place side by side with other special therapeutics, I shall be quite willing to incorporate our school with such general school as is willing to receive it. The use of homœopathy in medicine no more makes a man's practice *sectarian*, than does the use of steam as a propelling power in navigation make its user a sectarian.

The use of steam as a propelling power gives the ship to which it is applied the name of a steamer, and nobody is offended even if the captain sometimes uses sails, as Mr. Brassey did lately in his steam yacht *Undine*, for 3,000 miles or more. In the same way the practice of a physician, using "homœopathy" is designated "homœopathic," to distinguish it from the practice of another who prefers the older method to the exclusion of homœopathy.

I see no reason why we should be at feud on these points. It is as open to me to use homœopathy as it is to my neighbour to refuse to do so. The captain of a steamer has no right to abuse or look down upon the captain of a sailing ship, nor do I see that either ought to expect the other to feel bound to give him advice whenever he may need it.

Any physician has, I assume, the right to meet me, or to refuse to meet me in consultation, and I bear them no grudge. There are many men whom I should refuse to consult with, and I both claim and avoid liberty of action in this and all other matters.

Medical progress demands *liberty* in all things, but I do not see that this essentially forces *equality* and *fraternity* as conferred on all men who possess similar diplomas.

Yours, &c.,

WILLIAM BAYES, M.D.

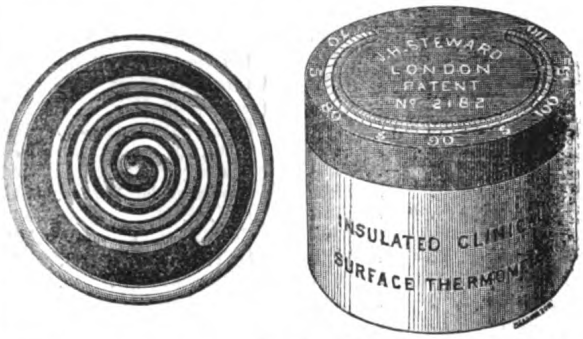
4 Granville Place, Portman Square, W.

P.S.—Dr. Wyld appears to claim a vote, by which the British Homœopathic Society declined to take any notice of his letter to Dr. Richardson, as having sanctioned his letter and its purposes. In this he is mistaken; the *majority* did not deem his letter of sufficient importance to demand any public notice on the part of the society, while so strongly did the members disapprove of Dr. Wyld's unauthorised action, that it did not (as is usual) re-elect him as its Vice-President. This was equivalent to a vote of censure.

New Inventions.

AN INSULATED CLINICAL SURFACE THERMOMETER.

THIS little instrument, introduced by Dr. Mortimer Granville to record the temperature of the surface of the body, consists of a German silver cup fitted into an ivory case, which encloses a coiled tube containing the column of mercury; from the centre the tube is carried through an aperture, protected from contact with the external atmosphere by an india-rubber band, to the outside of the cup, where it is curved and covered by an ebonite case forming the scale marked from 70 to 110 degrees Fahr. divided into fourths.



The thermometer is applied to the surface to be tested like a cupping glass, the coil of mercury resting on the skin, the temperature of the enclosed air is speedily raised to that of the surface on which it rests and recorded on the outside.

An instrument for this purpose was designed by Dr. Dupré some years since, but not brought into general use, and we are assured it was quite unknown to the inventor of the Insulated Clinical Surface Thermometer, and to the patentee, Mr. J. H. Steward, of 406 Strand, by whom this instrument is manufactured.

Medical News.

University of London.—First M.B. Examination.

EXAMINATION FOR HONOURS.—ANATOMY.

First Class.

Gill, Richard, St. Bartholomew's Hospital. | Pughe, Tiacliesin Willm Owen, L'pool R. Infirm, & Guy's Hos.

Second Class.

Dalton, Norman, King's College. | Banks, Wm., University College.

Third Class.

Rushworth, F., St. Barth. Hos. | Harvey, A., Queen's College, Birmingham.

PHYSIOLOGY, HISTOLOGY AND COMPARATIVE ANATOMY.

Second Class.

Money, Angel, University College. | Wooldridge, L. C., Guy's Hospital.
Sayer, Mark F., University Coll.

Third Class.

Pughe, T. W. O., L'pool R. Infirm. & Guy's Hospital. | Paddle, J. I., B.A., B.Sc., University College.
Gill, R., St. Bartholomew's Hosp.

CHEMISTRY.

First Class.

Gill, R. (*Exhibition and Gold Medal*), St. Bartholomew's Hospital. | White, Wm. Hale, Guy's Hosp.

Second Class

Wooldridge, L. C., Guy's Hosp. | Equal { Maylard, A. E., Guy's Hosp. / Paddle, J. Isaac, University College.

Third Class.

Jackson, Arthur, St. Bartholomew's Hospital.

Materia Medica and Pharmaceutical Chemistry.

First Class.

Banks, Wm. (*Exhibition and Gold Medal*), University College.

Equal: a Castle, H., St. Thos.'s Hosp. — a Hine J. E., Univ. Coll. — a Pollard, B., Univ. Coll. — a Ponsford, L. C., Univ. Coll.

Equal: b Barling, G. H., St. Barthol. Hospital. — b Sayer, M. F., Univ. College. — b Wooldridge, L. C., Guy's Hos.

Second Class.

Equal: Forsbrook, W. H. R., Westminster Hospital. — MacDonald, G. M., King's Col.

Equal: Balls, J., King's College. — Outhwaite, Wm., St. Barthol. Hospital.

Third Class.

Equal: Hayle, Thomas Hahnemann, Owens College. — Jackson, A., St. Barthol. Hosp.

Paddle, J. I., University College. — Gill, Richard, St. Barthol. Hosp.

a Obtained the number of marks qualifying for the Exhibition.
b Obtained the number of marks qualifying for a Medal.

Army Medical Service.—List of gentlemen who were successful for appointments in Her Majesty's Army Medical Service at the examination held at the University of London on the 13th of August, 1877 :—

Keayes, W.	2240	Barrington, H. E. W.	1505
Crofts, F. W.	2014	Lloyd, O. E. P.	1495
Young, P. G.	1928	Smith, R. B.	1495
Beamish, R. T.	1851	McLaughlin, H. J.	1480
Lundy, A. C. J. R.	1785	Grier, H.	1465
Parker, W. A.	1780	Leader, N.	1464
Green, A. P.	1764	Donovan, H. L.	1465
Rayne, C. A.	1755	Bell, G. W.	1445
Anderson, J.	1725	Conolly, J. V.	1387
Power, E. R.	1725	Lyle, A. A.	1380
Maguire, D.	1615	Clinch, J. V.	1378
Mulrenan, J.	1600	O'Neill, L. S.	1365
Pedlow, J.	1585	Charlton, H. A. H.	1335
Tidbury, J.	1550	Quarry, C.	1315
Routh, J. J.	1515	Hayes, W.	1250

Indian Medical Service.—List of candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on the 13th August, 1877. Twenty-eight candidates competed for 19 appointments, 26 were reported qualified, and 2 retired from the examination :—

Thom, A.	2795	Bennett, C. H.	1922
Thomson, S. J.	2268	Davidson, D. C.	1910
Brander, E. S.	2267	Jervis, H. P.	1845
Manser, R.	2160	Peacocke, H. C. H.	1830
Campbell, R. N.	2036	Koyaji, B. N.	1820
Emerson, G. A.	2033	Thornhill, W. H.	1795
Adey, H.	2030	Sargent, A. F.	1775
Chatterjee, F. C.	2020	Reporter, M. E.	1725
Tully, E.	1980	Robinson, R. H.	1710
Street, A. W. F.	1960		

The following candidates for Her Majesty's Indian Medical Service were successful at the competitive examination at London in February last, and have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at London and Netley :—

Rogers, T. K. (*a*)	5613	Eleum, D.	4443
Hatch, W. K.	5382	Mullen, D.	4399
Owen, W.	5380	Taaffe, R. J.	4337
Masani, H. D.	5280	Robinson, E. L.	4336
Gillies, W.	5060	Nelis, I. A.	4315
Jack, D. M.	5050	Bouton, G. C.	4096
Coury, W.	4991	Smyth, W. B.	4033
Nailer, H. A. F.	4915	Chatterjee, N.	3945
Kirtikar, K. R.	4830	Crofts, A. M.	3939
Kellie, G. S.	4760	Crofts, J.	3895
Hancock, G. I.	4673	Coutes, W.	3894
Basu, D.	4635	Blood, I.	3892
Mackenzie, A. W.	4680	Dutt, R. L.	3767
Mullane, I,	4471		

(*a*) Gained the Martin Memorial Medal.

NOTICES TO CORRESPONDENTS.

Dr. H., Leeds.—We shall be glad of further particulars. We have to be careful, that is one of the evils of the provident dispensary system. If two men have the same name and live in the same square it must be very annoying to the more eminent of the two. No man of honour or proper professional feeling would palm himself off as the real Simon pure; but, as you say, "we have unfortunately men in our profession who descend to the lowest depths of degradation to secure patients." If the names of the patrons are on the advertisement without their sanction why do they not take steps to remove them!

Neuralgia.—Gubler has recently recommended aconitia in facial neuralgia. The extract was used in 1834 by M. Rocho and M. Tealier.

Ovariotomy.—You will find the retrospective address of John Green Cross in "Provincial Transactions," 1837. It was delivered at the fourth meeting Provincial Med. and Surg. Association, Manchester, July 21, 1836.

Chemist.—It is quite true; Fowler's claim to the preparation which bears his name has been disputed. A prescription somewhat similar to his occurs in the "Medical Museums," printed in 1758.

University, Salford.—Owens College was founded by a bequest of John Owens of £100,000. A new constitution was obtained in 1870. The first stone of the new building was laid 23rd Sept., 1870, by the Duke of Devonshire.

Dr. Compton, Indiana.—We regret that we have not space to insert the letter. In no country are the people sufficiently intelligent to discountenance altogether pretenders to a knowledge of medicine.

A Reader.—1. Dialised Iron. 2. The preparations of Messrs. Squire and the "Fer Bravais" are the most reliable at present in the market.

VACANCIES.

Dental Hospital of London.—Medical Tutor in the Dental School, and Demonstrator of Dental Operations in the Hospital. Salary, £100 attached to each office. (See Advt.)

Birmingham and Midland Free Hospital for Sick Children.—Resident Medical Officer. Salary, £80 per annum, with apartments, board, washing, and attendance. Applications on or before Sept. 7.

Bedford General Infirmary.—Resident Surgeon. Salary, £100 per annum, with board and lodging. Applications on or before Sept. 27.

Carlisle Dispensary.—Junior House Surgeon. Salary, £90 per annum, with apartments, coals, gas, and attendance.

Chorlton Union.—Assistant to the Workhouse Medical Officer. Salary, £120 per annum, with residence and attendance. Applications on or before Sept. 4.

Hospital for Sick Children, Great Ormond Street.—Junior House Surgeon. Salary, £50 per annum, with board and residence. Applications on or before Sept. 5.

Liverpool Dispensaries.—Two Assistant House Surgeons. Salary, £108 per annum, with furnished apartments, coals, gas, and attendance. Applications on or before Sept. 1.

North Eastern Hospital for Children, Hackney Road.—Physician. Applications on or before Sept. 11.

St. Mary's Hospital Medical School.—Pathologist and Medical Tutor. Salary, £100 per annum. Applications on or before Sept. 24.

Killala Union Workhouse.—Medical Officer. Salary, £50. Election, Sept. 1.

Killala Union, Killala Dispensary.—Medical Officer. Salary, £80. Election, Sept. 1.

Newry Union Workhouse.—Medical Officer. Salary, £100. Election, Sept. 1.

APPOINTMENTS.

Brown, G. A., M.R.C.S.E., Medical Officer of Health for the Tredegar Urban Sanitary District.

Mayburv, W. A., M.D., M.R.C.S.E., Medical Referee for the Colchester District of the Essex Provident Society.

Murphy, James, A.B., M.B. Dub., Lecturer on Botany at the University of Durham School of Medicine.

Thompson, J. E., A.B., B.Ch., Resident Assistant and Registrar to the Country Infirmary, Roscommon.

Births.

Higginson.—Aug. 21, at Bridge House, Bangor, co. Down, the wife of H. Talbot Higginson, M.D., L.R.C.S.I., of a son.

Iliffe.—Aug. 16, at Kendal, the wife of Walter Iliffe, F.R.C.S.Ed., of a son.

MacGrath.—Aug. 20, at Colville Terrace East, Bayswater, the wife of W. M. MacGrath, F.R.C.S.I., &c., of a son.

Miller.—Aug. 17, at Blackheath, the wife of J. N. Miller, M.D., of a son.

Stokoe.—Aug. 19, at Beddington, Surrey, the wife of P. H. Stokoe, M.D., of a son.

Swanzy.—Aug. 19, at 16 Upper Mount Street, Dublin, the wife of H. R. Swanzy, F.R.C.S.I., of a son.

Marriages.

Charles—Casey.—Aug. 21, at Drumcondra, co. Dublin, Daniel Allen Charles, M.D., Bellaghy, co. Derry, to Anna, daughter of the late Andrew Casey, of Slane.

Palmer—Barrington.—Aug. 22, at Limerick, John Richard Palmer, M.D., of Durrow, Queen's County, to Caroline, daughter of the late John Barrington, Solicitor, Limerick.

Deaths.

Andrews.—On Aug. 14, at Landport, John Andrews, Surgeon, aged 75.

Boot.—On Aug. 18, at Sleaford, John Hopkinson Boot, M.D., aged 68.

Morison.—On Aug. 17, at Kirkcaldy, J. Wemyss Morison, L.R.C.P.Ed.

Nason.—On Aug. 13, at his residence, Ashford, Kent, Charles Arthur Nason, M.R.C.S.E., aged 35.

Phillips.—On July 26, William Weld Phillips, M.R.C.S.E., of Farnsfield, Notts, aged 67.

Shaw.—On Aug. 15, at Elstree, Herts, Edward Charles James Shaw M.R.C.S.E., aged 69.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 5, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

The Harveian Oration, 1877, Delivered before the Royal College of Physicians. By Edward H. Sieveking, M.D., F.R.C.P., Physician Extraordinary to the Queen; Physician in Ordinary to the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, &c. 187

On the Etiology of Typhoid Fever, with Special Reference to the Discussion introduced by Dr. Gueneau de Mussy, at the Academy of Medicine, Paris. By Thomas M. Dolan, L.R.C.P.E., &c., &c., Physician Halifax Fever Hospital 190

CLINICAL RECORDS.

St. Peter's Hospital.—Stone in the Bladder—Lithotomy—Death Three Weeks after the Operation. Under the Care of Mr. Teevan 193

Stone in the Bladder—Lithotrity—Cure. Under the Care of Mr. Teevan 194

The Effect of Bell-Ringing Medically Considered 194

LEADING ARTICLES.

The Sanitary Improvements at Glasgow 195

Union Amalgamation in Ireland 196

NOTES ON CURRENT TOPICS.

Progressive Pernicious Anæmia 197
Germain See on Salicylic Acid and the Salicylates 198
Therapeutics of Tetanus 198
The Hospital at Scutari 199
The Medical Defence Association 199
Effectual Quarantine and the Prevention of Cholera 199
The Hertford Hospital, Paris 200
Able-Bodied Paupers in Irish Workhouses 200
An Epidemic of Lead Colic 200
Counter Prescribing 210
An Inquisitorial Deadlock 210
Medical Women 201

PAGE

Properties of the Human Gastric Juice .. 201
Superstitions Regarding Hydrophobia 202
The Tubercula Quadrigemina 202
Death of Dr. Henry Montucci 202

CORRESPONDENCE.

Hydrophobia 203
Mental Hydrophobia. Is There such a Disease? 203
Professor Gairdner and Medical Reform .. 203
The Homœopathic Schism 204

A County Medical Club 204

Death of the Treasurer of St. Thomas's Hospital 205

The Carrageen Crop 205

Royal College of Surgeons 205

Notices to Correspondents, &c. 206
Vacancies 206
Appointments 206
Marriages 206
Deaths 206

Original Communications.

THE HARVEIAN ORATION—1877.

DELIVERED BEFORE

THE ROYAL COLLEGE OF PHYSICIANS.

By Edward H. Sieveking, M.D., F.R.C.P.,

Physician-Extraordinary to the Queen; Physician-in Ordinary to the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, &c.

Veritatis invicta vis est. Adrasteæ legem nemo potest facile effugere, si credendum veteribus et Galeno nostro, qui ipse suo exemplo hoc demonstravit, sicut vero in multis aliis hoc patuit, ita nescio an unquam clarius quam in novâ doctrinâ de motu sanguinis.—Pauli Marquarti Stegelii "De Motu Sanguinis Commentatio." Hamburgi; 1650.

Mr. President and Fellows of the Royal College of Physicians: Gentlemen,—The fog that prevailed in the realms of science before the publication of Harvey's great work, compared to the ever-brightening light that has been shed over them since he taught the doctrine that has been all but universally associated with his name since 1628, necessarily renders us, as it did his contemporaries of this ancient College, anxious to see that his fame suffers no diminution through our neglect.

It might seem impossible for any one who has carefully studied the literature of the subject, to entertain a doubt as to Harvey's claim to be regarded as the regenerator of human and animal physiology. The feeble opposition of the ungenerous Riolan (*a*) who taught a modified Galenic doctrine of the functions of the heart and vessels, was triumphantly met by the clear and practical exposition of Professor Schlegel of Hamburg. Other men, no less distinguished in their age and country, appeared to establish Harvey as the real founder of the doctrine of the circulation, to which we ascribe the origin of modern scientific medicine. Professor Walæus (*a*) in Leyden in 1640, Joannes Trullius (*b*) in Rome in 1651, supported the new doctrine. Plempius in Louvain, in 1652, voluntarily and publicly professed himself an adherent of Harvey. Previous to the appearance of Schlegel's admirable work in 1650, his friend and compatriot Werner Rolfink (*c*) reputed one of the best German anatomists of the time, had in 1630 given his adhesion to Harvey's views. Nor is it without significance that Descartes (*d*) in his "Discours de la Méthode pour bien conduire sa Raison et chercher la Vérité dans les Sciences," in 1637, spoke of the English physician as the man to whom the world owed the knowledge of a continuous circulation of the blood. Although here and there writers, jealous of Harvey's fame, brought forward Servetus, Sarpas, Cæsalpinus, and others still less worthy of being named, as possessing prior claims to the position assigned to Harvey, the great body of scientific men of that and all future days have subscribed to the opinion that we owe the modern doctrine of the circulation of the blood and of the moving power of the heart to him.

After the many disquisitions on the priority of Harvey's claims that have been offered to the Fellows of this College, from the oration of Friend to that of the exhaustive address by the learned Linacre Professor Dr. Rolleston, four years ago, it would scarcely have been befitting in me to bring up this *crambe iterum repetita* on the present occasion, had not a recent event appeared to

(*a*) "Les mauvais raisonnements de Riolan."—Flourens, "Histoire de la Circulation," p. 37.

(*a*) Born in 1604, at Kondekerke, in Zeeland, died in 1649.

(*b*) See "Versuch einer pragmatischen Geschichte der Arzneikunde," von Kurt Sprengel. Halle, 1800-1803, 5 vols. 8vo, vol. iv, p. 43. This book may be generally consulted with advantage on all questions connected with the history of medicine from the earliest times to the end of the eighteenth century.

(*c*) Werner Rolfink was born at Hamburg, in 1599, and, like Schlegel, filled the post of Professor of Medicine, Botany, Anatomy, and Chemistry, at Jena. His chief work was entitled "Dissert Anat.," lib vi (see lib. v, c. 12, p. 845, and lib. vi c. 14, p. 1089). He died in 1677.

(*d*) "Discours de la Methode par Descartes, avec un notice biographique," par Ad. Hatzfeldt. Paris, 1872, p. 71, *et seq.*

make it a matter of duty to inquire again into the claims of one of the three names just mentioned.

English physicians were startled last year (*a*) by the announcement that on October 30th a monument of Andrea Cesalpino was unveiled at Rome, on the ground of his being the first discover of the circulation of the blood. Dr. Giulio Ceradini, Professor of Physiology at Genoa, appears to have been the chief orator on the occasion, and to have asserted, after stating that Cesalpino produced experimental proof of the circulation in 1593, that Harvey could in 1628 adduce nothing more than a fresh proof of the circulation in the venous valves, discovered by Fabricius at Aquapendente as early as 1574, by demonstrating that the said valves must oppose the centrifugal movement of the blood in the veins. Ceradini maintained that Harvey's merit really consists in having sustained and won a battle against ignorance and prejudice by divulging the discovery of Cesalpino.

Although the claims of Andrea Cesalpino of Arezzo have been put forward and amply discussed—by none perhaps, more fully and justly than by Dr. Willis in his admirable "Life of Harvey" (*b*)—it has appeared to be, under the circumstances, a duty of the Harveian orator of the present year to search the original works of Cesalpino, and to ascertain whether contemporary and later history have erred in awarding to our countryman the palm which really belongs to a greater predecessor of his. One thing appears indisputable; that, whatever Cesalpino has written, his views on the circulation were not considered of much consequence, and certainly not subversive of the old Galenic doctrines, at the time that Harvey resided in Padua, and subsequently Schlegel in Venice and other parts of Italy. The former, whom his greatest detractors (*c*) have never accused of want of uprightness and honesty, does not allude to the discoveries of Cesalpino; and the latter (*d*) distinctly says that, having been in familiar intercourse with the most distinguished anatomists of Padua, Venice, and throughout Italy, for some years, he had found "the movement of the blood almost entirely unknown, or that it certainly was regarded as incredible."(*e*) Schlegel manifestly speaks of the movement of the blood as taught by Harvey, because earlier writers had discussed the question of the circulation, as Harvey himself admits,(*f*) but, "like persons purblind or groping about in the dark," had failed to recognise the intimate connection and beautiful harmony of the different parts involved in the process.

The entire tenour of Harvey's life and work forbids the view that he was a plagiarist, and that, as Cesalpino's panegyrist has recently asserted, he arrogated to himself a discovery which belongs to the latter. Contemporary writers failed to recognise in Harvey's doctrine a reproduction of the teachings of Cesalpino; and, though his great adversary, Riolan, was satisfied that Harvey had been anticipated by Aristotle and Cesalpino, we can scarcely doubt that Schlegel correctly describes the state of medical science and the effect produced by the great work published in 1628. He says of Harveys doctrine: (*a*) "*Inaudita, communibusque et per multa sæcula inveteratis opinionibus adversissima sententia, omnes commovit.*"

But let us do justice to Cesalpino; for, though it is clear to my mind that he failed to appreciate the truth as it was made plain by Harvey, he approached nearer to him than any of the physiologists of earlier days. Any one who was satisfied with the evidence afforded by solitary passages in his writings might fairly assert that Cesalpino had taught the true doctrine of the circulation; but, when we search further, and find that he still regards the flow of the blood comparable to the flood and ebb tides of the Euripus; that the arteries, according to him, convey the spirit to which their pulse is due; and that he utterly failed to recognise in the heart the central moving power of the circulation,—we cannot but arrive at the conclusion that his doctrine, by itself, would never have formed the basis of modern physiology.

Cesalpino, whose work was published at Venice in 1593, (*b*) in the fifth book of his Peripatetic Questions (*c*) describes the circulation in the following words: "As rivulets draw water from a spring, the veins and arteries take their origin from the heart. It is further necessary that they should all be continuous with the heart, that the blood contained in them may be preserved by its heat, for it congeals under the influence of cold, as appears whenever it is removed from the veins. Dissection shows that all veins are continuous with the heart alone, for those which pass from the heart to the lungs are continuous with no other viscus; they terminate in the ventricles of the heart and pass no further. The vena cava and the aorta, having reached the other viscera with the exception of the heart, pass beyond them; or, if they come to an end, they do not pour their blood into a general receptacle (*non in ventrum aliquem transfudunt sanguinem*), but are broken up into hair tubes (*capilla menta*), for nowhere excepting in the heart is the blood contained in a receptacle out of the veins."

Although in this passage Cesalpino speaks of a continuity of the blood-vessels, he still adheres, as shown in another passages (*d*) to the view that the venous system depends less upon the heart than upon the liver, which organ possesses a special nutritive power (*vim altricem*), and is the real source of the veins: "*non igitur cor sed epar est principium venarum.*" Again, elsewhere (*e*) Cæsalpinus gives his adhesion to the ancient fallacy that the blood passes not only to the lungs from the right ventricle, but also through the septum into the left side of the heart; "*partim per medium septum, partim per medios pulmones (sanguis) refrigerationis gratia ex dextro in sinistrum transmittitur.*"

Even Harvey himself, conclusive as are his proofs of a continuity of the current both in the lesser and greater circulation from the heart as a starting-point back again to the central organ, nowhere gets beyond the prevailing view of an anastomosis between the arteries and the veins. It would be as reasonable to infer that Cesalpino had, without a microscope, anticipated the great discovery of capillaries by Malpighi because he accidentally uses the term "capillamenta" to designate the minute divisions of

(*a*) *Lancet*, November 4th, 1876.

(*b*) Prefixed to the Sydenham Society's edition of the "Works of William Harvey," 1847, p. 60.

(*c*) Among these we are pained to mention William Hunter, who, in his two introductory lectures to his last course of "Anatomical Lectures," 1784, pp. 43, *et. seq.*, speaks of Harvey in a manner that is a blot upon the lecturer's name, and shows that he had not investigated the question by a reference to the original works of the men whom he compares with Harvey.

(*d*) Pauli Marquarti Slegelii, M.D., Hamburg, "De Sanguinius Motu Commentatio," Hamburgi, 1650, p. 7. Schlegel (Latinised, Slegelius), the son of a merchant, was born at Hamburg in 1605, and studied medicine at Altorf, Wittenburg, and Jena. In 1631, in company with Rolfink, he undertook a long scientific tour. He visited Holland and England, then went to Paris, where he remained two years; subsequently spent several years in Italy; and, after taking a degree at Padua in 1636, returned to Germany in 1638. He was at once appointed Professor of Anatomy, Surgery, and Botany at Jena. In 1642, Schlegel was invited to accept the office of subphysicus, or assistant officer of health, in Hamburg, where he founded an anatomical theatre. He died in 1653. For further details, see "Mittheilungen aus der alteren Medicinal Geschichte Hamburg's" von Physicus Dr. Gernet, Hamburg, 1859; and also "Lexicon der Hamburgischen Schriftsteller bis zur Gegenwart," von Dr. H. Schroeder, now publishing. In the last, a list of twenty-four works by Schlegel is given, which illustrates both the variety and the depth of his studies.

(*e*) The original Latin is: Quin imo doctrinam illo tempore de motu sanguinis apud omnes fere incompertam aut certe pro incredibile habitam fuisse, neque obtineri potuisse rationibus ab iis ut assentirentur.

(*r*) Sydenham Society's edition of "Harvey's Works," p. 33.

(*a*) "De Motu Sanguinis Commentatio," p. 1.

(*b*) Andreæ Cesalpini, Aretini, "Quæstionum peripateticarum, libri v.; Dæmonum Investigatio peripatetica; Quæstionum Medicarum, lib. ii; De Medicaminum Facultatibus," libri ii. Venitiis, 1593.

(*c*) *Ibid*, p. 116.

(*d*) "Quœstion. peripatet.," lib. v., p. 117.

(*e*) *Loc cit.*, p. 126.

the vena cava and the aorta, as it is to regard him as the true discoverer of the circulation of the blood. Everybody, as Cesalpino says, knew in his day that the arteries took their origin from the heart in order that they might distribute the vital spirit throughout the body; and, again, he maintains that a continuous movement is propagated throughout the different parts of the body, because there is a continuous generation of spirit, which, by its increase (*amplificatione*), is fitted very rapidly to be diffused everywhere.

Cesalpino argues that the heart is manifestly the chief organ of sensation (*primum sensorium*), because it is associated with every sense of joy or sadness, which are first perceived to exist in the heart. The heart, therefore, is the origin of the nerves. And what, he asks, could such a struggle about the heart effect, unless there were a continuous passage from the heart to the instruments of movement, by which a large amount of spirit (*spiritus multus*) could be conveyed? There is not much in the foregoing passage that we can utilise; but in the following there is a mixture of truth and error which is more suggestive, although it will not bear comparison with the clear and practical deductions, based upon observation in the dead and living body, which Harvey has laid before us in language as free from hypothetical jargon as anything known in science. In discussing the question of suffocation, Cesalpino (*a*) says: "It appears worthy of inquiry why veins swell on the distal side of a ligature and not on the opposite side, which those know from experience who open a wide vein, for they apply the ligature above the point of section, and not below, because the veins swell below and not above the ligature. But the opposite result ought to happen if the movement of the blood and spirit passed from the bowels to the body at large; for, if the passage be intercepted, no further progress is possible: therefore the swelling of the veins ought to have been above the ligature."

After inquiry into Aristotle's view on the subject, Cesalpino goes on to say: "The passages of the heart, have been so prepared by Nature that the vena cava opens into the right ventricle of the heart, from which a passage opens into the lung; from the lung there is another passage into the left ventricle of the heart; from which, finally, an outlet opens into the aorta, certain membranes being placed at the mouths of the vessels to prevent a return; for there is a certain continuous movement from the vena cava through the heart and lungs into the aorta. But as, during wakefulness, the movement of native heat takes place outwards, namely, to the sensorial parts; but during sleep, inwards, namely, to the heart—it appears that during wakefulness much spirit and blood are carried to the arteries, for there is a passage from them to the nerves. But in sleep the same heat returns through the veins to the heart, and not through the arteries; for the natural entrance is through the vena cava into the heart, and not through the arteries. The proof of this is to be found in the pulses, which are large, powerful, quick, and frequent in those waking up, occurring with a certain vibration; during sleep, they are small, languid, slow, and scanty. For during sleep the native heat tends less into the arteries, but rushes more violently into them as the individual wakes up. The veins behave in a different manner, for during sleep they tumefy, but shrink in the waking state, as any one may see who looks at the veins of the hand. For during sleep the natural heat passes from the arteries to the veins by inosculations, which are called anastomoses, and thence to the heart; but, as the tidal movement of the blood (*exundatio*) to the upper parts, and its ebb (*retrocessus*) to the lower parts, like Euripus, is manifest in sleeping and waking, so this kind of movement is not obscure wherever a ligature is applied to a part of the body, or the veins are closed in some other way.

I trust I shall be pardoned if I do not go more fully into this question of priority, but refer those in whose minds any doubt may remain, to the original works of Cesalpino, where they will find much to interest them. Even the brief quotations that I have laid before you appear to justify to a certain extent the claims that have been raised for higher distinction among the physiologists of the past for Cesalpino than may have hitherto been awarded him, but at the same time I venture to think that they are conclusive as to the view that Cesalpino cannot be declared worthy to occupy the place so long and universally assigned to our illustrious countryman. Certainly, Cesalpino himself was not conscious of having made an important, if any, discovery; for he introduces the subject of the circulation incidentally in a chapter headed, *Cor non solum atreriarum sed et venarum et nervorum principium*, and nowhere lays stress upon what is now claimed as his prerogative. Even among the list of subjects contained in his "Index eorum quæ notatu digna viva sunt," the circulation is not inserted. Lest, as Englishmen, we may be tempted to take a one-sided view of the question, permit me to adduce a few words from the work of one of the most eminent modern French physiologists, Flourens (*a*) who in his "Histoire de la Circulation du Sang," gives evidence of a minute study of the authors who preceded Harvey, says: "Lorsque Harvey parut, tout, relativement á la circulation, avait été indiqué ou soupçonné, rien n'était établi. Rien n'était établi, et cela est si vrai que Fabrice d'Acquapendente, qui vient après Césalpin et qui découvre les valvules des veines, ne connait pas la circulation." And it may be added that he quite misinterpreted the functions of the valves.

A careful study of the entire subject appears fully to justify the opinion expressed by Dr. Willis (*b*) that Cesalpino, tried by a moderately searching criticism, presents himself to us as but very little further advanced than the ancients in his ideas on the motion of the blood; and again, that "the world saw nothing of the circulation of the blood in Servetus, Columbus, Cæsalpinus, or Shakespeare, until after William Harvey had taught and written."

We all know that Harvey did not evolve his doctrine out of his inner consciousness, but that by intense application and the study of vital phenomena he arrived at the conclusions set forth in 1628, having undertaken a task which at the outset he regarded "as so full of difficulties that he was almost tempted to think with Fracastorius that the motion of the heart was only to be comprehended by God." It will be interesting to the Fellows of this College, no less than to the world of science at large, to know that we now have it in our power to estimate more accurately the gradual advances by which Harvey eventually arrived at his goal, inasmuch as the original notes of the first lectures which he delivered in this College in 1616 and in subsequent years, as Lumleian Lecturer on Anatomy and Physiology, have been recently rediscovered in the British Museum. Harvey tells us in the introductory letter to his "very dear friend Dr. Argent, the excellent and accomplished President of the College of Physicians, prefixed to his work "De Motu Sanguinis," published in 1628, that he had "for nine years and more confirmed his views by multiplied demonstrations.' Hence the first date of the new doctrine is ordinarily fixed in 1619; but the manuscript lectures show that Harvey delivered his first lectures in 1616, and was then already on the threshold of the complete discovery. These lectures formed a part of the library of Sir Hans Sloane, which was purchased by Government in 1754, and, though entered in the catalogue of the Museum, they have disappeared for above a hundred years. A few

(*a*) *Loc. cit.*, p. 243.

(*a*) "Histoire de la Circulation du Sang," par. P. Flourens, Professeur au Muséum d'Histoire Naturelle de Paris, 1854, p. 28, An excellent summary of the history of the circulation is given in Mr. Lewes's "Physiology of Common Life" (vol. i, p. 259, 1859), in which the claims of Harvey and of his predecessors are fairly and succinctly set forth.

(*b*) "The Life of Harvey." Introduction to Sydenham Society's edition of Harvey's works, p. 63.

months ago, in going over the duplicate books which had been set aside, this manuscript was found, probably in all the better preservation from having been so long buried. Allusion is made to these lectures by several writers. Dr. Rolleston, in his Harveian Oration (p. 70), gives all the details that he was able to collect regarding them, and recounts with what diligence they had been searched for. They were also evidently seen by the writer of Harvey's life prefixed to the edition of his works published by the College of Physicians in 1766, but have been mislaid since then. The notes are written in Latin, but the abbreviations and the handwriting are so quaint that no one but a gentleman in the habit of studying manuscripts of the period can decipher them. (*a*) Mr. Bond, the Chief of the Manuscript Department of the British Museum, has kindly produced a readable transcript of that portion of the lectures which commands our special attention. Possibly this College may consider it a duty that it owes to itself no less than to the memory of the illustrious author to publish these notes, entire or in part, so as to complete as far as possible the history of the subject to which our attention is specially directed. Coupled with Schlegel's admirable "Commentatio de Motu Sanguinis," which has received too little attention in this country, the two would form a not inappropriate memorial of the natal year of William Harvey, of which we celebrate the three hundredth anniversary in 1878.

(To be continued.)

ON THE ETIOLOGY OF TYPHOID FEVER, WITH SPECIAL REFERENCE TO THE DISCUSSION INTRODUCED BY DR. GUENEAU DE MUSSY, AT THE ACADEMY OF MEDICINE, PARIS. (*b*)

By Thomas M. Dolan, L.R.C.P.E., &c., &c.,
Physician Halifax Fever Hospital.

Mr. President, Vice-Presidents, and Gentlemen,—Need I offer any apology for bringing this subject before you? Sir William Jenner told us in 1875, (*c*) that the mode of typhoid fever spreading by contagion was pretty generally admitted, but that the question of its *de novo* origin was *sub judice*, and could only be solved by the combined efforts of those who have investigated the origin of typhoid fever, when it occurs as an epidemic or in the form of a severe local outbreak, and of those practitioners who being engaged in private practice in country districts can examine and report on single solitary cases occurring under circumstances favourable for excluding fallacies.

The question is still *sub judice*, and we could not have a better opportunity than this assembly affords of eliciting the opinions of the general practitioners of England, whose importance Sir W. Jenner so graciously recognises.

It is also favourable in view of the discussion that has recently raged at the Paris Academy of Medicine, and also in view of the forthcoming International Congress of Science to be held at Geneva next September, where

Dr. Bouchard has taken the etiology of typhoid fever as the subject for discussion in the section of medicine. He has submitted the four following provisional propositions (*d*)

1st. That the contagious nature of typhoid fever from man to man by contact, inoculation, ingestion of contagious matter through the lungs or alimentary canal, has not yet been satisfactorily demonstrated. Dr. Bouchard, therefore, asks for new facts tending to establish the mediate nocuity of these matters, the time when such matter begins to be injurious, the period when it ceases to be so, the conditions which favour the development and propagation of the contagious qualities.

2nd. Whatever may be the solution given to the question of the origin of the morbid poison, Dr. Bouchard invites the communication of documents to throw light on the way of transport of the poison as air, water, which may serve as *media* for its introduction into the human organism.

3rd. Relative to poisoning by air, facts will be discussed tending to incriminate the injurious influence of emanations from privies, drains, dung-heaps, and statistics are desired to appreciate the action exercised on the health of workmen by emanations from these foci either in presence of, during, or after an epidemic.

4th. Relative to poisoning by water, facts will also be brought tending to prove that certain epidemics localise themselves around the wells supplying the affected quarter, or follow the course of the water conduits.

It will also be desirable to follow the progress of an epidemic, from one village to another along the descending course of the streams which supply the rivers and receive their dejections, and finally to ascertain what influence we must assign to subterranean waters, to their infiltrations and fluctuations. (*a*)

We see, then, the importance attached to this investigation in the land of Louis, who gave to this disease the appelation of Fiévre Typhöide, for aimost before one inquiry is finished we have the announcement of an appeal to an international tribunal.

You will also see the breadth and extent of the inquiry, the wide field open for discussion, the difficulties in the way of solution of the problem of the *de novo* origin. How far has the discussion at the French Academy assisted us in arriving at satisfactory conclusions?

What is the problem, and what are the opinions popular in the English medical world?

One of the Nestors of our profession, whose claims to speak on this disease are almost paramount to those of any other living authority, Sir W. Jenner, has placed almost in a nutshell the terms of this vexed question, He has shown us the desiderata for solving it, and has warned us of the dangers of reasoning upon insufficient facts, or an insufficient number of facts, and the unwisdom of drawing general conclusions from facts which bear only on one side of the question. What, then, are the terms of the problem according to Sir W. Jenner.

Firstly. It is said by some that typhoid fever is undoubtedly contagious, and being contagious it can never originate *de novo*, that is to say, as it can be proved in some cases to have its origin from the emanations of the sick into the previously supposed healthy, it can never arise in any other way. Might I say this is a form of belief we may call pure Buddism.

Secondly. While admitting the disease may be spread by the emanations of typhoid patients, it is also said that the admixture of sewage, decomposing animal excreta with fluids used for drinking purposes, although no typhoid excreta are present, will produce typhoid fever *de novo*.

Thirdly. It is said that inhalation of sewer gas is itself sufficient to produce in a previously healthy person typhoid fever *de novo*.

You are all familiar with the views of Murchison, who, after a careful survey of the various writers on this disease, after an elaborate summary of cases and a masterly analysis of their value, executed in a most cosmopolitan spirit, and

(*a*) In his own day, Harvey's writing was evidently a puzzle to his readers, for Dr. Ent, in his epistle dedicatory to the work on "Generation," which he edited, says: "As our author writes a hand which no one without practice can easily read (a thing that is common among our men of letters), I have taken some pains to prevent the printer committing any grave blunder through this." Many of my readers may already be familiar with Harvey's handwriting through the *fac-simile* of a letter of his, prefixed to Dr. Aveling's "Memorials of Harvey" (London, 1875), which fully confirms Dr. Ent's statement, as its authenticity is in its turn corroborated by MS. lectures.

(*b*) Read at the Annual Meeting of the British Medical Association, Manchester, August, 1877.

(*c*) Address Clinical Society of London. *Lancet*, Jan. 14th, 1875, p. 259.

(*d*) "Congres Periodique Internationale des Sciences Médicales,' p. vi.

(*a*) The latter part of the question bears on the theory of Pettenkoffer, that the rise and fall of the water in the soil (grundwasser) is the main element in producing typhoid epidemics. He did not believe in the contagious nature of typhoid fever.

with the fullest appreciation of the labours of our French *confrères*, arrived at the following conclusions :—

Firstly. That the disease should be called pythogenic, or enteric fever.

Secondly. That it is often generated spontaneously by fæcal fermentation.

Thirdly. That it is occasionally communicated by sick persons to persons in health.

Fourthly. That this transmission is probably affected by the stools, which are unusually prone to decomposition.

You know the opinion of Budd, that the poison of enteric fever always arises from the alvine evacuations of an individual suffering from the disease ; that the poison resides chiefly in the stools of the sick, and a drain is merely the vehicle of its propagation ; and though Murchison agrees with Budd that this theory is the best explanation in those cases where the fever is propagated by the sick, yet he thinks a necessary link is wanting in the chain of evidence—viz., as to the mode of introduction of the poison into the system.

The theory adopted by Dr. Latham is as follows :—

Firstly. That almost invariably the disease proceeds from a special poison contained in the alvine excreta.

Secondly. This poison is directly introduced into the alimentary canal, either in the food, or, most generally, in the water drunk.

Thirdly. That it is not yet proved that the poison is contained in, or disseminated by, the exhalations from drains, privies, &c., or that it can be absorbed into the system through breathing air contaminated with such exhalations.

I have quoted the opinions of these representative medical minds (*a*) to show that we have data on which we are almost all agreed, and must refer you to their published writings for the cases on which they based their opinions. I must next give a rapid glance at other evidence, as to the communicability of the fever by alimentation, water supply, tainted with typhoid excreta of some kind.

It has often been made a source of reproach that the medical mind, if I may so call it, is too much given to hasty generalisations, that it adopts opinions and theories as facts ; but were I asked for a practical contradiction of this, and for a proof of pure logical, inductive medical reasoning, I could not give a better specimen than the report of Dr. E. Ballard on the Islington epidemic of typhoid fever, July, 1870, traced to poisoned milk.

Since his investigation we have had numerous instances of poisoning by milk, notably those at Paddington, St. George's, Hanover Square, Marylebone, Eagley, Burnley, St. Pancras, Salford, and, in my own experience, one that occurred in the Shibden Valley, near Halifax, in the year 1873. I may say, *Ex uno disce omnes.*

Even though such a writer as Dr. Tidy seems to throw doubt on this view, and to regard it as a modern medical fashion, if the report of his remarks are correct at the reading of a paper by Dr. Stevenson, yet I think, in the face of the evidence we have, we can come to no other conclusion but that milk contamination, as a source of typhoid fever, is amongst the number of our best established etiological facts. We have equally strong evidence on the transmission by water tainted with typhoid excreta, so illustrative of cause and effect, that I need only mention the Croydon epidemic, and as an instance of the effects of an intermittent water supply, I must refer to the report of Dr. Bloxall on the epidemic at Shelbourne. I may say that we can furnish Dr. Bouchard with sufficient evidence on his two first propositions, if there is any value in the inductive method of reasoning when applied to the etiology of this disease, and the addition of further evidence will be like the heaping of Ossa upon Pelion, or borrowing from Shakespeare, the gilding of refined gold.

As regards the origin of typhoid fever from sewer gas, fæcal matter, impure water without a specific taint, and putrid food, we have the most difficult part of the problem. We have eminent names in favour of it, especially that of Murchison, who has given the name of pythogenic (produced by putrefaction) to the fever.

The evidence must necessarily be of a negative character, because Buddites may always say in a case of sporadic isolated typhoid fever, as there is no specific time given for the poison to lose its evil effects, and as an infinitesimal quantity has noxious influences, that at some very remote time typhoid excreta may have been present.

Here we have a difficulty of a very grave nature, for though we may have a sporadic isolated case where we cannot possibly trace any connection with a previous typhoid patient, still there may have been cases fifty, a hundred, five hundred, a thousand years ago in the locality.

Carrying this argument further, as we may suppose that typhoid fever existed in the time of the Ancient Britons—that is to say, as we have no positive evidence that it did not, some Ancient Briton may have deposited the seeds of the disease in some of our primæval forests where now human habitations exist ; and as it is said, *turdus malum sibi cacat*, so the fæcal excreta of some of our ancestors may now be producing their evil effects on their descendants, and we may now be suffering from their primitive habits.

This view, pushed to extreme conclusions, is not so absurd as may at first sight appear.

The vitality of life in various substances, under conditions supposed unfavourable, has been demonstrated by such facts as the springing into life of cereals found enclosed with Egyptian mummies, the preservation of scents when excluded from the air after a long lapse of years, as musk, and for fungoids by the spores of the mushroom.

Admitting the doctrine of *contagium vivum*, can we assign limits to its duration of life ?

Liebermeister (*a*) tells us there are several accounts in the annals of science of the production of typhoid fever by eating rotten food, sewage, &c., but their autochthonous origin is disputed, and I may give an instance from him of the line of refutation, which, unfortunately, only consists in putting one opinion against another. Liebermeister is a confirmed Buddite. He tells us that at Andelfungen, in the canton of Zurich, in 1839, more than 500 persons were supposed to have typhoid fever from eating putrid meat.

Griesinger has made this epidemic widely known, and states that the existence of ileo-typhus was anatomically proven, so that it was generally accepted as a proof of the spontaneous origin of typhoid fever.

Liebermeister says that he found with complete certainty that this epidemic was not typhoid fever ; he believed it was an unusual epidemic of trichinosis, but he acknowledges this belief was not confirmed when laid before the medical authorities of Zurich by Küchenmeister.

Dr. Sigg examined the bodies of two patients and found no trichinæ.

Now we have here the difficulty pointed out by Sir William Jenner, viz., of arriving at facts. But place the evidence in the scales of reason, and let us see to which side the weight leans.

Liebermeister was certainly wrong in saying it was trichinosis. It is not more than probable that he was also wrong in denying it was typhoid fever ?

We cannot rest satisfied with his simple negation and his subsequent suggestion, "that there is a particular disease produced by meat poisoning, as advanced by Lebert and Kohler." If there is any value in medical evidence it must incline to the views of Griesinger, who established the existence of ileo-typhus anatomically. I must not

(*a*) It is impossible to give all authorities in such a short compass, and I have had to omit several names, as that of Sir W. Gull, whose views will be found in a lecture delivered at Guy's Hospital, June 20th, and reported in the *Lancet*, June 29th, 1872, p. 896.

(*a*) Ziemssen's "System of Medicine," Vol. I., p. 61.

omit the opinions of Dr. Stokes, one of the most highly educated, highly trained, thoughtful, observant minds of the Irish School of Medicine, as expressed at the reading of a remarkable paper by Dr. Pratt (*a*) at the Surgical Society of Ireland, in 1872. Dr. Stokes then said :—

Firstly. That the sources of epidemics were not yet known, that Dr. Pratt expressed the same idea when he said "the wind bloweth where it listeth."

Secondly. That bad odours were not in themselves necessarily deleterious ; that labourers working in knackers' yards and in sewers did not appear to be more liable to disease than persons in the same class of life.

Thirdly. That it was wrong purely to say pythogenic fever proceeded from the putrescence of matter in which the seeds of typhoid matter had been mixed.

These views of Dr. Stokes are interesting, as they almost correspond with those of Dr. Bouley and Bouchardat. The discussion at the French Academy of Medicine arose from a work of Dr. Gueneau de Mussy, (*b*) presented at the sitting, November 28th, 1876, this work being a critical and historical study on the etiology and prophylaxis of typhoid fever, based on numerous observations from the memoirs of the academy, on foreign works, and especially on the writings of Budd and Murchison.

Dr. de Mussy is a confirmed partisan of the contagious nature of typhoid fever, and he incriminates the communication of the closets with the drains, of the drains with the atmosphere of the streets and private houses by the water supply.

He distinguishes the influence exercised by warm dry seasons when the drains are badly flushed and badly trapped, when fæcal typhoid excreta are suffered to be present ; but, he adds: "When the fluids of privies do not contain infectious principles, it is doubtful whether typhoid fever can be developed, even though they communicate with the drains."

Dr. de Mussy does not assist us in clearing up the *de novo* origin. He has adopted English views as regards specific contagion, and the highest value we can attach to his evidence is, that it is the opinion of an educated observant foreign mind.

Professor Jaccoud (*c*) supports Dr. de Mussy on the point of specific contagion.

He considers the fæcal origin of typhoid fever amongst the best established of our etiological truths, and the origin by transmission as the most positive, the best demonstrated, and the most demonstrable.

He believes we must eliminate facts observed where typhoid fever is endemic, and seek for light in localities where the disease does not exist habitually.

He supposed a case where typhoid fever breaks out in a locality where it has not been endemic ; an inquiry does not establish any cause, but the emanations from overfull closets, or the mixture of excrementitious matter with drinking water. Now if the epidemic ceases on the removal of these causes, he thinks we have all the elements of appreciation to attribute it to its true cause.

He has collected 196 facts or circumstances, bearing on this point, one of which I may mention.

An epidemic broke out in a Norwegian village, 1870, where typhoid fever was almost unknown.

The village possessed seven fountains and forty-four houses. Now there occurred 121 cases of fever amongst the inhabitants who used five of the fountains, and there was not a single case amongst those who used two of the fountains. On examination these five fountains were found to be specifically tainted.

Dr. Jaccoud supports us on the contagious nature, but he also expresses his opinion on the *de novo* origin.

His conclusions are, as expressed in his treatise on internal pathology, that the poison may strike the organism in one of three ways.

Firstly. In the air, in water, in substances, to the emanations of which the subject has been exposed—the extrinsic mode of origin.

Secondly. It may arise in the organism from the influence of certain bad conditions—the spontaneous mode of origin.

Thirdly. It may be reproduced like cholera-poison, and transmitted to healthy people—the contagious mode of origin.

M. Guerin (*a*) also contributed the results of his very interesting experiments, on the excreta of typhoid patients, made on rabbits. He attributes to the emanations from privies a direct influence on the development of this malady. But before arriving at this conclusion, he examined the following points :—

Firstly. Whether the deposited matter by the simple fact of its agglomeration, confined the morbid principles he attributed to it, or whether these principles resulted from some kind of alteration subsequent to its deposit.

Secondly. Whether the morbid elements are of a general character, or of a special nature.

Thirdly. Whether the emanations from the deposits possess this special, and even specific property, in virtue of the matter emanating directly from the patient.

Fourthly. Whether the typhoid principle, of which the matter excreted by the patient is the vehiculum, is developed after coming from the body of the patient.

This simple enumeration of particular questions (springing from the general question of the pathogenic influence of emanations from privies) shows what a complex problem we have to solve ; and in order to escape the confusion inherent to this complexity, M. Guerin has examined by the experimental method, whether the matter excreted by typhoid patients contains directly a well characterised toxic principle, which we may consider as the principal agent of the malady. He has collected for this purpose alvine matter from characteristic typhoid patients, and experimentalised on many series of animals.

In the first series of experiments he introduced subcutaneously into the cellular tissue of twelve adult domestic rabbits, on both sides of the thoracic walls, from four to five grammes of very fœtid fæcal yellowish liquid matter, ejected by a patient on the twenty-third day of his illness.

Out of these twelve rabbits five died on the day of the operation, two after two days, two on the third day, one on the fourth day, one many months after the experiments, one completely resisted.

In a second series he employed five rabbits. One was experimented on with blood taken from the heart of one of the dead rabbits of the former series ; it succumbed on the morning of the experiment. On two others he introduced fæcal matter furnished by two patients, one of whom was suffering from measles, the other from amygdalitis with feverishness. After some symptoms of malaise these two rabbits completely recovered, and the other two also recovered after being tested by matter furnished by a healthy subject.

A third series of twelve rabbits were experimented on with fæcal matter, blood from intestinal hæmorrhage, urine, mesenteric liquid, detritus of the mesenteric ganglions, and shreds of ulcerated intestine obtained from a typhoid patient who had died.

(*a*) Report MEDICAL PRESS AND CIRCULAR, p. 206. In connection with the Irish School of Medicine the reader may consult "Remarks on the Etiology of Typhoid Fever," by Dr. H. Kennedy, *Dublin Journal Medical Science*, March, 1873, p. 257.

(*b*) Proceedings Academy of Medicine, Paris, Feb. 28th, and sub. See *Progrès Medical Analysis*, by Longuet, Nos. 1, 11, 12, 26 ; *Journal Therapeutique*, No. 5, p. 185 ; *La France Medicale*, and other French journals.

(*c*) Proc. Academy, April 17, 1877. *Jour. Therapeutique*, No. 9, p. 347. *Progrès Medical Loc. cit.* Translation MEDICAL PRESS AND CIRCULAR, p. 492, June 28, 1877, of Jaccoud's views by writer.

(*a*) Proceed. Academy Medicine, Feb. 25th. *Journal Therapeutique*, No. 5, p, 189. Translated by writer for MEDICAL PRESS AND CIRCULAR, June 28th, 1877, p. 492. On the point of the inoculability of specific fevers, see *British Medical Journal*, March 25th, 1876.

The results were still more marked, for all the rabbits died.

The symptoms were almost the same, general malaise convulsive movements, immobility, titulation, paralysis, disgust of food.

The autopsy revealed nothing particular unless some venous arborisation at the seat of the operation, and general turgescence of the venous system. There was exceptional fluidity of the blood in two cases.

In a fourth series of experiments on six rabbits, he used blood, urine, and fæcal matter, which had been preserved for four months, the residue of what had been employed in the third series. All the rabbits died.

M. Guerin has drawn the following conclusions :—

Firstly. The fæcal matter of typhoid patients contains from the time of its evacuation from the body a poisonous principle, capable of causing death to one class of animals in a few hours or a few days.

Secondly. Other excrements from typhoid patients, as urine, blood, mesenteric fluid, have the same properties.

Thirdly. These properties are preserved after many months.

Fourthly. The fæcal matter of subjects in health, or suffering from some disease not typhoid, do not possess these toxic effects.

The views of M. Chauffiard, and others, are interesting, but are not of much assistance, so I may pass on to the opponents of Dr. Gueneau de Mussy.

M. Bouley, the President of the Academy of Medicine, has entered into the lists as an opponent of Dr. de Mussy. He denies the influence of sewage on the disease, and asserts that the nightmen, those connected with the drains, those who visit the sewage, the workmen at the depôt of Boudy, are uninfluenced by the emanations of the dejections, and they do not appear to pay a larger tribute to typhoid and cholera epidemics than the other inhabitants of Paris. He challenges the statistics brought forward to prove the connection between the intensity of an epidemic and the bad state of the drains, and he strongly condemns the method of induction employed to verify these assertions. Going even farther, he believes the part played by drains to be eminently useful and almost indispensable. The chemical nature of the miasma or agent of contagion is not known, but it probably belongs to the group of organic substances.

It is well known that these substances disappear by fermentation. Now fermentation is constant in the drains, and the organic putrid matter, infectious or contagious, cannot escape its action. Hence the drains favour the destruction of organic contagious matter, whilst the dilution of such matter by the water also weakens any hurtful activity, and hence the well-known immurity of the workmen above described. (*a*)

This view reminds me of a saying attributed to an old eccentric Cork physician, that there could not be a healthier thing at a man's door than a fine dung heap ; but if this view is tenable, there is iittle use for medical officers of health or for the expensive machinery of the Public Health Acts.

M. Bouchardat, Professor of Hygiene at the Faculty of Medicine, declares that he has adopted and professed for twenty-five years the hypothesis of the contagion of typhoid fever ; but he does not admit that the sewers play any part in the diffusion of the poison. He denies the possibility of the *de novo* origin, and without explaining the mode of transmission, looks upon typhoid fever as an endemic disease of large towns.

What conclusion do I draw ? I hold that the weight of evidence leans to the views of Sir W. Jenner, Murchison, Budd, Gueneau de Mussy, Jaccoud, insomuch as it affects the contagious nature of typhoid fever and its transmission by specific poisoning by air, water, food of any kind, by emanations from drains, sewer gas tainted with typhoid execreta, and specially influenced by an intermittent water supply and by hot and dry weather.

Secondly. I also believe that the weight of evidence inclines to the special views of Murchison and to the three theories of Jaccoud—the extrinsic, the spontaneous, and the contagious modes of origin. I do not see how we can otherwise explain those sporadic and isolated cases that have come not only under my own notice during the past eleven years, but also those I have heard and read of, and I think a large number of general practitioners and Medical Officers of Health (*a*) hold similar views.

It is for you to decide whether I am justified in adopting such conclusions, in the present state of our knowledge, and with the evidence we possess, and it is for you to assist in the solving of the problem.

Your time has not, I trust, been wasted by my *resumé* of our position on the etiology of a disease, which possesses such great practical interest, which opens out such a wide field for inquiry, which bears so much on grave questions of hygiene, pure air, pure water, efficient drainage, sufficient water supply, clean and healthy habitations, (*a*) thereby becoming a national question, and I feel satisfied it will receive at your hands the calm, impassionate, impartial consideration it merits, and in this opinion I am confirmed by the attention with which you have listened to my remarks.

(*a*) See Murchison on "Fevers," p. 453, on the statement in reference to the supposed immunity of scavengers, nightmen, from typhoid fever.

Clinical Records.

ST. PETER'S HOSPITAL.

Stone in the Bladder.—Lithotomy—Death three weeks after the Operation.

(Under the Care of Mr. TEEVAN.)

JOSEPH B., 77 years of age, of no occupation, was admitted into the hospital, on April 9, 1877, with stone in the bladder.

History.—The patient and his father were born at Bergen-op-Zoom, Holland, and the mother at Rotterdam. He stated that, ten years ago, he began to suffer from frequency of micturition, attended with much pain. Five years ago he observed that he passed blood after taking exercise. For the past two years he has not been able to follow his business, and for the last three months has been confined to bed. Never suffered from syphilis, gonorrhœa, or rheumatism. Has occasionally passed some white gravel. Ten years ago he sought advice, and was told that his prostate was enlarged.

Present Condition.—The man is very emaciated and haggard-looking. Arcus senilis very marked in each eye. Wants to make water every ten minutes, day and night. Only gets half-an-hour's sleep from time to time. Is never free from pain. Suffers greatly at the end of the penis and just above the pubes. Urine contains much mucopus streaked with blood. The patient was kept quiet in bed, and well fed.

April 16th, 3 p.m.—Mr. Knott having administered ether, Mr. Teevan tried to pass a lithotrite, but could not, on account of the great enlargement of the third lobe of the prostate. He then attempted to introduce a rectangular staff, but could not. A curved staff, however, was passed, and given to Mr. F. Heycock to hold. The bladder was then opened by the lateral operation, the incisions being made very low down, to avoid the vascular parts. After the stone was grasped, and during its extraction, a probe-pointed bistoury was introduced to enlarge the wound by cutting outwards and downwards, in order to allow the calculus to slide out without any force being exerted. A portion of the stone, about the size of a shilling, was adherent to the mucous membrane of the bladder, and Mr. Teevan had to introduce his finger to separate the surfaces. There was but little bleeding, which soon stopped. The stone was of lithic acid, pyramidal, and

weighed 1¼ ounces. At 9 p.m. Mr. Horace Manders, the house surgeon, who took the following notes, found the patient's temp. 101, and pulse 100, exhibiting a rise on the morning's records, which were temp. 99·8, pulse 82.

17th.—Has passed a good night, and is free from pain. Tongue moist and clean. Pulse 84, temp. 99·5.

18th.—Has had an indifferent night. Complains of pain in left leg. Wound looks well. Tongue rather brown and dry. At 8 a.m., temp. 99·8, pulse 88; at 9 p.m., temp. 101, pulse 86.

19th.—Bad night. Cramp in leg still continues. 8 a.m. temp. 100·4, pulse 84; 9 p.m., temp. 100·2, pulse 88.

20th.—Slept well. Tongue moist and clean. Less pain and stiffness in leg. 8 a.m., temp. 100·2, pulse 100; 9 p.m. temp. 101, pulse 106.

21st.—Patient is better. Tongue clean and moist. 8 a.m. temp. 101, pulse 106; 8 p.m., temp. 101·1, pulse 93.

22nd.—Patient is very restless, and throws bedclothes about. 8 a.m., temp. 100, pulse 104; 9 p.m., temp. 100·8, pulse 100.

23rd.—Has had a better night. Tongue coated; bowels open. Passed some urine through penis yesterday. 8 a.m. temp. 99·6, pulse 98; 9 p.m., temp. 100·2, pulse 104.

24th.—Has had a good night, but is weaker, notwithstanding his appetite is good. 8 a.m., temp. 100, pulse 100; 9 p.m., pulse 99, temp. 100.

25th.—Tongue brown. Plenty of urine comes through the wound and a little through the penis. Suffers a great deal from thirst. 8 a.m., temp. 100, pulse 99·8.

26th.—Had a very bad night. Extremely restless. Wandered at times last night. Tongue coated in front and at edges, whilst the back of it was denuded of epithelium. 8 a.m., temp. 99·2, pulse 100; 9 p.m., temp. 100·2, pulse 84. Ordered beef-tea injections.

27th.—Had a good night, and is better to-day. 8 a.m., temp. 100·4, pulse 90; 8 p.m., pulse 90, temp. 100·2.

28th.—Had a good night, and is stronger to-day. 8 a.m., temp. 100, pulse 90; 8 p.m., temp. 100, pulse 90.

29th.—Good night. A small bed sore has made its appearance. Tongue very red. 8 a.m., temp. 99·8, pulse 94.

30th.—Diarrhœa has appeared, and some fæces have passed through the wound. 8 p.m., temp. 100, pulse 100.

May 1st.—Is much weaker. Had a bad night. Diarrhœa still continues, in spite of the medicine he is taking for it. 8 a.m., temp. 99·2, pulse 100; 8 p.m., temp. 99·6, pulse 100.

2nd.—Passed a better night. Bowels open about every two hours. Takes nourishment well. Temp. 99·8, pulse 98.

3rd.—Had a restless night. Eyes very sunken, pulse feeble. Bed sore much increased in size; it is dressed with equal parts of bals. Peruv. and ol. Ricini. Temp. 100·1, pulse 100.

4th.—Not so well to-day. Tongue brown. Takes little, except the brandy and egg mixture. Diarrhœa, chiefly mucous, every quarter of an hour.

5th., 8 a.m.—Extremely weak, sordes forming on teeth and lips. Pulse hardly perceptible. 8 p.m., has rallied considerably.

6th.—Had a bad night, and is much worse to-day.

7th.—Very weak. Motions harder, but still frequent.

8th.—Sinking, but quite conscious.

9th, 8 a.m.—Has taken plenty of beef-tea in the night, and has rallied a little. The improvement, however, did not last long, for, two hours later, a change for the worse came over the patient, who gradually got weaker, and died at 1 p.m. the same day. No examination was allowed.

Mr. Teevan observed that, although the patient's great age and exhaustion were greatly against the success of any operation, yet the excessive pain from which he suffered demanded relief. After the operation, he went on well for some time, but ultimately died through sheer exhaustion. In order to save the man's blood as much as possible, he had made his incisions very low, to avoid the vascular parts in the region of the bulb, and in doing so he had wounded the rectum with his knife. A wound of that part during lithotomy often occurred, but was of no consequence, and usually healed well.

Stone in the Bladder.—Lithotrity—Cure.

(Under the Care of Mr. Teevan.)

Thomas H., a clerk, aged 21, was admitted into the hospital, June 20th, 1877, suffering from a stone in the bladder, which had been detected by Mr. Teevan.

History.—Patient stated that he has suffered from pain in passing water since he was a child. Three months ago noticed that blood escaped from the penis after riding in an omnibus. He and his parents were born in London. Has never suffered from gout, gonorrhœa, or syphilis.

Condition on Admission.—Very pale. Is obliged to make water every quarter of an hour in the daytime when at business, but when in bed is little troubled. Suffers much pain at the end of the penis when urinating. His symptoms are greatly increased in severity by exercise, which is followed by an escape of a few drops of blood.

On June 25th, at 3 p.m., the patient was put under the influence of ether by Mr. Knott. Mr. Teevan then passed a lithotrite scoop, and caught a stone one inch in diameter, and with much difficulty crushed it.

26th.—Patient has expelled several fragments with much pain.

27th.—Had a good night. Some more pieces of stone have come away.

30th.—To-day the operation was repeated, four fragments being pulverised.

July 1st.—Much *débris* has come away. Only urinates four times in the day and once at night.

2nd.—Passed some blood to-day. Pulse 80, temp. 99·3.

3rd.—Several pieces have come away, and a little blood afterwards was passed.

4th.—Lithotrity again to-day.

5th.—Some fragments have come away to-day, attended with much pain. Temp. 99·7, pulse 76.

6th.—Free from pain. Pulse 72, temp. 98.

7th.—Lithotrity repeated.

9th.—Some *débris* passed after last sitting. Is much better, and has been out for a short walk.

10th.—Feels quite well. Examined, but no stone could be found.

12th.—Left the hospital in all respects well, and able to hold his urine for six hours. The stone was composed of urate of ammonia.

THE EFFECT OF BELL-RINGING MEDICALLY CONSIDERED.

The profession in America appears to be as much at variance in its opinions on small matters as in this country. The blue-glass cure of a few months ago "praised by some, condemned by others" gave place to blood-letting with similar results. Ice water followed, which in its turn has yielded to the engrossing topic of "Bells." Some regard the noise of bells as grateful to the invalid, and the associations connected with them as helpful to the soul, and therefore inspiriting to the body. Others regard bells as mischievous implements which by their clangour destroy rest, injure the nerves, and set up destructive changes in the ear and in the brain. They have gone to law about it, and the doctors says, the last No. of *The Clinic*, are strong on both sides. Here is what they have to say on the side of the complainant:—

"Now, the complainants testified that, by reason of the frequent, prolonged, overpowering noise, produced by these, harsh, loud, high, sharp, clanging, discordant bells, amounts to an intolerable nuisance. They claim that it shakes the walls of the houses, disturbs sleep, especially that of children and infants, distracts the mind from any serious employment; it lessens or destroys social and domestic intercourse, and much of all that which goes to make up the peace and happiness of home life. It is also claimed that this is a nuisance, not only to the well, but that positive harm is done to the ill, *especially to those whose nervous systems are delicately organised.* Moreover, it is averred that the nuisance is not confined to the time of the bell-ringing, but the expectation of its

beginning produces a nervousness and excitement, which to all is painful, and to some, intolerable."

Drs. Weir Mitchell, Da Costa, Gross, and a host of others, testified as above. On the other side were Drs. Addinell Hewson, Van Pelt and S. Little, who were equally confident. They viewed the subject in the following manner :

"The defendants deny each and every statement of the complainants, and what interests us most, they affirm that the sleep of no one is disturbed—not even children and infants, that the mind is not distracted, that social and home happiness are not destroyed, that the health of a single person has not been injured or impaired in the slightest degree. Moreover, the defendants claim that in many instances invalids have expressed positive gratification, and their recovery has been materially assisted by the chime, and that the alleged nervousness or excitement produced by the expectation that the bells will ring is not, in truth, a natural consequence of the use of the said bells, but is due wholly to a morbid, mental, or physical condition of the person or persons (if any) by whom such expectation is entertained."

Who shall decide when doctors disagree? Our contemporary does not give us the result.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 5, 1877.

THE SANITARY IMPROVEMENTS AT GLASGOW.

THE paper which Sir James Watson has just read before the British Association shows how much may be accomplished in improving the moral and physical condition of the lowest and most indigent inhabitants of large cities. The municipal authorities of Glasgow were one of the first to take advantage of the Artisans' Dwellings Act, and it is to be hoped that the thorough manner in which they have set to work to carry out the measures sanctioned by that Act will be followed by other great centres of population. The authorities of Glasgow had no ordinary difficulties to contend with, such indeed as are not to be met with in any other city of the kingdom. Scotch prejudices, inveterate superstition, and the crowded and repulsive state of the dens in which the lowest classes were living—if living it could be called, presented many obstacles to the improvement in the sanitary condition of the more crowded districts of this densely populated city. Not the most notorious rookeries in London can vie with the dirt, poverty, squalor, that until recently characterised certain parts of Glasgow. Sir James Watson states, that before any improvements were effected, the people of whom we are now speaking were huddled together in pent-up houses, and in "closes" three or four feet wide, leading to staircases of large tenements of three and four storeys, which rose on each side and ran backwards to the extent of 280 feet, into which neither light nor air could freely enter. In fact, a worse place for the propagation of infectious diseases could not be imagined, to say nothing of the physical and moral degradation of the great mass of people shut up within its pestiferous precincts. When any contagious disease broke out in these localities it spread with extraordinary rapidity and committed great ravages among the inhabitants as if Nature would not, even if man did, countenance such a herding together of human beings as were to be found in the hovels and slums of Glasgow. Even as late as 1871, when some improvements had already been made, an epidemic sent up the death-rate to 70 per 1,000.

The way in which the Corporation of Glasgow set to work to overcome this great blot upon their great and thriving city deserves much praise. They had the town well surveyed. All the most obnoxious districts were condemned or marked out for improvement. Parliament was asked to sanction the expenditure of £1,250,000 in the purchase of property. The rate payers were invited to assist the authorities in carrying out the proposed scheme, and they readily submitted to be taxed at the rate of sixpence in the pound on their rental for the first year and fourpence for the second year. From 1866 to the present time, the committee appointed by the City Council to carry out the provisions of the Local Improvement Act have been indefatigable in the discharge of their duties. Up to the end of May, £1,612,504 had been spent upon the sanitary improvements. Forty thousand pounds are to be appropriated to the purchase of a public park; £65,000 to the paving of streets and the construction of sewers; and 18 acres of land have been purchased to be laid out in new streets and open spaces.

Such are some of the great enterprises upon which the Corporation of Glasgow has recently embarked, and the actual results of which were strikingly revealed in the interesting details to which Sir John Watson drew the attention of his audience. As these facts speak for themselves, it is needless for us to point out the moral which they convey. But it should be observed that the interest attached to the above statement does not so much centre in the great need there is for sanitary improvements in all large towns, nor in the beneficial results of carrying them out, for all this is pretty well known as in the vast reforms which may be accomplished in a city whose social destinies are presided over by a liberal, keen sighted, and enterprising corporation, by municipal authorities which, instead of being tramelled by conventionalisms and old prejudices, move with the times and are ever ready in

the interests of the community over whose welfare they preside, to adopt any measures which science or experience may suggest. What, however, we would impress upon the attention of both municipal and sanitary authorities is the fact that their improvement of towns must not end with the mere pulling down of old rookeries and the erection of more commodious and healthy dwellings in their place, but in taking also some means to reform the dirty habits of the rising generation of their respective communities, so that the new and more salubrious tenements provided for them may not, through overcrowding, or through their own filthy and vicious habits, become almost as loathsome and as unhealthy as those which they formerly occupied. As we remarked more than twelve months ago, DIRT and INTEMPERANCE are the two great enemies which the sanitarian has to contend against. Dirt in all its various forms, dirt personal and dirt general, may go far to undo all the good that should result from the most rigid working out of the Artisans' Dwellings Act. Our own Public Health Society is doing much good by disseminating, as we first suggested, among the working classes small tracts on various subjects connected with hygiene and the prevention of infectious diseases, and we would urge upon the Glasgow authorities the propriety of adopting a plan which is not only attended with little expense, but which could not fail to reach the homes, and influence the habits of the classes among whom the tracts were circulated. It would, in fact, enable the working classes to appreciate and to keep in a more decent condition than they have hitherto done, the tenements which have been provided for them, while experience would soon show them the comforts inseparable from a life of cleanliness and temperance.

UNION AMALGAMATION IN IRELAND.

THE Commission appointed in the expiring hours of the last Parliament to inquire into the working of the Irish Workhouse System is, practically, a preliminary move to justify the Government in pressing upon Parliament a wholesale amalgamation scheme in the early part of next session. The fact is—and it is a most agreeable dilemma in which Ireland is placed—that pauperism has so greatly decreased of late years that the workhouse accommodation of the country is immensely beyond its necessities. Emigration has greatly reduced the number of the working population, and the demand for land labour has proportionately increased, and by this means the workhouses have been drained of every able-bodied person who can be induced to work, while out-door relief has provided for many of the destitute outside the workhouse, leaving a comparatively small pauper population to be supplied with house-room at the public cost. Workhouses built to accommodate 1,200 persons have not for years contained more than 300 inmates, and this last year has witnessed a reduction of 31,000 in the number of poor who are burthened on the rates, and this falling off in the demand upon Irish workhouses has been accompanied by no commensurate reduction in the numbers or cost of staff, and, therefore, the yearly keep per head of Irish paupers has greatly increased. Coincident with this decreased claim for Union lodging, the demand upon lunatic asylums has so rapidly and so largely increased in (consequence of recent legislation which has gathered into the asylum all the lunatics which have hitherto existed in their own homes or the workhouses), that extensions of the buildings are constantly demanded, at vast expense in each case. This outlay of County taxes at the same moment when the workhouse stands nearly empty a mile away, is felt to be unjustifiable, and the Government has appointed a Commission for the purpose of ascertaining how far the Union accommodation can be concentrated. The first step has been to issue a circular to all Boards inquiring whether they are disposed to be improved out of existence. The queries put by the Local Government Board are as follows :—

"Whether, having regard to the extent, population, necessities of the sick and destitute poor, and proper administration of the Poor-law in the Union of Sligo, it would be expedient to dissolve such union and amalgamate it with any of the adjoining unions ; and if so, what portions should be annexed to each of such adjoining unions ?

"In the event of query No. 1 being answered in the negative, would it be desirable to dispense wholly or in part with the use of the existing workhouse of the union, and have the destitute poor accommodated in the workhouse of any adjoining union ; and if so, what union or unions ?

"Is any additional workhouse or hospital accommodation required in the union for the adequate relief of the destitute, and especially the sick poor, arising from any portion of the union being too remote from the workhouse, thereby entailing undue hardship upon the poor ?"

The reply has been alike characteristic and amusing. Every Board of Guardians in Ireland announces its deliberate opinion that the neighbouring unions ought to be amalgamated with it, and its emphatic protest against being itself amalgamated with anybody else under any conceivable circumstances. Each Board of Guardians is perfectly disposed to disestablish its neighbour, and is equally determined to resist being disestablished itself; and to this view we have not found one solitary exception. If the Government were unprepared for this response to their circular, they must have had little acquaintance with the feelings of Irish Guardians. The title of P.L.G. is the patent of nobility of the petty shopkeeper and tenant farmer, and it could hardly be expected that it and all the personal advantages of a position of authority in the locality would be surrendered without an outcry. If amalgamation of unions takes place, it must undoubtedly be effected in the teeth of the amalgamated Guardians and their officers, and the Government must have accepted a very serious contest when they have contemplated a wholesale disestablishment of petty oligarchies against their most violent resistance.

The bearing of this scheme upon the medical profession is obvious. If the 163 workhouses are reduced in number, their medical officers must be content to surrender their occupation. We cannot say that there is anything in the nature of workhouse medical relief to make its concentration impossible or difficult, and we cannot suggest that workhouses should be kept on hands if they can really be done without. But we hope that no attempt will be made to deprive the officers of these institutions of their functions and emoluments without reasonable compensation, and we shall resist such a pro-

position, if made, with all our force. The Irish Medical Association has already addressed itself to the Commissioners, offering its aid in the elucidation of the medical questions connected with the inquiry, and we shall watch with interest the development of the plans of Government. The only question which can arise as to the propriety of amalgamation, is as to whether the existing workhouse accommodation is ever likely to be required. If not, it ought certainly to be reduced.

Notes on Current Topics.

Progressive Pernicious Anæmia.

A NEW disease—as if humanity had not already sufficient imposed on its shoulders—has lately been introduced, discovered, or invented, by foreign physicians, and our contemporary, *Le Progrès Medical*, has in its number of August 25th, presented us with an able summary of it, which we abstract for our readers.

In 1871 Gusserow, Biermer, and after them a certain number of German physicians, gave the name of Progressive Pernicious Anæmia to a new disease.

The characters of this affection were discussed in two very interesting articles in Nos. 16, 17 of the *Progrès Medical*, 1876, by M. Brissaud. After examining the descriptions, and analysing the observations of the partisans in favour of this new disease, M. Brissaud concluded that as far as regards this anæmic form of disease there was nothing truly pathognomonic, either anatomically, or in the series of observed phenomena.

This opinion has been shared by most of the French physicians who have devoted themselves to the question, and was defended in a thesis sustained at the Faculty of Medicine, Paris, by M. Ricklin.

More recently in Nos. 24, 25, of the *Gazette Medicale de Paris*, 1877, some new facts have been related, bearing on the thesis of M. Ricklin, and Dr. Sevestre has, owing to this, been induced to give a *resumé* of the work of M. Richlin in the *Progrès Medical*, of which the following is the result :—

A. We must first eliminate from the group of so-called anæmias, *pernicious* and *progressive*, those cases amenable to recovery, as they are consequently neither pernicious or progressive.

B. Besides, to establish the existence of a malady which especially rests on the absence of lesions, we cannot reasonably accept observations unaccompanied by an autopsy.

M. Ricklin quotes the case of a patient under the care of M. Sée, who for a year presented no other symptoms but those of very serious anæmia. The partisans of *progressive pernicious anæmia* might have claimed this as an illustration, if an autopsy had not revealed the existence of absolutely latent *cancer* of the stomach.

C. Many facts have been observed in women, who, living under deplorable hygienic conditions, became pregnant time after time. An autopsy revealed fatty degeneration of the heart. These facts, according to M. Ricklin, placed them amongst puerperal chlorosis, a variety of anæmia known for a long time.

D. We must also eliminate all the facts where an autopsy has shown lesions, sufficient of themselves to account for a fatal issue, and for the symptoms observed during life, cardiac affections, purulent pleurisies, cancer, &c. These facts amount to twelve out of the number of thirty-nine in support of the theory.

E. It is evident, on the other hand, that the clinical table of *pernicious* anæmia, traced by Biermer and Immermann, being only a faithfulreproduction of leukhemia, and pseudo-leukhemia, all the observations on bones established by a *post-mortem* must be considered as patent examples of myelogenic pseudo-leukhemia. The intestine should be carefully examined; the intestinal leukhemia, observed by Behier, resembles in a striking manner the progressive pernicious anæmia Biermer.

Out of the thirty-nine cases collected by M. Ricklin, we must again eliminate nine, or perhaps fourteen cases. Since he wrote many others of a similar kind have been published, and one of the most curious is that recently narrated in No. 19-20 *Berliner Klinische Wochenschrift*, 1877, by Dr. Litten, assistant to Frerichs.

A woman, after successfully nursing two children for fourteen months, was attacked with serious symptoms, which were assigned to progressive pernicious anæmia. The blood presented a notable decrease in the number of red globules, with a very slight increase in the number of white ones. About the fifth day after admission to hospital, the white globules notably increased. The patient died, and a *post-mortem* revealed very pronounced fatty degeneration of the heart and alterations in the marrow of the bones characteristic of myelogenic leukhemia. This case seems to have been only one of myelogenic leukhemia. That is in effect the opinion adopted by Dr. Litten, but only for the last days of the malady. According to him, we must distinguish two distinct phases in this case, from a clinical and anatomical point of view; in the first phase the patient was simply attacked by progressive pernicious anæmia, in the second phase which lasted only four days, she suffered from myelogenic leukhemia.

F. Some cases included under the name of pernicious progressive anæmia must be ranked under that of interstitial nephritis.

G. Finally after having rejected all these facts, M. Richlin has reserved three cases.

One related by Scheby-Buch, is that of a seamstress, aged 64, whose breath and vomiting spread a pronounced odour of alcohol, and at whose autopsy was found, besides a cysticercus in the encephalon, fatty degeneration of the heart, of the epithelium of the kidney, and of the epithetic cells. The age and alcoholic habits of the patient, sufficiently accounted for these lesions.

The case of M. Lepine is one of extreme anæmia, the production of which is sufficiently explained by many causes acting concurrently in the same patient: distress, dyspepsia, prolonged intestinal catarrh, pregnancy. The denomination proposed by Gusserow, extreme anæmia of pregnancy, may be adopted for it, but there is no necessity to consider it as a new morbid species.

The case of M. Ferrand is relative to a pregnant woman, with diarrhœa, vomiting, fever, and who was delivered of a still-born child. Without even taking into account a probable affection of the kidneys, M. Ricklin believes that the symptoms are explained by the pregnancy, complicated with vomiting and diarrhœa of a woman placed under bad alimentary conditions. In conclusion, M. Ricklin says: It is well established that anæmia has only a purely symptomatic value, and that its gravity depends, above all, on the importance of the causes of the lesions engendering it The name of progressive pernicious anæmia should be re

jected, not only as a superfluous term, but because it tends to confound under the same rubric, affections absolutely dissimilar, and especially because it exposes us to the danger of losing sight in the treatment of anæmia of the exciting cause.

Dr. Sevestre believes these conclusions rational, and that new facts will only tend to confirm them.

Germain See on Salicylic Acid and the Salicylates.

THE learned Professor has drawn up the following therapeutical *resumé* on the action of the above remedies :—

1. As an external antizymotic medicament, salicylic acid has an indisputable action, but it does not exceed that of phenic acid, and has no other advantage but that of being odourless ; as an internal antiseptic it does not present any appreciable effect either in purulent affections, or in contagious and parasitic maladies as diphtheria, hrush, or in gangrene, or in diabetes.

2. As an anti-pyretic medicine, the salicylate and salicylic acid enjoy transitory and doubtful properties even when applied to specific miasmatic virulent fevers, thus they have no marked superiority over the sulphate of quinine, the salicylate of quinine itself cannot yet take a definite rank in therapeutics for Marsh fevers. Powerless in the cure of variola, the salicylate of soda has not established its efficacy in the treatment of typhoid fever. Its power as a febrifuge is most limited.

3. Fifty-one cases gave evidence of its certain and prompt effects in acute articular rheumatism, so much so that its cure may be relied on in the space of three or four days. In simple chronic rheumatism, experiments have been equally satisfactory; and also in the acute attacks which occur from time to time, either in simple rheumatism or in arthritis, the painful attacks cease as quickly as in acute rheumatism. Nay more, the articular enlargement considerably diminishes and movement becomes free even after years of pain, rigidity, and immobility, provided that osseous lesion is not too deep and too far advanced (a dozen cases of chronic rheumatism cured or ameliorated).

5. In acute and chronic gout the results are most remarkable; in the first experiments the most painful acute attacks were arrested with the most striking promptitude, in the space of two or three days the pain, the articular swelling, the redness of skin and sensibility to touch had all disappeared. Its application in chronic gout is no less marked. By this method of continued treatment, even in moderate doses, patients are absolutely protected from an acute attack, whilst chronic perivascular enlargement disappears, the tophi diminish and cease to inflame. In a word, recovery may be completed without metastasis to the heart, stomach, respiratory organs, or the brain ; and in twenty-one cases noted there was not the least tendency to retrocession of gout to the internal organs. The only inconvenience is some derangement in hearing, and sometimes a certain degree of weakness or narcotism ; the latter phenomena disappear on diminishing the dose, but the disturbance of the auditory apparatus is more persistent. Amongst affections of a gouty nature as gravel, the salicylate of soda is very beneficial, as it favours elimination and soothes nephritic pain.

6. Salicylic treatment appeared advantageously to modify certain forms of facial neuralgia, but this action is not definitely established, and the same may be said of its use in sciatica.

7. In painful affections of the spinal cord, salicylate of soda produced appreciative sedative effects, but a certain degree of weakness may result from persisting in its use.

Therapeutics of Tetanus.

AN anonymous writer in the *Practitioner* for August gives an interesting retrospect of the medical treatment of tetanus, from which we extract the following notes :— *Chloroform* has had an extensive trial ; it has been administered in large quantities, sometimes with apparent success. Simpson narcotised a child for thirteen consecutive days, using ℥100 with mercury. But the general result is that while all the fatal symptoms disappear on the inhalation of chloroform, they return on its removal with unabated violence, and the disease generally lands them to its fatal conclusion without delay. *Chloral hydrate* has now taken the place of chloroform in the treatment of tetanus, but without more success. There appears to be great tolerance of the drug, and a case is quoted of a child of 12½ years who took more than 100 gr. a day. Dr. Ballantyne, of Dalkeith, gave ℥iij. in twenty-four hours, and ℥vj. in five weeks, with success, the patient during this time being easily aroused to speak. It seems, however, to be a valuable drug in alleviating the symptoms. Its injection into the veins and its subcutaneous injection have not been so successful. *Calabar bean*, which, like chloral, affects the spinal cord, and has little or no action on the motor and sensory nerves, has been recently much employed. As with other drugs, its administrationn has been at one time apparently successful, and at another a perfect failure. It has, moreover, to be given in comparatively large doses. The spasms are controlled and the body heat sinks, and if the drug be withheld the paroxysms return, while if it be pressed the patient comes into a somewhat dangerous condition. A large dose is required to produce by subcutaneous injection contraction of the pupil, sometimes as much as ⅓ gr. every two hours. There is not much to be said in favour of either *opium* alone, or opium combined with chloral; while *nitrite of amyl*, *bromide af potassium*, and *conium* have been alike tried in vain. A more favourable report is given of *aconite*, the exhibition of which has been attended in some cases with remarkable results. It lowered the pulse, which fell in one case from 135 to 60, with a simultaneous decrease of the convulsions ; but the effects of the drug constitute in themselves a new danger which must be carefully controlled. Tendency to syncope, wakefulness, vertigo, dilatation, and insensibility of the pupil ; small, intermittent, and irregular pulse, and intreased irritability of the nervous system are often the result of giving this remedy. The writer of the article referred to believes that such a summary as he has given makes an appeal to pathology to throw fresh light upon this disease, and he hopes that some combination of these

agents will be able to accomplish what each one of them singly has been found unable to accomplish.

We have no doubt that we shall one day find a remedy that is as really successful in the treatment of tetanus as the bromide of potassium has been found to be in some forms of epilepsy; but just as we are not indebted to pathology for the discovery of the therapeutic virtues of the bromide in epilepsy, so we are far from being sanguine that pathology will point out by-and-by the drug or combination of drugs which will cure the disease under consideration. In all probability the chemist or the botanist has already provided the remedy; and perhaps it remains for empirical experiment, rather than for physiology or pathology, to find it out.

The Hospital at Scutari.

From the letter of an English colonel who recently visited this hospital, we learn that at the time he wrote, Aug. 16, "there were 1,184 patients, most of them badly wounded; some few were suffering from ophthalmia, probably caused by the fez, which leaves the eyes without any protection from glare or dust. They were all wonderfully fine men in physique, and, from the absence of alcohol or any sort of intoxicating drinks, seemed to suffer comparatively little. The lives they lead keep their blood in such a healthy state that their wounds generally heal in an extraordinarily short time. Amputations are not here performed without the permission or wish of the patient. Their objection is based on the idea of 'going maimed before Mahomet;' and this so strongly that, as a rule, death is preferred. Sometimes, however, the love of life asserts its power, and operations are borne cheerfully and manfully. The rooms were clean and sweet, the beds possibly too near, unavoidably so on account of the crowded state. Charming gardens for the use of convalescents surround the hospital. It is not the one formerly occupied by the English, but solely Turkish. It stands almost behind the English burial ground. The doctors, most of them, speak French. They seemed intelligent, sympathising men. The worst case amid this vast amount of sufferers was that of a Bimbashi, Fezoli Pasha, who, besides several bad wounds, had lost his left arm and right leg. He was cheery, and much gratified by our visit and General Baker's kind words and manner."

From personal experience we corroborate some of the above statements. When visiting the wards of the old English hospital at Scutari in 1856 we were struck with the remarkably cool, patient, and resigned behaviour of the wounded soldiers. For the reason above-mentioned, they never appeared to have any dread of dying, and this freedom from care or fear of any kind, coupled with their abstemious habits, and the consolation afforded by their mild tobacco, had much to do with the rapid healing of their wounds and their recovery from bad gunshot injuries which would have proved fatal to some of the inmates of our own hospitals. At Schumla Hospital we recollect seeing a man who made an excellent recovery, although he had been shot through the chest, the ball having entered between the 4th and 5th rib in front and come out a little below the scapula behind and seriously wounding the lungs.

The Medical Defence Association.

We have before us the first annual report of this Association presented by the Council at the recent annual general meeting. It is of a most encouraging character, and the value and importance of the work done fully justifies the existence of the Society. It appears from the report that, during the first year of its existence the Association has been joined by 400 members, and that no less than eight provincial branches have been formed in different parts of the country. Of the action of the Association against unqualified practice, it appears that the London organisation instituted and carried through successfully seven prosecutions against chemists and others practising illegally, and in the provinces several unqualified persons have been compelled to cease practising through the efforts of the Association. The report refers to the action of the chemists in claiming the *right* to prescribe in medical cases, and expresses confidence in the power of the Association to resist this pretension. Other topics are touched upon for which we must refer our readers to the report itself, which may be procured on application to the Hon. Secs., Messrs. G. Brown and Douglas Hemming, at the offices, 6 John Street, Bedford Row. We are extremely glad to see that this valuable Association is doing such good work, and would earnestly commend it to the support of all members of the medical profession for the maintenance of whose just rights it is established, but without whose material and moral aid it will be impossible that the work can be successfully continued. All medical men who have the welfare of themselves and the public at heart, should support this movement for the suppression of the ignorant and unqualified pretenders to medical knowledge who prey upon the pockets and health of the community.

Effectual Quarantine and the Prevention of Cholera.

The Paris correspondent of the *Daily Telegraph* informs us that the cholera has broken out on board the Government ship *Correze*, on her return voyage from Cochin-China, for which place she left the port of Toulon last May. No alarm need, however, be felt at this startling news, inasmuch as every precaution has been taken by the government to prevent the spread of the horrible infliction. The Minister of the Marine had been previously informed of the fact by the captain from Singapore, and has taken the following precautionary measures: The *Correze* may be expected to arrive at Toulon in a day or two, but she will not be allowed to enter the port. As soon as she is signalled in the Mediterranean waters she will be directed to remain in the offing in view of the Hyères Islands, to which two ships will be sent to receive the passengers and crew, who will go through a certain number of days of quarantine before landing. The *Correze* will then be scuttled, and left under water until she has been sufficiently purified by the sea water, after which time she will be raised. The two other ships, which will take off the passengers and crew of the *Correze*, will in their turn be relieved of their burden and sunk for a time, in the same way as the *Correze*. By means of these precautions it is hoped that the course of the pestilence will be interrupted.

It is not often we hear of quarantine being carried out

in such a thorough manner, and could we always ensure the adoption of such summary proceedings, cholera might be for ever kept out of Europe. At the great International Congress held at Vienna, quarantine as a means of preventing the spread of cholera was a great subject of discussion, and they came to the conclusion that it should not be abandoned whenever it can be effectually put into practice. The American physicians are also, as we noticed some time ago, strongly in favour of the rigid enforcement of quarantine; but they placed their confidence in the liberal use of disinfectants, and never did, as far as we are aware of, resort to such extreme measures as that of scuttling a vessel and leaving her for some time under the water.

The Hertford Hospital, Paris.

Visitors to Paris are probably aware of the existence of a hospital devoted to the reception and treatment of British subjects, even if they have not seen it. In its origin it was an appendage to the English ambulance during the siege of Paris by the Germans, and during the short but terrible reign of terror of the Commune, in 1871. Thence that great philanthropist, Sir Richard Wallace, recognising the need of British residents in that city of a hospital where they could repair for treatment under the various afflictions to which flesh is heir, transferred the hospital to a hired building in the Route de la Révolte, which he has supported ever since at his own expense, and last week he added another to the long list of public benefactions by laying the foundation-stone of a new and permanent hospital, in the Rue de Villiers, outside the fortifications, which he intends building and endowing in the handsomest manner. Sir John Rose Cormack, M.D., Dr. Herbert, Dr. Greenway, and others, were present at the interesting ceremony, and testified to the esteem in which Sir Richard is held throughout France, and the debt of gratitude which British residents in Paris owed him.

Referring to the objects of the Hertford British Hospital, Sir Richard said it is with much satisfaction that I hear from all quarters of the great reputation which our hospital has already acquired; but here I must, to a certain extent, qualify the expression of my satisfaction. We have received—without knowing at the time—as resident patients one or two persons who have come from London expressly to be received for treatment. This is an abuse of our institution, against which I strongly protest. The Hertford British Hospital is for British subjects resident in Paris, suffering from accidents or acute diseases, who are unable to pay for medical attendance at their own homes or in a *maison de santé*. There is another limitation of our sphere, which I must take this opportunity of mentioning, for it does not seem to be generally understood. We do not offer an asylum to those who are permanently infirm from age or other causes; and except under very special circumstances, we do not receive persons affected with incurable chronic diseases. Were we to do so, all our beds would very soon be permanently occupied, to the exclusion of the class of patients for whom our hospital is intended. The physicians of the hospital—to whom the selection of suitable patients is solely confided—entirely agree with me in the absolute necessity of the limitations to which I have adverted. To the experience of Sir Richard Wallace, most hospital surgeons could add testimony. There is scarcely any species of meanness to which some well-to-do people will not stoop in order to get medical treatment for nothing, and we are glad to observe signs of caution exercised in this direction at some of our large hospitals, which cannot be but productive of good.

Able-bodied Paupers in Irish Workhouses.

It has often been a subject of astonishment to us that the country ratepayers of Ireland, who are on the whole a most parsimonious and selfish class, should continue, from year to year, to maintain in idleness a considerable army of able-bodied paupers, male and female, whose only disqualification for labour is inconceivable laziness. This, at at a time when farmers are at their wits' end for hands to cultivate their ground, and when wages to labourers are amply sufficient for the comfort of the workman, is incomprehensible, yet from year to year it goes on, as a relic of the times when the labourer could not get more than ninepence a day. In the Wexford Board of Guardians this subject came under debate last week, upon the motion of a guardian that all the able-bodied inmates of the workhouse be discharged. "It was," he said, "a hardship on ratepayers to support such a deal of women and girls. There was plenty of work outside. It was a burning shame to society to see the women and girls with their illegitimates in the house. There was one girl who had three sons, the eldest 12 years old. The union had reared herself and children these twelve years. The father of these children had thousands and thousands of pounds, and yet he could have children reared for him by the union. It is very galling to see the father of these children dashing with his steeds through the country, and we depressed ratepayers paying for the support of his sinful offspring."

It is a subject well worthy of the Workhouse Commission which has just been appointed, and as it is contemplated to combine unions and abolish workhouses, the opportunity may arise for decreasing the pauper population by forcing the idle men and vagrant women to work for their livelihood.

An Epidemic of Lead Colic.

At the sitting of the Society of Public Medicine, Paris, July 26, 1877, Dr. Du Camp furnished a most interesting paper on sixty-five cases of lead poisoning observed by himself in Paris. In the presence of such a large number of sufferers with the special symptoms of lead poisoning, occurring in the same quarter, Dr. Du Camp directed his attention to the cause of this outbreak, taking into consideration the causes common to all his patients. He could not incriminate the wine nor the provisions, but a baker's family were also sufferers, and all the patients with the exception of two obtained their bread from this baker. These two, though they did not purchase their bread direct from this bakery, yet took their food at an eating-house supplied by it. The inquiry seemed thus limited, and the cause sought in the bakery in question. The town's water was used but was free from all suspicion, so Dr. Du Camp

directed his attention to another point, in consequence of a fact communicated to him by Professor Gubler.

Some years ago M. Gubler had noticed many cases of lead poisoning at a pastry-cook's who employed old wood painted with *white lead*, to heat his fires. After a laborious inquiry Dr. Du Camp found that the same cause operated in the present instance. The baker used old wood covered with *white lead*, and the fire set free *oxide of lead*.

Professor Carnot found lead in the bread. The manner in which the lead deposited on the bread gave rise to a very extraordinary fact. Amongst the patients was a lady and her maid; the maid having bad teeth, her mistress gave her the crumb, taking herself the crust; in consequence of this unequal distribution the maid escaped, whilst her mistress was poisoned.

Counter Prescribing.

The *Journal* of the English Pharmaceutical Society enters in its last issue upon an elaborate apology for the vote of the Council, who—as our readers are aware—have decided to expend the funds of the Society in defending counter practice. The journal says:—

"It is against the unreasonable application of the Apothecaries' Act that chemists are now protesting, and that the Council of the Pharmaceutical Society has decided to take action. It is therefore only by an unwarrantable straining of the terms of the Council's resolution that it can be represented as indicating a determination to defend medical practice by chemists. The Society as a body has always sought to develope the opinion that the business of the pharmacist should not comprise the prescribing of medicine; but under existing conditions the general acceptance of this view of the case can only be regarded as a desideratum which may be realised at some future time. It is futile to suppose that the Pharmaceutical Society can put a stop to the practice which has long prevailed amongst chemists, though many of its members abstain from it themselves and would gladly see their example followed."

We would ask the *Journal* to observe that the Society takes up rather a peculiar position when it undertakes to defend a breaking of the law in every case when such infraction seems to it not "unreasonable." It will be no easy task for the Society's solicitor to decide where the limit of an "unreasonable" prosecution begins, and it may be anticipated that—after a year or two—the *Journal* will find it difficult to imagine a case in which it is not perfectly reasonable and defensive for druggists to act as doctors. The pronouncement of the *Journal* on this subject is rather puzzling, for while it says that the Council holds the opinion "that the business of a pharmaceutist should not comprise the prescribing of medicine" it at the same time looks upon such a view as utterly Utopian, only "to be realised at some future time." The Council adopts a peculiar method of leading up to this realisation when it decides to maintain at law the right of a druggist, under certain circumstances, to prescribe in the teeth of the law. Perhaps it may be true that the Council cannot "put a stop to the practice," but they can, at least, refrain from approving, encouraging, and defending it.

There were 19 deaths last week in London from fractures and contusions. All were the result of accident, and in each case inquests were held.

An Inquisitorial Deadlock.

On Friday last, the coroner held an inquest at Shanagolden, in the co. Limerick, on the body of a labourer named Moore, who was found dead in bed on the 23rd inst. Two witnesses deposed that death was the result of natural causes. The coroner said he would adjourn the inquiry with a view of having a *post-mortem* examination on the body, as he apprehended the deceased had been poisoned. The jury protested against such a course being pursued, as they considered that there was not the slightest ground for the coroner's suspicion, and they agreed to a verdict of death from natural causes. The coroner then discharged the jury, and adjourned the inquest until Saturday. The inquest was resumed next day, a fresh jury being sworn. Doctors O'Brien and Hedderman deposed they had made a *post-mortem* examination, and found that deceased died from disease of the heart, lungs, and spleen; that they found no symptoms of poison, but they could not say whether the stomach contained poison, as they had not examined it. The coroner again adjourned the inquest *sine die* for the purpose of having the stomach of the deceased sent to Dublin for analysis.

Medical Women.

The threatened invasion by the women of the sacred precincts of the professional domain has fairly commenced, no less than four "lady doctors" having been entered on the *Medical Register* during the last six months. They are Louisa Catherine Fanny Atkins, of St. John's Wood; Eliza Louisa Walker Dunbar, of Clifton, Bristol; Frances Elizabeth Hoggan, of Rutland Gate, S.W.; and Sophia Jex-Blake, of Bernard Street, St. Pancras. These ladies have been admitted to the profession by the Irish College of Physicians upon one-half the examinational test to which ordinary students are submitted, and there seems no improbability in the apprehension that through the same portals there may come a real invasion of the lady doctors, attracted by the easy terms upon which they are allowed entry. By all means let them have a fair chance in the competition of medical practice, but—if they mean to hold their heads up in the contest—they must voluntarily submit themselves to the full test from which the College of Physicians is so complacent as to exempt them. They cannot claim equality of rank until they prove their equality of attainments.

Properties of the Human Gastric Juice.

M. Charles Ricket has, says the *Lyon Medicale*, been experimenting upon the patient on whom Verneuil recently performed the operation of gastrotomy. According to his researches the acidity of the gastric juice is equivalent to 1·7 grammes of hydrochloric acid to 1,000 grammes of fluid. This acidity increases a little at the end of digestion. Wine and alcohol also increases it, but cane sugar diminishes it. It tends to return to its normal acidity after the introduction of acid or alkaline matters. The mean duration of digestion is from three to four-and-a-half hours, and the food does not pass gradually out of the stomach, but in masses. According to four analyses, after a modification of Schmidt's method, free hydrochloric acid exists in the gastric juice; and altogether this

secretion appears to consist of one part of lactic acid to nine parts of hydrochloric acid, the former of which is free in the gastric juice. The nature therefore of the free acid in the stomach seems almost solved, and it may be said that in every 1,000 grammes of the juice there are 1·53 grs. of hydrochloric acid and 0·43 of lactic acid.

Superstitions regarding Hydrophobia.

As an illustration of what curious superstitions still lurk amongst rural populations, the *Students' Journal* mentions that at Rivesaltes, in the south of France, some terrible cases of hydrophobia have recently occurred. The local authorities, therefore, determined to adopt preventive measures, and accordingly sent for some *salondadons*, or, as we should say, *seventh sons*, who in those districts are believed to have the miraculous power of curing the bites inflicted by mad dogs, and of blessing small pieces of bread called *passagnats*, which are supposed to ward off hydrophobia. The *salondadon* performs his cures by means of a crucifix, uttering the while various sacramental words from a liturgy peculiar to himself. The seventh sons are supposed to have a variety of other powers not granted to ordinary mortals, such as treading under foot or applying to the tongue a bar of red-hot iron without receiving any injury.

The Tubercula Quadrigemina.

Professor Kohts, Strasburg, relates in the *Archives of Virchow*, August, 1877, a case in which a tumour, the size of a small cherry, developed in the posterior tubercula quadrigemina. It had destroyed them, but owing to its small size had produced little peripheric disturbance.

The principal symptoms were well-marked locomotor ataxy, very soon accompanied by strabismus. This latter fact signified that the origin of the oculo-motor had been attacked, and as they are situated near the medium line, in the tubercula quadrigemina, that the tumour had its origin at that point, from which it may be concluded that these ganglia are allied to the co-ordination of movement. Besides this lesion, there was a cerebellar cyst, but Dr. Kohts thinks that the tumour of the tubercula quadrigemina began first.

From experiments on animals he found that in frogs the optic lobes which correspond to the tubercula quadrigemina form the centre of equilibration. The posterior tubercula quadrigemina are the organs of movements of co-ordination in these animals. From the relation existing between the tubercula and the coverings of the brain a lesion of the membranes may produce ataxy by reacting on the tubercula quadrigemina.

Death of Dr. Henry Montucci.

The French journals announce the death, at the age of seventy, of Dr. Henry Montucci, a writer well known in the French literary world, and particularly connected with *Galignani's Messenger*. He spoke and wrote with equal facility six languages, and his published works in German, Italian, French, and English, bear testimony to his industry and learning. He was professor of German and English at the College of St. Louis, and more recently examiner o the candidates for St. Cyr.

Dr. Collier, Medical Officer of Health to the Fulham District Board of Works, at the meeting of that board, reported that during the past month 24 cases of small-pox had occurred in the district. Fourteen of the cases were reported from one street—viz., Rectory Place, Walham Green, where the outbreak had been so serious that a public house there had to be entirely closed, and many other houses also, scarcely a house being free from it. He attributed the spread of the disease in this street to the fact that he was not informed of its first outbreak there till a fortnight after it had occurred. He went there immediately, and found a woman, who had been the first person attacked, just recovering and sitting in her own room, among a number of neighbours who had called to congratulate her on her convalescence. The woman was then in a most dangerous condition for spreading the disease, and the consequence was that the infection was conveyed to the houses of her visitors, and shortly afterwards four deaths took place. The report was referred to a committee. *Apropos* of the above, we also learn that on Tuesday night week, at Deverell Street Chapel, New Kent Road, Mr. Thomas Baker delivered an address on vaccination. Thousands of lives, he contended, were sacrificed annually in this country "by the superstitious practice of vaccination."

The annual collection of the Hospital Saturday Fund took place in the streets and workshops of London on Saturday last. There were 150 street-stalls presided over by ladies, and we were pleased to notice that the objectionable touting of boys in livery, cabs dressed in bunting and plastered with huge begging posters were all dispensed with. When the returns are furnished we hope that they will show results consonant with the improved organisation and working of the Fund.

It is reported that insanity, especially among females, is terribly on the increase in the South of London. It was stated at a meeting of the Board of the Wandsworth and Clapham Union on Thursday last, that a letter had been received from the Brookwood Asylum, to the effect that no more patients could be admitted on the female side of the institution. Other asylums in the district are said to be similarly crowded.

A lady of independent means, named Mary Ann Hodgson, an inmate of the Northampton Lunatic Hospital, has committed suicide in a very painful way. She procured some scraps of paper unknown to the keepers, and managed to get from the dining-room to an empty sitting-room, where she lighted the paper at the gas, set fire to her underclothing, and was burned to death.

The Sanitary Institute of Great Britain will hold an autumn congress at Leamington on Oct. 3rd and three following days. Dr. Richardson, president, will deliver the introductory address. There will be an exhibition of sanitary apparatus, appliances, and articles of domestic utility in the Drill Hall, Leamington, open from the 3rd to the 18th of October. Mr. C. Marsh is the curator, 20 Spring Gardens, London, W.

Dr. B. W. Richardson, of London, commences this week a temperance lecture tour in Ireland, and his visit is looked forward as a festival by the friends of total abstinence. His zeal in the cause, his noted eloquence as a lecturer, and his high rank as a scientist, together constitute him the most influential champion of total abstinence in Great Britain.

At the examination lately held of the Whitworth Scholars of the third year, Mr. William Sisson, student of the College of Science, obtained the first place and the annual prize of £100, with the term prize of £200; and that Mr. Daltry, a former student of the College, gained the prize of £20.

The mortality from small-pox in London has been reduced to a minimum. From 144 deaths six months since, we have now only 11 per week, of which 9 occurred in the Metropolitan asylums, and two in private dwellings. The disease may now be looked upon as stamped out.

Yellow fever of a virulent type has just appeared at Jamaica. We regret to hear that a son and daughter of the late Lieutenant Governor have been carried off, within thirty-six hours of each other, by this terrible scourage.

The mortality last week in Edinburgh was only at the rate of 15 per 1000 of its population, 19 in London, 20 in Glasgow, and 22 in Dublin. These returns are all below the average.

Correspondence.

HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have just read an interesting article in the *Daily Telegraph*, evidently written by a medical pen, on the most deadly of all diseases known to us, and I think that the profession should endeavour to pronounce some definite opinion on this disease. The most varied opinions exist as to the period of incubation, and with all the facts we have, I think it quite possible or ought to be possible, to definitely settle this point.

The death of Mr. Alfred Brown, veterinary surgeon, has increased the excitement in the public mind—Did Mr. Brown die of hydrophobia? Mr. Fleming an authority on veterinary surgery, states that the disease shows itself in man in from one to three months, after the infliction of the bite. Is this an opinion or a fact? According to the *Telegraph* the cases are rare in which it has developed itself after three months, and still more so in which it came on from the sixth to the twelfth month.

The writer further questions the authenticity of the instances in which the disease is said to have set in a year after the patient had been bitten, so that according to Mr. Fleming, Mr. Brown succumbed, not to genuine hydrophobia, but merely to nervous tetanus, or else he must have been recently bitten by a dog or in some other way become inoculated with the saliva of a rabid animal, without being aware of the fact. Dr. Bardsley of this town recorded a case in a man who had been bitten twelve years previously. This seems a long period for incubation, though it is difficult to deny a case reported on such an authoritive statement.

Yours truly,

A Surgeon.

Manchester, Sept. 1st, 1877.

MENTAL HYDROPHOBIA. IS THERE SUCH A DISEASE?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—This would have been a proper subject for the British Medical Association, a practical one, and one in which every one is interested. The public are looking to us for light; naturally as we are their instructors, the lay press has taken up the subjects, and such papers as the *Globe*, have devoted some of their space to it. I do not advise medical correspondence in lay papers, when men sign their names with their qualifications and addresses, but I cannot see any harm in it, as long as it is not made an *auto advertisement*, and is purely scientific.—I should very much like to have a discussion on this question.

Apart from the question of pure rabies, can we have the group of varied symptoms to which we have given the name of hydrophobia (from the prominent feature not always present) without the supposed essential cause—the bite of a rabid animal? From my own experience I must answer in the affirmative, though veterinary and medical authorities assert that rabies and tetanus cannot be produced by mental disturbance, and the most powerful imagination could never enable a man to simulate the characteristic symptoms of either disease. These *dicta* are at issue with French authorities. Chomel recognised three kinds of hydrophobia—1. Simple horror of liquids; 2. Symptomatic hydrophobia; 3. Rabiform hydrophobia or spontaneous rabies. The first two divisions are well known and are unimportant. Valleix recognises Chomel's divisions, and, describing rabiform hydrophobia, says (p. 73, tome iv). :—"Elle a pour causes principales la peur soit d'avoir été mordu par un chien enragé ou un hydrophobe soit d'avoir contracté la rage en communiquant avec un individu affecté de cette maladie. Enfin l'hydrophobie rabiforme peut-être causée par une grande frayeur qui n'a aucun rapport avec aucune espece de rage. J'en ai vu un exemple frappant dans le service de M. Louis à la Pitié, chez une jeune fille qui conduisant une charrette avait failli écraser un enfant. Tous les symptoms de la rage se manifestèrent peu de jours après cette emotion vive." He assigns to it a period of incubation, sometimes of hours, sometimes of years, when it cannot be reasonably attributed to virus, but to the influence of the imagination. For further particulars see Valleix. In the face of such an authoritative statement, I think we may fairly assume the existence of a condition analagous to that of pure rabies, which a patient either simulates or, in spite of his own free will, imitates. Criticism is easy, and animadversions have been passed on the treatment of cases reported in medical journals, particularly about showing water and exciting the paroxysms. There is an axiom, attributed to Trousseau, that the physician is justified "in boldly trying everything in presence of a malady which constantly terminates in death." But there is another important and excellent maxim laid down by another Frenchman, Vidal :—"Que le nom de cette maladie ne soit jamais prononcée devant celui qui a été mordu par un chien que tout ce qui rappelle cette malheureuse circonstance, soit éloigné de son esprit." The treatment is certainly unsatisfactory at present; but I have sufficient faith in my profession to look forward to the time when its pathology and real nature will be better understood, and when we will be able to wipe out from our medical works the grim truths stated by Romberg in his "Nervous Diseases" (vol. ii., p. 151)—"That the therapeutic measures hitherto adopted have only proved 'meditationes mortis.'"

Yours faithfully,

T. M. O.

August 29th, 1877.

PROFESSOR GAIRDNER AND MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have only to-day seen your leading article of August 22nd, in which you attribute to me (on grounds which I will not discuss further than to say that the imputation contained in them is most unfair) some support supposed to the motion of Mr. Ernest Hart as to the amendment of the 40th clause of the Medical Act. Now, as a matter of fact, I did *not* support the motion in question, nor do I approve of it. It may be that, not placing a distinct issue before the meeting, I was misunderstood by others as well as you, for I am not much of a politician, and there was no time

either for business or speeches. But my desire was to support the Medical Reform Committee in their endeavours to get the profession, as such, represented in the Medical Council, while at the same time intimating my entire dissent from the schemes of compulsory conjoint examination embodied in the so-called "Bill of the British Medical Association," and referred to in the Report of the Committee.

I am, &c, &c.,

W. T. GAIRDNER, M.D., F.R.C.P.

Glasgow, Aug. 30, 1877.

THE HOMŒOPATHIC SCHISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letter which appears in your last impression, from Dr. Bayes, seems to me so odd a mixture of assertion, bad logic, and nonsense, that I trust you will permit me briefly to reply.

Dr. Bayes says that the adoption of a new theory or practice does not constitute a man a sectarian. This is true, but on the other hand, those who, like Hahnemann, assert that the law of similars is the *only* law of healing, and the infinitesimal the only true dose, and who denounce all who refuse to believe this, are schismatics and intolerant sectarians.

Further, most of the leaders in the body have considered Dr. Bayes' "*Homœopathic* School" as a manifestation of sectarianism. This movement has kept Dr. Bayes in *hot water* for the last six months and, this atmosphere may possibly have suggested to his mind the odd jumble he makes about sailing vessels and *steam*-boats and their respective captains, who, apparently to his satisfaction, refuse to aid each other!

Dr. Bayes says, "medical progress demands liberty of action *in all things*," and yet he says "he both claims and *avoids* liberty of action in consultations." These two sentences seem to me to refute each other, if, indeed, the expression "*avoid* liberty of action" can, as here used, mean anything.

Dr. Bayes' P.S. reminds one of the proverbial postscript of the inconsequent young lady. It contains nine lines and three mis-statements. He says—

1. The British Homœopathic Society declined to take any notice of Dr. Wyld's letter to Dr. Richardson.

2. The majority of the society did not deem Dr. Wyld's letter of sufficient importance to demand any public notice.

3. So strongly did the society disapprove of Dr. Wyld's unauthorised letter that it did not (as usual) re-elect him its vice-president. This was equivalent to a vote of censure.

What are the facts?

1. The British Homœopathic Society thought my letter so important that it devoted two nights to its discussion.

2. Dr. Bayes considered my letter so important that he desired to publish a manifesto thereon in the *Times*, but the society, by a vote of 17 to 10 declared, in opposition to Dr. Bayes and his clique, that "It was inopportune to publish any manifesto of opinion" (as a qualification to my letter in the *Times* and *Lancet*).

3. The vice-presidents of the British Homœopathic Society are elected for one year. I served that time to the best of my ability, read the annual presidential address, and retired with a vote of thanks from the Society.

So strongly was Dr. Bayes offended by the vote of the Society in opposition to the sectarian views of himself and his clique that he and his lieutenant sent in formal letters resigning all future participation in the private business of the Society, while others threatened to retire from the Society, to break it up, and to re-form a *purely homœopathic society!* Dr. Bayes also abstained from attending my presidential address!

Yours faithfully,

GEORGE WYLD, M.D.

12 Great Cumberland Place, Hyde Park, W.

[We have fairly opened our columns to this question. We entertained the proposition of union without prejudice, and have given space to the leaders of both parties, but at the very onset we expressed our grave doubts as to whether Dr. Wyld's scheme would be received by those who practiced homœopathy, or whether he had authority to act on their behalf. Dr. Wyld may still go on in his laudable endeavour to bring about a union, but we feel certain it will only end in failure. He may secure the adhesion of a few like Dr. Rabagliati, of Bradford, &c., but the general bulk of medical practitioners will stand aloof. If Dr. Wyld is anxious to become absorbed in the ranks of legitimate medicine he can do so very easily, as many others have done before him, and this he can do without any recantation or without any loss of pride or self-humiliation. We believe Charles Philips was a homœopath in Manchester before he came to London; many others have passed over quietly into our circle without doing penance in the medical journals. We must now close this correspondence, reserving for Dr. Bayes the right to reply to the above if he wishes.—ED. M. P. & C.]

A COUNTY MEDICAL CLUB.

AN interesting experiment is about to be tried in Suffolk. The *Times* reports the formation of a new Medical Club. Within a year and a half 4,000 of the labouring class have joined the Medical Club, almost without solicitation, rather than rely on gratuitous advice or the parish doctor. It is now proposed to extend the operations of the Club to the whole of Suffolk. The benefits are restricted to persons "whose earnings do not exceed 20s. a week, or maid-servants whose wages do not exceed £8 a year;" thus restricting the Club mainly to agricultural labourers. The payment for a man or woman is 5s. a year; for a man and his wife, 9s.; and for each child 1s., with a *maximum* payment of 5s. for children no matter how large the family. A member of any Benefit Club may claim an abatement of 4s. from these rates. Women in their confinements will be attended for 10s.; the remaining fees payable to a medical man being supplemented by the honorary fund. Members have a choice of doctors living within a specified distance, who have agreed to work with the Club, and most of the principal doctors in the county have consented to the scale of fees embodied in the rules and certified by the registrar. The Club is to be managed by stewards chosen in each parish to receive the payments of members; and these stewards will communicate, through a secretary appointed in every union district, with the central organisation at Ipswich. Small meetings will be held in the towns and villages throughout the country to explain the rules. The Club will be self-supporting, except as to cost of management, surgical provision for accidents, and extra payments for confinements. Thus honorary members are necessary; but with a wide field for appeal, and an excellent object in view, this will probably present no great difficulty. At the request of the Provisional Committee that has been formed, Sir Edward Kerrison has drawn up a statement in which he thus explains the work it is proposed to do:

"The object of this Club is to enable benefit members to provide themselves and their families with medical attendance and medicine during sickness. Benefit clubs provide medical attendance for men only, but it is well known that women and children are more liable to illness than men. This Club is intended to remedy this omission, and not in any way to interfere with established benefit societies. The first stepping-stone to pauperism is an application for the doctor. It is now not so often granted by boards of guardians as it used to be, but when it is granted, in nine cases out of ten, meat and porter or wine are ordered by the medical man, and the rates are burdened not only with the ordinary maintenance of the families, but with the extras which the doctor considers right to order, and thus one family after another become paupers. It is not to be wondered at that an honest labouring man should seek to obtain the services of a doctor free of cost, when his wages will not enable him to pay a doctor's bill. It can only be by numbers collected together in a club of this description, that the charges made by medical men can be brought within the means of the people. It is not an unusual thing for operations or fractures to cost from three to five guineas, a sum which no poor man is able to pay. By belonging to this Club, such

payments will be avoided, and a man can look with certainty to the fact, that however large his family, all ordinary doctor's expenses, except for confinements, will never exceed 14s. a year."

This Medical Club, when started, will be the first county club of the kind in existence, and its working in the almost purely agricultural districts of Suffolk will be watched with interest. Too many families of the labourers in rural districts in the Eastern Counties, as elsewhere in the South of England, are disposed to accept Poor-law relief, especially when it takes the form of medical aid, as a matter of course, without feeling that they are sacrificing much independence or that much effort is required from them to help themselves.

DEATH OF THE TREASURER OF ST. THOMAS'S HOSPITAL.

It is with sincere regret that we have to announce the sudden death of Sir Francis Hicks, who has for many years past acted as Treasurer to St. Thomas's Hospital. Deceased was staying at the time of the melancholy event at the Cliftonville Hotel, Margate, and his sudden death will cast a gloom over medical circles in which he was so well known and honoured, alike for his humanity, liberality, and great interest in the work of medical charity, especially as connected with St. Thomas's, for the welfare of which he never seemed tired of working. Sir Francis was a magistrate for Surrey, and a commissioner of lieutenancy for London. He was knighted on the occasion of the opening of the new buildings of St. Thomas's Hospital, 1871.

The Carrageen Crop.

A recent number of the *Scientific American* gives the following information concerning *Chondrus crispus*, incorrectly called in that journal Carrageen. This production, familiarly spoken of as Irish moss, is known chiefly as the basis of a pleasant and wholesome drink for the sick room, or as an article of use in the preparation of delicacies for the table. Comparatively few are aware of its wide and varied uses in the arts, or that the thousands of barrels of it employed annually by our manufacturers of paper, cloth, felt, and straw hats, &c., and by brewers, is not an Irish, but an American product, and, speaking strictly, is not a moss, but a seaweed. Carrageen is to be found more or less abundantly all along the northern coast of America, ranging between the low water line and the depth of forty feet or so; but as a rule its fronds, which correspond to the leaves of air plants, are so numerously inhabited by small mollusca that they are spoiled for other use. The clean-growing article seems to be limited almost wholly to certain ledges in the neighbourhood of Scituate, Mass.

The harvest begins in May and ends about the first of September. The gathering is made in two ways—by hand-picking during exceptionally low tides, and by means of long-handled iron-toothed rakes at ordinary tides. Of course the work can be carried on only during fair weather. Hand-pulling is possible only during the bi-monthly periods of spring tides, that is, when the moon is full and again at new moon. At such times high tide occurs about midday and midnight, and the ledges are exposed for moss gathering morning and evening.

As the tide rises the pickers are driven to their boats, and proceed to the outer moss-bearing rocks, where the rake is used, as it also is during ordinary low tides. Moss taken in this way is not so clean as the hand-picked, and is always mixed with tape grass, which must be removed during the process of curing and packing.

The curing of the moss is the most critical part of this peculiar farming. On being brought to the shore the moss is black and unsightly; it must be bleached as well as dried. The bleaching is effected by repeating wetting and drying in the sun; and as the moss is readily soluble in fresh water the bleaching beds are situated near the banks of the salt creeks that abound along the shore.

The crop averages about half a million pounds a year; and thanks to the brighter and more abundant sunshine of the American coast, the moss has a brighter colour and is of finer quality than the Irish product.

ROYAL COLLEGE OF SURGEONS.

The following report shows the number of candidates who who have passed and have been rejected from each medical school during the years 1876-77.

PRIMARY EXAMINATIONS.

1876-77.

Medical School.	Totals.	Number passed.	Number rejected.
St. Bartholomew's	119	82·50	36·58
University College	100·50	69	31·50
Guy's	80	70	10
St. Thomas's	60	38·50	21·50
London	42·16	24·3	17·83
St. George's	40·6	26·3	14·3
King's College	33·50	24·50	9
St. Mary's	27·50	18·50	9
Middlesex	24	20	4
Charing-Cross	20·6	15·3	5·3
Westminster	11	8	3
Manchester	35·50	23 50	12
Liverpool	30 50	25	5·50
Bristol	23	8	15
Birmingham	21	15	6
Leeds	20	15	5
Sheffield	7·50	3·50	4
Newcastle-on-Tyne	13	9	4
Cambridge	9·50	7 50	2
Dublin	20·50	7	13·50
Belfast	3	3	....
Cork	2	1	1
Galway	·50	....	·50
Edinburgh	25	18·50	6·50
Glasgow	4	2	2
Aberdeen	·50	·50	....
Montreal	3 50	2·50	1
Toronto	3	2 50	·50
New York	1	....	1
Ohio, Cincinnati	1	1	....
Laval	·50	·50	....
Bombay	5·50	4·50	1
Calcutta	2	2	....
Madras	1	1	....
Berlin	1	1	....
Leipsic	·50	·50	....
Totals	792	546	246

PASS EXAMINATIONS.

1876-77.

Medical School.	Totals.	Number passed.	Number rejected.
Guy's	83	68	15
St. Bartholomew's	72	63	9
University College	64·3	51·3	13
King's College	45·50	32·50	13
St. Thomas's	42·6	32·6	10
St. George's	27	24·52	2·50
London	26	19	7
St. Mary's	19·3	14·50	4 83
Middlesex	15·16	11 3	3·83
Charing-Cross	7·83	6·50	1·3
Westminster	7·03	3·83	4
Manchester	25	18	7
Birmingham	24	19	5
Leeds	20·3	14·50	5·83
Liverpool	10·16	4·83	3 3
Bristol	9 50	4	5·50
Newcastle-on-Tyne	6·3	2·3	4
Cambridge	3·50	1·50	2
Sheffield	2	1	1
Dublin	9·50	5·50	4
Belfast	2	2	....
Galway	·50	·50	....
Cork	·50	....	·50
Edinburgh	23·16	13·3	9·83
Aberdeen	5·3	4·3	1
Glasgow	1	1	....
Bombay	2·50	1 50	1
Calcutta	2	1	1
Caraccas	1	1	....
Liége	1	1	....
Toronto	3	3	....
Montreal	3	2·50	·50
New York	1·3	1·3	....
Ohio, Cincinnati	1	1	....
Totals	569	432	137

Note.—In these respective lists candidates who are indicated by a fraction have received their education at more than one school of medicine.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

BLOOD-LETTING.—Byron had a prejudice against blood-letting. It is said his life would have been saved if he had consented to it. There was a *post-mortem* examination made, the notes were published in the *Gazette de Sante*, Aug. 25. 1824.

HOSPITALISM, Manchester.—The pavilion system is no doubt the best. The Hotel-Dieu, Paris, is now opened for patients; it is supposed to be constructed on the newest principles, and you might learn some practical hints by a visit to it, and to the other Paris hospitals, as the Lariboisière.

DR. A.—The present university at Durham was established in 1831, opened October, 1838, and chartered June, 1837. There was a college founded in 1290, abolished at the Reformation, and Cromwell established a college in 1657, which was suppressed at the Restoration 1660. The School of Medicine is at Newcastle-on-Tyne.

RED CROSS.—The National Society for Aid to the Sick and Wounded was founded August 4, 1870, and is in communication with the International Society at Geneva. There should be plenty of work at the present time in attending on the unfortunate wounded in the present war. Write to the Secretary or Colonel Loyd-Lindsay.

FEES FOR VACCINATION PROSECUTIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you be so kind as to let me know if I am entitled to a fee when the Board of Guardians notice me to attend five miles away at the court to prosecute a man for the non-vaccination of his child. I must state I am not registrar in my district and would think his presence at the court should be sufficient

Yours,

ORIEL.

[Our correspondent is certainly entitled to his fee, there being nothing in any Act of Parliament or in the Dispensary Regulations to make the giving of evidence part of the duty included within his salary. The fact of his being registrar would not alter his position in the least. If summoned by subpœna he *must* attend, but, if not certain of his fee, should appeal to the bench for an order for it.—ED. M. P. & C.]

MR. LUNN.—We would strongly advise the opposite course.

PATER will find all he requires in our Students' Number for 1876 should he require the information before the appearance of our next on the 19th inst.

MR. L. O. R.—The correspondence was stopped three weeks since; we can insert no more letters on the subject.

MR. BOOTH.—The instrument referred to is of French origin and make; we have not yet seen it this side of the channel, but will cause inquiries to be made at some of the principal instrument makers and inform you in our next if it can be had here.

DR. STRETCH DOWSE, "On Syphilis as Affecting the Nervous System."—Dr. Seaton Reid, of Belfast, writes to disclaim the honour ascribed to him by Dr. Dowse in our last issue as being "the first of our countrymen to draw attention to syphilitic diseases of the nervous system." Our correspondent says: "I believe the statement by Dr. Dowse *to be true* except as to the spelling of the name. There were two Dr. Reids in Belfast, one, Dr. Thomas *Reade*, who died a few years ago, and was the discoverer alluded to; the other myself, whose name, you will observe, is differently spelled from his. The honour, therefore is not mine."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Morphology of the Skull. By W. K. Parker, F.R.S., and G. T. Bettamy, M.A. London: Macmillan and Co.

Fleischcher's System of Volumetric Analysis. Translated by M. M. Pattison Muir, F.R.S. London: Macmillan and Co.

Unsectarianism and Toleration in Medicine. By George Wyld, M.D. London: Trübner and Co.

The Spas of Aix-le-Bains. By F. Bertier, M.D. London: J. and A. Churchill.

Asen, the Man-hater. By Oliver Goldsmith. With Editorial Introduction. London: Griffiths and Farran.

The Conversation of a Soul with God. By Henry MacCormac, M.D. London: Trübner and Co.

Le Progrès Medical. Journal de Thérapeutique. La France Medicale. Le Paris Médical. The Students' Journal. The Veterinary Journal. The Clinic. Australian Medical Journal. Gazetta di Roma. Theatro Espana Medico. New York Medical Journal, &c., &c.

VACANCIES.

Alcester Union.—Medical Officer to the Inkherron District. Salary, £60, exclusive of fees. Address the Clerk to the Guardians.

Baltinglass Union, Rathvilly Dispensary.—Medical Officer. Salary, £120. Election, 24th inst.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary by the 21st inst.

Edinburgh University.—Examiner in Chemistry. Applications for the appointment to be lodged before October 1st with the Secretary.

Holbeach Union, Lincolnshire.—Medical Officer to the Luton and Tydd Districts. Combined salaries, £62 10s. Applications to the Clerk of the Union.

Nantwich Union, Cheshire.—Medical Officer of the Wybunbury District. Salary, £3[illegible], exclusive of fees. Applications to the Clerk of the Union.

Northumberland County Lunatic Asylum, Morpeth.—Assistant Medical Officer. Salary, £100, with board, &c. Apply to the Medical Superintendent by the 13th inst.

Parsonstown Union, Ferbane Dispensary.—Medical Officer. Salary, £120. Election, 20th inst.

St. Mary's Hospital, Paddington.—Pathologist and Medical Tutor. Salary, £100. Full particulars of the Dean. Latest day, 24th inst.

Westminster Hospital.—House Surgeon, and an Obstetric Assistant. Board and lodging provided, but no salary. Address the Secretary by the 15th inst.

Westport Union, Louisburgh Dispensary.—Medical Officer. Salary, £100. Election, 10th inst.

APPOINTMENTS.

BUDDS, W. T., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Extraordinary Physician to the Cork Fever Hospital and House of Recovery.

COOKSON, A. N., M.R.C.S.E., Medical Officer and Public Vaccinator for the Chilvers-Coton District of the Nuneaton Union.

EATON, J. C., M.R.C.S.E., Medical Officer for the Ancaster District of the Grantham Union.

ELLIOT, J., M.R.C.S.E., Medical Officer and Public Vaccinator for the newly-formed No. 3 or Bodenham District of the Leominster Union.

GOWING, B. C., M.R.C.S.E., a Medical Officer to the Salisbury Medical Club and Provident Dispensary.

GROWSE, J. L., M.R.C.S.E. & L.M., Medical Officer and Public Vaccinator for the Bildeston District and the Workhouse of the Cosford Union, Suffolk.

HIGHET, J., M.B., C.M., a Surgeon to the Workington Dispensary.

KENNY, R. J. D., L.R.C.S.I., a Medical Officer to the North Dublin Union Workhouse.

MACKAY, A., M.B., C.M., Medical Officer and Public Vaccinator for the Parish of Lismore and Appin, Argyleshire.

MURDOCH, W., M.B., C.M., Assistant Medical Officer to the Perth District Lunatic Asylum, Murthly.

OLDMAN, J., M.R.C.S.E., Medical Officer of Health for the Huntingdon Urban Sanitary District.

Marriages.

FORMAN—JOHNSON.—Sept. 1, at St. Mary's, Hornsey, N., G. Ellery Forman, Surgeon, R.N., to Alice, eldest daughter of W. W. Johnson, of Hornsey Rise.

KEEGAN—STERN.—At the Church of St. Othmar, Vienna, Denis F. Keegan, M.D., Indian Medical Service, to Francisca M., fourth daughter of the late Herr Herman Stern, of Vienna.

RAVENHILL—CUTLER.—Aug. 29, at Hall Green, Thomas Holmes Ravenhill, M.R.C.S., &c., of Bordesley, Birmingham, to Adelaide Anne, second daughter of the late John Walford Cutler, Solicitor, of Birmingham.

Deaths.

BURKE.—On Aug. 17, at Octagon House, Westport, Francis Burke, L.A.H.D., aged 82.

BURKITT.—On Aug. 23, at Wicklow, William Robert Burkitt, L.R.C.S.I., Surgeon Major, late of the 52nd Regiment

DAVIDSON.—On Aug. 26, at Bogie House, Kirkcaldy, William Gordon Davidson, late Inspector-General, Indian Army, Madras.

DURRAN.—On Aug. 16, at Fulham, David Durran, M.D., aged 66.

LLOYD.—On Aug. 18, at Carmarthen, William Lloyd, M.B., aged 30.

NESS.—On Aug. 18, at Plymouth, John Ness, F.R.C.S.E., of Helmsley, Yorkshire.

O'DONNELL.—On Aug. 20, at Waterloo, Liverpool, John O'Donnell, M.D., aged 77.

SKRIMSHIRE.—On Aug. 17, at Holt, Norfolk, George Skrimpshire, M.R.C.S.E., aged 75.

WILLOWS.—On Aug. 21, at Oakfield Road, Penge, Robert G. Edward Willows, M.R.C.S.E., late of Chesterton, Staffordshire, aged 28.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 12, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

The Harveian Oration, 1877, Delivered before the Royal College of Physicians. By Edward H. Sieveking, M.D., F.R.C.P., Physician Extraordinary to the Queen; Physician in Ordinary to the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, &c. 207

The Otology of the last Ten Years. By Dr. Guerder, of Longwy. Translated from the "Annales des Maladies de l'Oreille, du Larynx, et des Organes Connexes," by W. Douglas Hemming, M.R.C.S. 211

A Case of Gun-Shot Wound of Head. By John Molony, Medical Officer, Dromahair Dispensary, Co. Leitrim 212

On the Incongruity of the Mode generally Adopted in Stating the Results of Milk Analyses. By William Thomson, F.R.S.E. 213

CLINICAL RECORDS.

A Case of Puerperal Mania and Convulsions Treated simply by an Aperient and Repeated Doses of Quinine. By Dr. G. Gorrequer Griffith, Senior Physician to the Hospital for Women and Children; Physician Accoucheur to St. Saviour's Maternity 214

TRANSACTIONS OF SOCIETIES.

Medical Society of Paris—
Hydatid Cyst of the Liver 215

Causerisation in Carbuncle 215

LEADING ARTICLES.

Medical Reform.—I 215

Milk Sickness 216

The Physician, the Priest, and the People 218

NOTES ON CURRENT TOPICS.

Increase of Drunkenness 219

The Overworking of Coroners 219

Suggestions for Restoring Suspended Animation 220

The Changes in the Ciliary Processes during Accommodation 220

Payment of Irish Poor-Law Medical Substitutes during Illness 221

The Contagious Diseases Acts 221

Forging Certificates of Death 221

Slate Paper 221

Artificial Atrophy of the Eye 221

Photographs of Microscopic Preparations 222

Mallow Spa Water 222

Typhoid Fever in Edinburgh 222

Dr. B. W. Richardson in Dublin 222

Determination of Albumen in Urine 222

Palpitation of the Heart 222

Child-Poisoning by Opium 223

Fixed Oil of Stavesacre 223

Diphtheria in Lowell in 1878 223

Bichromate of Potash as an Antiseptic 223

Simple Method of Testing the Purity of Chloroform 223

CORRESPONDENCE.

Hydrophobia 223

Matico in Post-Partum Hæmorrhage 224

The Nervous Origin of Hydrophobia 224

The (So-called) Homœopathic Schism 224

Notices to Correspondents, &c. 225

Vacancies 226

Appointments 226

Births 226

Marriages 226

Deaths 226

Original Communications.

THE HARVEIAN ORATION—1877.

DELIVERED BEFORE

THE ROYAL COLLEGE OF PHYSICIANS.

By Edward H. Sieveking, M.D., F.R.C.P.,

Physician-Extraordinary to the Queen; Physician-in Ordinary to the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, &c.

Every detail concerning Harvey's early studies appears to command our interest; I, therefore, make no apology for presenting you with a few details concerning his first lectures. The volume, which is carefully bound in leather, with some pretensions to elegance, contains about 99 pages of foolscap paper, reduced to a size of 6 inches by 8. The binding was evidently an after-thought, and the loose pages may have been used for one or more years before they were put into their present form, because they bear the marks of having been folded lengthways twice over, so as then to occupy a very small space of about 8 inches by 2. There is also evidence that Harvey used the book in its present form for his lectures; for he had attached by sealing wax, threads of twine along the inner side of the cover, under which he could slip any further notes for future lectures. The writing throughout appears to have suffered little or nothing in distinctness, except that of the title-page; but in evidence of the style and the difficulty of putting it into a modern form, I venture to send round an autotype copy of one of the most legible passages, which happens to be the *resumé* of what Harvey taught in his early lectures regarding the heart and circulation.

The title-page, which is in red ink, is very nearly illegible. It is to the following effect: "Prelectiones anatomiæ universalis, per me Guglielmum Harveium Londonensem, anatom. et chirurg. Professorem. Anno Dom. 1616. Anno ætatis 37. Prælect. April 1st, 1517." Underneath are the numbers 16, 17, 18, which probably imply that these particular notes were used for the lectures of 1616, 1617, and 1618.

The manuscript evidently consists of mere memoranda: jottings of the subject upon which the speaker could dilate as he chose. Each full page contains about thirty lines, and but few of the words are written out in full. The abbreviations, which sometimes assume an almost hieroglyphic form, are very numerous; and as the terminations of the words are commonly mere up and down strokes, a considerable latitude must necessarily be allowed to the transcriber. Under these circumstances, and from the impossibility of interpreting or verifying some of the allusions and references, the transcript and translation of the portion that particularly concerns us, relating to the heart and circulation, inevitably leaves much to be desired (*a*). I may say that this section occupies a little more than 15 pages of the volume, comprising altogether 441 lines.

The notes are put together in an aphoristic manner, and are occasionally interpolated with English words for which the writer, at the moment of composition, was unable at once to supply the corresponding Latin term. There are frequent references to other authors; Hippocrates, Galen, Columbus, Vesalius (*sic*), Colsius, Aquapendens, and one, though this is doubtful, to Cæsalpinus. Every now and then we meet with initials W. H., appended, probably, for the purpose of distinguishing the passage as one that the speaker wished to mark as belonging especially to himself. The notes show that Harvey had, at that time, already studied the subject by vivisection, and that he had employed a variety of animals for his inquiry. But one feels throughout that he is still somewhat influenced by the prevailing views, and that he

(*a*) The attempt I have made in translating it has not yielded satisfactory results; and, after submitting it to more competent Latin scholars than I profess to be, I fear others would not be much more successful. It would probably be wisest to publish the notes in autotype, with an accompanying transcript, and allow each reader to be his own interpreter.

is only laboriously attaining that clear insight which his work, published in 1628, so plainly shows.

Harvey commences the section on the heart and circulation with an etymological assertion, for which, I fear, it would be difficult to find sufficient justification : *Cor a currendo, quia semper movetur.* His first anatomical statement is to this effect (*a*). "This (the heart) is the chiefest of all parts of the body, not by any inherent quality, for its flesh is more fibrous and harder and colder than the liver, but by the quantity of blood and spirits contained in the ventricles." You see, he still clung to the view that the heart contained something besides blood. The heart, he says, cannot bear any serious lesion without death ensuing; still, he adds, showing that he had already devoted attention to pathological anatomy, *vix ullis vitium cadaveribus vidi, nec consumitur ptysi (phthisi) secundum spem Galeni.* An amusing instance of a jumble of Latin and English occurs in this section : *Exempto corde frogg scipp, eel crawle, dogg ambulat ;* in which the English, not one word of which would pass muster at a spelling-bee, is as interesting a feature as the physiological fact embodied in the sentence.

The next section is devoted to an examination of the structure of the heart and its contents. Harvey's initials are attached to such sentences as—*Hinc cur potius arteria oriri a corde quam vena, non video ;* as—*Quære de principio venarum, puto a corde.* He commences the consideration of the use of the heart with the statement—*Hæ duo lacunæ* (the two ventricles) *cysternæ sanguinis et spiritus ;* the latter, he subsequently says—*in totum corpus hinc distribuitur.* Much comparative anatomy is introduced ; and we meet, probably for the first time in English medical literature, the designation of "bishop's miter" as applied to the left auriculo-ventricular valve. Harvey heads the next division of his subject *Historia, Transitus Sanguinis et quomodo spiritus fiat.* In this, he discusses the question of the transmission of the blood through the foramen ovale, which he regards as a fœtal arrangement, describing at the same time the changes occurring in the ductus Botalli. The substance, colour, and temperature of the heart are considered ; and here, as elsewhere, there are suggestions manifestly derived from clinical practice. Under the heading *Motus*, Harvey dwells upon difficulties, which he subsequently surmounted, in understanding the movements of the organ, and especially in determining which was systole and which diastole (*b*). He evidently took his audience into counsel and displayed before them the living heart, for he says (*c*) : "I have watched the process for entire hours, and was unable to determine the question for myself, either by sight or by touch ; therefore, I shall ask you to look for yourselves, and give me your opinion." However, he arrives at this conclusion, that, whether the erection of the heart is to be regarded as the act of systole or diastole, the heart, by its erection, projects the blood and causes the pulse (*d*).

One more extract, and I will detain you no longer with the notes ; hoping, however, that I have not taken up your time unprofitably with a subject that appears to me to justify our liveliest interest, and to merit a more complete and permanent record than my present opportunity permits.

The passage that I am about to quote forms the peroration to the first Lumleian Lectures on the heart, and comprises a summary of the doctrines on the movement of the heart and the circulation as taught by Harvey at the beginning of his career. I shall give the passage verbatim, prefacing it only with the remark that it is initialled W. H.

Constat per fabricum cordis, sanguinem per pulmonis in aortam perpetuo transferi ; as by two clacks of a water-bellow to rayse water.

Constat per ligaturam transitus sanguinus ab arteris ad venas.

Unde Δ (*demonstratur*) *perpetuum sanguinis mortum peri pulsu cordis*)

An (*?*) *hoc gratiæ nutritionis, an magis conservationis sanguinis et membrorum per infususionem calidem, vicissimque sanguis calefaciens membra, frigifactus, a corde calefit.*

Most of this is taught more explicitly in Harvey's work of 1628 ; but he then, as shown in his letter to Riolan, abandoned the theory that the heart was the source of heat.

I owe you, Sir, and Fellows of the College, an apology for having occupied so much of the brief time at my disposal by the inquiry into the merits of Cesalpino (*a*) but it appears to me one of the duties of the Harveian orator not to allow (as far as in him lies) an aspersion to rest on a name that has been justly called "immortal." Our departed friend, Emanuel Alexander Parkes, in fervent language, vindicated Harvey's claim to that title, in the posthumous oration which Sir William Jenner read from this chair last year. He spoke of Harvey's discovery as one "that is not only one of those cardinal discoveries which lie at the very foundation of physiology and medi-

(*a*) Principalissima omnium pars, non propria ratione, carne fibrosior enim et durior et frigi*dior* hepate, sed copiæ sanguinis et spirituum in ventri*culis*. Harvey enlarges upon this paragraph under three heads. 1. Unde fons totius caloris ; 2. Unde auricula dextra pro aposte*mate* cernetur morte ; 3. Unde piscis quasi lacuna san*guinis*, et eo major quo sanguis spirituosior, calidor ; puto quo disten*tius* et non concre*tum* possibi*le* ad vitam, unde auriculæ pulsant post emo*tum* cor san*guinis* multitu*dine*. The italicised letters are the terminations suggested by Mr. Bond.

(*b*) Videtur quod arduum et difficile discernere aut visu aut tactu, dilatari et constringi, et qualis sit systole qualis diastole.

(*c*) Ego per integras horas animadvertendo non facile potui discernere neque visu neque tactu, quare vobis cernendum et indicandum proponam.

(*d*) Erectione protendit sanguinem et facit pulsus, pro eresi (an heretical notion) et contra Galenum—"as in a glove," he adds in English, and concludes : Hinc pulsus arteriarum, non ex inmata facultate sed protendente corde.

(*a*) Cesalpino's inquiries into demonology, have no bearing upon the subject matter of the oration : but I venture to direct the reader's attention to them, as they are often extremely amusing and may assist in forming some opinion of the writer's character and frame of mind. As a whet to their appetites, I extract the following illustration from the "Dæmonum Investigatio" (chap. ix, p. 154), of the views that prevailed even among the educated classes in the sixteenth century as to the influence exerted by evil spirits upon man. Cesalpino relates that "A ship having put into Salamis, in the island of Cyrus, for the purpose of purchasing provisions, a young man left the vessel and bought some eggs of a certain women. He ate them on the shore, and after the lapse of an hour, lost his voice and became half stupefied. When he essayed to go on board, he was driven back by his associates, who did not recognise him, but regarded him as an ass. As the wretched man was unable to express himself in words, the ship quitted the harbour without him ; and he, anxious and having nobody to advise him, returned to the woman by whose influence he suspected that he was detained. He obtained no help from her ; and therefore, waiting his opportunity, remained three years in the country, occasionally carrying burdens, according to the custom of asses. At night he stayed with the woman ; but continuing dumb, was unable to give evidence against the poisoner. However, having been accidentally led to the town, and passing a church, the ass was seen by certain Genoese merchants, at the elevation of the host, which happened at the moment to be raised, to bend his hind legs and to raise his forepaws in adoration. The merchants seeing this miracle, inferred that the woman who was leading the ass was a witch (for this species of transformation was common in Asia). They brought the affair to the notice of the mayor of the town, who ordered the woman to be seized. She confessed her crime, and in the hope of pardon, restored the young man to his former condition, and he returned home. She, however, suffered condign punishment. Cesalpino adopts this tale as a fact, and infers that such occurrences prove that the accounts given by poets of the metamorphoses of the companions of Ulysses into animals by Circe were not mere fables. It is not difficult to conceive how the sober mind of Harvey would treat these lucubrations of Cesalpino if he were acquainted with them ; but they scarcely impress us with the conviction that the latter was a man capable of effecting a great revolution in science. It may be interesting to modern demonologists to know that a picture by Gius. Sabatelli—painted in the present century—is to be found in a chapel of Santa Croce in Florence, in which a mule is represented as kneeling before the host which is being conveyed to a sick person (see "Museo di Pittura e Scultura, Firenze, 1842. Tavola 1182).

cine, but is one that from its very nature forms one of those great landmarks which must remain in the sight of all." Upon that topic it is unnecessary for me to dilate before an audience in whose ears the words of Parkes still ring. But it may not be unfitting to inquire whether we, the spiritual descendants of Harvey, are carrying on the great tradition which we have received from him in a manner that he would approve of—by a steady pursuit of truth for its own sake, by that rigid sobriety of judgment which everywhere characterised his researches, by that "marvellous industry" and "insatiable curiosity" with which he prosecuted his researches to the day of his death.

Our Hunters, our Marshall Halls, our Bells, our Brodies, all trod in Harvey's path, and have largely aided in the onward movement of medical science in this country; but I think I do not indulge in a vain "Eidolon," if I look upon the present period of British medicine as one to which pre-eminently the term of the Harveian age of medicine may be justly applied. The future only can determine the meed of praise to be awarded to an individual, and will not fail to correct any exaggerated estimate which a contemporary may form. But as it is one of the functions of the Harveian orator to speak "in commemoration of those who have added aught to the sum of medical science in the course of the bygone year," I believe myself to be only fulfilling the trust confided in me if I dwell upon the earnest work which we see on all sides, and which, in spite of malevolence and misconstruction, is leading us on step by step to more perfect knowledge, and enabling us more and more to benefit our fellow-men.

Two of our distinguished contemporaries of this College I have already named—one, alas! no more—whose names will shed lustre upon the present time. But there are many both in and out of this College whom this country may be proud of, and whom we cannot but think that Harvey would gladly have extended the right hand of fellowship to, and have recognised as fellow-labourers. Scientific medicine of the present cannot fail to command the grateful acknowledgments of our descendants with such an array of names as Billing and Watson, Burrows, Williams, Carpenter, Sharpey, Beale, Paget, Bennett, Simon, Radcliffe, West, Sanderson, Johnson, Brown-Séquard, Lockhart, Clarke, Murchison, Handfield Jones, Richardson, Garrod, Wilks, Pavy, Dickinson, Harley, Hughlings Jackson, Hutchinson, Bastian, Ferrier, and many others, whose researches have already secured them a renown that nothing my feeble voice might urge can either abate or increase.

Would not Harvey have rejoiced to learn the revelations of the microscope and of the chemical laboratory, which belong especially to our day? Can we not picture to ourselves the flash of joy that would beam from his black eyes as he traced the intricacies of cardiac action and of respiration with the stethoscope, the sphygmograph, and the cardiograph? Would it not have gladdened his heart to see the admirable reports of the Medical Officer of the Privy Council spreading light over recondite processes, and illuminating subjects not less interesting to the man of science than fraught with benefits to the human race? Would Harvey not have followed with profound intelligence and animation the discussions in our societies on the causes and pathology of cancer, on the communicability and production of tubercle, and the intricate question of syphilitic infection?

Who can study the researches of Dr. Sanderson into the pathology of infective processes without feeling that he is leading us to a profounder study of the most hidden phenonema of disease than was thought attainable a very short time ago? Mr. Simon (*a*) alluding to his work and that of his colleagues, says well that their studies are extremely important, and that ordinary professional practice supplies neither opportunity nor immediate stimulus for them; studies of elaborate and purely scientific research in aid of the development of medical knowledge, studies never immediately convertible to pecuniary profit, but perhaps, on the contrary, involving heavy cost; studies, too, which, from their nature, cannot promise rapid results, nor be conducted in fragments of leisure, but require systematic and continuous labour extending over long periods of time.

Dr. Sanderson's researches have especially served to open out a new vista with regard to many inflammatory and febrile processes; and although they are not to be regarded as concluded, they have already shed much light, particularly on the origin and course of infective processes. We owe to his earlier experiments the discovery of the fact "that when in the lower animals local inflammations are produced, either in the skin or peritoneum, by the introduction of irritant substances, two distinct sets of consequences manifest themselves, viz., a chronic disease exhibiting in all respects the anatomical characters of tuberculosis, and consisting essentially in the overgrowth of certain tissues, designated as lymphatic or adenoid, and shown to be in close relation with the lymphatic system; and (2) an acute disease presenting the leading features of pyæmia, attended with the formation of metastatic abscesses, and as a rule, terminating fatally and very rapidly by the formation of infective abscesses and nodules associated with inflammation, not only of the peritoneum, but of other serous cavities."

It is no small matter to have learnt from Dr. Sanderson's inquiries into the pathology of diphtheria, that microzymes and micrococci exist which possess the power of colonising in living tissues, and "thereby inducing a variety of inflammation which is distinguished from others by its tendency to result in disintegration, and that this faculty of disintegrative inflammation is possessed by them independently, and can be exercised without the concurrence of any previously existing morbid process. The micrococci found by Sanderson, by Keber, Cohn, and others in small-pox, the rod-like bodies, distinct from bacteria, belonging to splenic fever, the wavy spirilla discovered by Obermeier in the blood of persons suffering from relapsing fever, and not seen in other acute and infective disease—all point to the necessity of remodelling many of our views regarding the essence of disease; while a more intimate knowledge of its pathology cannot fail to give greater precision to our methods of combatting morbid processes.

We cannot hope to apply a more scientific treatment to disease than we do now, until we thoroughly understand the origin and course of the disease, and the changes that occur. Although it is manifest that morbid poisons do not all act equally upon man and animals, still, it is also clear that we must be content to study the synthesis of disease, with very rare exceptions, in the brute creation only. Would that it were possible to popularise such researches as those initiated by the Medical Officer of the Privy Council, in order to convince a sentimental public that they open a prospect of hopeful harvest in the field of preventive and curative medicine! Surely, it is as much in accordance with the dictates of the most refined humanity to utilise animals for the extension of knowledge that shall afford relief or immunity from disease, as to employ them for the sustentation of life as food and raiment. As some of the agitators against scientific advancement are proof against facts and evidence brought forward in the vernacular tongue, (*a*) we may hope that they more readily accept arguments when expressed in the language of Virgil. We would recommend them to read the "Carmen Elegiacum" of Dr. Bridges, (*b*) in which the poet offers an elegant protest against the imputation that heartlessnes and cruelty direct experiments made upon animals. After referring to the good work done by our distinguished Fellow, Dr. Brunton, whom he describes as

(*a*) Report of Medical Officer of Privy Council, 1874.

(*a*) See especially the Report of the Royal Commission on the practice of subjecting animals to experiments for scientific purposes. 1876. Bluebook.

(*b*) Carmen Elegiacum Roberti Bridges, de Nosocomio St. Bartolomæi, Londinensi. Londini: 1877.

"Promptus aberrantes vivisecare canes,"

and, after alluding to the popular errors prevailing on the subject, he exclaims

"Hoc crudele aliquid nobilitatis habet,
Hic simul humanis prodesse inventa videntur;
Quoque loco cecidit rana, resurgit homo."

Assuming that we have acquired a power to recognise the germs giving rise to febrile and infective processses, or of the *causa proxima* (to use an antiquated term) of other morbid conditions, we could not hope to determine satisfactorily by chemical reagents in the test-tube the antidote that would neutralise them. This would merely be an ancillary method, guiding to further researches; the real value of the antidote could not be established in any other way than by experiment upon a living body into which the germs had been introduced. Valuable as are the reports of Dr. Baxter, (*a*) as to the relative disinfecting power of chlorine, permanganate of potash, sulphurous acid, and heat, they deal only with contagia outside the body. We have probably all of us in practice hoped that, by introducing these and similar agents into the diseased body, we might influence beneficially the processes manifestly depending upon such contagia. I fear that as yet no results have been achieved that would in any way justify a belief that the antidote has been discovered, that will neutralise or arrest an infective process in the body, as we have succeeded in doing external to it. Our treatment in these cases, as yet, consists in dealing with the product of the morbific germ, and in assisting Nature to bear its assaults with more or less impunity. The goal that we or our successors must aim at is to discover a germicide agent, whether to be introduced by the mouth or by injection directly into the blood; so that, to use Mr. Simon's words, (*b*) "the bedside practitioner shall be able to apply his counteragents with the precision of one who conducts a mere physical experiment."

But if we are still far from a perfect knowledge of the intimate cause of morbid processes, promising as the investigations are to which allusion has just been made, we have greater reason to congratulate ourselves on our recent advances in the determination of the various phases exhibited during the progress of disease. Few appliances, during the most recent period of medicine, have contributed more to this advance than the thermometer, the universal adoption of which might well be adduced in evidence of that Harveian spirit which I venture to claim as a characteristic and prevailing feature in the medical profession of the present day. Remembering the early days of the stethoscope, and the comparative slowness with which it forced itself into universal recognition, the manner in which the thermometric test of morbid processes has been received in all ranks of the profession, from the time its value was first shown by Wunderlich and Traube, seems to justify a high estimate of the advance made by the students of medicine during the present generation. The thermometer does not give us the reason of the change of temperature in the individual case; but it enables us to form a correct estimate of many processes, the nature of which previously could only be determined in the *post-mortem* room; and increased diligence in its employment is likely to render more clear the diagnosis of various obscure changes, as, for instance, Bastian (*c*) and others have already indicated in the department of cerebral pathology. The thermometer tells us a fact, which the most educated tactile sensibility is inadequate to determine with precision; and both in the outset, course, and convalescence of acute disease, it is an invaluable help to judge of the requirements of our patients. Whether more care in observation, or more refined instruments, will materially increase the value of thermometry, remains to be seen; but what we specially require is a means of determining the commencement of the incubative stage of febrile disease, so that we might be enabled to apply our remedies before the zymotic process has actually poisoned the entire system. The interval that elapses between the absorption of a germ and the actual manifestation of the complicated processes to which it gives rise, is the period during which an antidotal or germicide agent would be most certain to effect the desired end. It suggests itself whether we are not likely to find, in a combination of the galvanometer and thermometer, the means of a further advance in this direction; and it seems to me that we must look to the galvanic test also for a solution of the problem, which is so often presented to the practitioner; how pain, which at present is only a subjective sign, can be rendered more objective; how we may estimate and measure this important system; how we can secure an instrument which, by anticipation, may be termed an odynometer.

The *tactus eruditus*, upon which our predecessors justly laid stress, and which cannot now be dispensed with, is rendered more intelligible and receives a scientific basis in the explanations of the varying conditions of arterial tension afforded by the sphygmograph. It is one of those inventions and applications of the modern physiologist which we conceive that Harvey would have especially delighted in, as giving confirmation to many views which he held, and explaining much that necessarily was beyond even his powers of solution. The sphygmograph affords us the *rationale* of those differences of the pulse which the practised physician has long recognised; and though not suited, at least in its present form, for ordinary bedside practice, has already, in the hands of experienced observers, thrown much light on the changes which the heart and vessels are subjected to in the varying phases of disease. As it has already given precision to our physiological doctrines on the action of the heart, the condition of the arteries, and the balance of the circulation, we may hope that it will aid us still further in determining the action of many substances which affect the circulating apparatus of the blood, concerning which the medical mind is still in a painful state of dubiety.

In connection with this subject, I am confident that I re-echo the feelings of every member of this ancient Corporation if I dwell upon the loss which the College has sustained, since the last Harveian oration was delivered, by the decease of a man whom we may justly designate as a genuine follower of our great medical prototype, and who showed by his work that he also "avowed himself the partisan of truth alone," questioning Nature with all the perseverance of the earnest student, and not content with anything but the most rigid examination of the replies she vouchsafed to his inquiries. Among the numerous works of Harvey, the loss of which we have to deplore, (*a*) "by certain rapacious bands, which, not only with the permission but by the command of Parliament, stripped his house of all its furniture, but abstracted the fruits of many years of toil," we have to reckon a "Medical Anatomy." (*b*) One of the various works by which our friend Dr. Sibson has established a name, which will endure while this College lasts, is a "Medical Anatomy," in which he gives evidence of many of the admirable qualities which characterised Harvey. Like Harvey, too, he did not hurry into a publication of his researches, but thoroughly matured his work before bringing his fruit into the great market of literature. To both we may suitably apply the praise bestowed upon Goldsmith, in a somewhat different sense, in the well-known words: *Nihil tetigitquod non ornait.* (*c*) Sibson's work in connection with respiration, with the

(*a*) Report of Medical Officer of Privy Council, 1875. Appendix No. 6.

(*b*) Report of Medical Officer of Privy Council, 1875, p. 1.

(*c*) "Paralysis from Brain Disease in its Common Forms." By H. Charlton Bastian, M.D., F.R.S. 1875.

(*a*) "The Works of Harvey," Sydenham Society's edition, p. 481.

(*b*) "The Works of Harvey," Sydenham Society's edition, p. 89.

(*c*) We hope to be pardoned for taking a slight liberty with Johnston's epitaph on Goldsmith, the commencement of which runs thus: "Oliverii Goldsmith, poetæ, physici, historici, qui nullum feri scribendi genus non tetigit, nullum quod tetigit non ornavit, sive risus essent movendi, sive lachrymæ, affectuum potius et lenis dominator et cet."

nomenclature of disease, with aneurism, and with sanitary science, deserves a grateful record on our part. There appears a special fitness in the fact, that the last time Sibson appeared before the medical public, he delivered two Harveian lectures "On Bright's Disease and its Treatment," in which we find all those qualities of the scientific physician which have left so deep an impression upon the generation in which he lived. They do not, of course, convey to the reader the many estimable qualities of head and heart, the warmth and heartiness of his friendship, the poetic love of nature and of art, which endeared him to all who had the privilege of intimate intercourse with him, and which we rarely see so harmoniously blended as they were in our departed friend. These, indeed, are enshrined in our affectionate memories; but his chief claim to be mentioned in this place, and on this occasion, lies in the fact that those who knew him best may claim for him, in an especial manner, that he was a representative of the Harveian spirit of honest and truthful research into the mysteries of God's work in nature.

(To be continued.)

THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. Guerder,
of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes Connexes.*

By W. Douglas Hemming, M.R.C.S.

In 1866-7 M. Duplay, after remarking on the great impulse which otology had received abroad during the preceding twelve years, deplored the indifference of French physicians to that branch of science. Since that time, while the movement has been still more marked abroad, especially in Germany, serious efforts have been made among ourselves to keep pace with this impulse, the proof of which may be found in the publication of these *Annales* and of numerous theses. But many foreign works are still known only to a few, and it is to extend the knowledge of them and to excite amongst us new researches that I have undertaken this succinct *résumé* of works on otology published during the last ten years. The review will be divided into three parts :—

I.— Anatomy and physiology. II. — Pathology. III.—Therapeutics.

I.—Anatomy and Physiology.

The External Ear.—The anatomy of the external ear has been well known from the time of Troltsch and Toynbee, to whose descriptions recent researches have added nothing of importance. This is not the case, however, with the physiological functions of the auricle. Two diametrically opposite opinions are held on this point : some with Itard deny to the auricle any importance ; others attribute to it functions analogous to those of the tympanum.

Those who deny to the auricle any influence on the auditory faculty, base their opinion on those cases of absence or loss of substance of the appendages without resulting deafness. These cases are somewhat few in number and too incomplete to serve for demonstration. The state of the hearing power had never been tested before the ablation of the auricle, and nothing indicates that, although hearing might remain good, there had not been some diminution in its quality. In some cases it is said hearing power has diminished, but inasmuch as here also the auditory acuteness had not been tested before the loss of substance, this diminution might have been preexistent and due to another cause. On the other hand, admitting even that loss of the auricle does not influence the hearing of a watch or a tuning fork, this does not prove that the auricle possesses no physiological importance. No one denies to the membrana tympani an important part in hearing, and yet all otologists know that grave alterations of this membrane and extensive perforations may coexist with apparently normal hearing power. As Voltolini (*a*) says it is necessary to distinguish in the auditory faculty, in order that the organ may be complete, a qualitative faculty and a quantitative faculty; in a word there are persons who hear sounds well and who do not hear music, that is to say they do not feel it. Generally speaking, children hear better quantitatively than adults, and the latter appreciate better the qualities of sounds. Savages hear feeble sounds at considerable distances which civilised men do not hear, but they have not the musical ear. We cannot judge exactly of the auditory faculty with the very imperfect methods of examination which we at present possess. Some recent works which have sought to establish the functions of the auricle by experimental methods seem sufficiently interesting to merit attention.

The functions attributed to the auricle are :—

1. That it is a resonator and, at the same time, a reflector of the sound waves, which it concentrates into the meatus.

2. That it enables us to distinguish the direction of a sound.

3. That it isolates sounds and transmits them thus isolated to the labyrinth. Kupper (*b*) and Mach (*c*) do not admit that the auricle can reflect any considerable number of the waves which strike it, supposing even with Boerhaave that it produces multiple reflections. In fact, the length of the perceptible sound waves is such that multiple reflections are impossible on a surface so small as that of the auricle ; this is true even when we consider only the waves which directly strike the auricle, for those which come from behind or before are much more disadvantageously situated. Mach has made very conclusive experiments on the mode of reflection of sound waves. If we introduce into a 16-feet organ pipe an obstacle, such as a piece of wood, which does not sensibly modify the lumen, and bring near to this piece of wood a flame, it will be seen that while the pipe sounds the flame oscillates parallel to the surfaces of the piece of wood, following all its contours and all its angles. If the flame be placed near the open extremity of the pipe the sound waves are seen to diverge in all directions and to be bent on the edges of the pipe. These experiments show that the reflections of the sound waves are not produced in the same way as those of the light waves.

Mach admits only that the perception of the direction of a sound belongs to the auricle. He says, "when one hears a continuous sound with the eyes closed, a certain time must elapse before we can account for its origin. If the sound is emitted in a direct line, before or behind, corresponding with the antero-posterior axis of the cranium, it is absolutely impossible to distinguish, with the eyes closed, whether the sound is produced before or behind the head. At the sides, on the other hand, the distinction is easy, when the source of the sound is not very distant, on account of the different intensity with which it is perceived by each ear ; if the sound is distant, very low, or the waves very long, the distinction becomes more difficult, because the difference between the perception by one or other ear is less."

One ear possesses, up to a certain point, the faculty of appreciating the distance at which a sound which we hear is produced. We all know that a distant sound has not the same tone that it would have if produced at a short distance. But in appreciating the distance of a sound the ear appreciates also the direction of it. As this occurs at distances sufficiently great to allow us to neglect the difference produced by the space between the two ears, we must admit some other cause than this difference ; Mach seeks to explain the phenomenon by attributing the hearing of different tones to each ear, and that it is by

(*a*) "Monats der Ohren." 1868.
(*b*) "Archiv in der Ohren," t. viii., p. 150.
(*c*) *Ibid*, t. ix., p. 72.

the tone that we recognise which ear listens, and consequently from which direction the sound comes. To demonstrate this, Mach made the following experiment: When we hear an organ-pipe sound and turn the head alternately to the right or to the left, we notice at each movement a change in the tone of the sound according to whether it is more directly heard by one or other ear. To explain this difference of the tone of each ear, Mach submits that the sound waves may fall with different intensity on the membrana tympani, according as they are presented perpendicularly to the axis of the auditory meatus, or in another direction; for elevated tones the difference will be greater still, because the waves, which do not come perpendicularly, will be already split by the auricle. He concludes that the auricle is a resonator for elevated tones, that the intensity of the resonance depends on the position of the ear in regard to the sonorous agent, and that thus are caused the variations in the tone which enable us to recognise the direction of the sound. This power appears more marked in animals who must appreciate certain noises, such as the rustling of leaves, while man preserves only some vestiges of it.

According to Voltolini, (*a*) the auricle should be considered as an external tympanum, for it exists only for the perception of aerial sounds.

No animals which live in water or underground possess auricles. The structure also favours the transmission of vibrations; if it was simply intended to reflect sounds it would fulfil that function very well if osseous in structure. Voltolini explains the absence of the auricle in birds by the existence of fine and short feathers which are arranged regularly at the entrance of the meatus, an arrangement by which they form a kind of easily vibrating membrane.

Schmeide, Kam, and Weber have shown that under water one hears all sounds more feebly, and the perception of the direction of sound is altogether lost. In this case the aerial vibrations being suppressed, the auditory perception takes place only through the solid parts of the cranium, which explains the diminution in the intensity of the sound, and shows the necessity of aerial vibrations for distinguishing the direction of a sound. We will add that the integrity of both ears is equally necessary. If a vibrating tuning-fork be carried horizontally round the head we can distinguish clearly, with the eyes closed, what is the position of the tuning-fork. If one of the two ears be closed this perception only occurs when the tuning-fork approaches the open ear. We have interrogated a number of persons affected with unilateral deafness; all declare that they have lost the power of distinguishing the direction of sound, and that they always attribute its origin to the side of the unaffected ear. Huntsmen have been obliged to renounce hunting in consequence of the loss of hearing of one side. We have experimented on unilaterally deaf people, and when they had the eyes bandaged they could never recognise the position of a sound except when it was in the axis of the meatus of the unaffected ear, or in a position very near that axis.

We must conclude that the auricle plays an important part in hearing, but the limits of that part are not yet sufficiently determined. In hearing, as in sight, the integrity of both organs is necessary for the function to be exercised in all its fulness.

Burnett (*b*) has sought to show, experimentally, the functions of the auricle. We have not been able to procure his work, but the following are the conclusions he draws: The helix and the fossa of the helix vibrate under the influence of low sounds; the antihelix and its fossa under the influence of middle sounds; and the concha under the influence of high tones. If the finger be applied to the helix and it be pressed strongly against the cranium, deep sounds are heard with less, and acute sounds with more, intensity; the contrary effect is produced when the antihelix is pressed. Burnett explains in this way the alterations of tone which are experienced when the auricle is partially or completely wanting. Burnett recognises, also, in the auricle the power of isolating sounds, and transmitting them thus isolated to the labyrinth. It seems to us impossible to establish this opinion on scientific basis. We shall return to it when speaking of the labyrinth.

(*To be continued.*)

(*a*) "Mon. für Ohren.," 1871.
(*b*) "The External Ear." Philadelphia. 1873.

A CASE OF GUN-SHOT WOUND OF HEAD.

By John Molony, L.R.C.S.I., & L.K.Q.C.P.I.
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In the month of February of last year, I was sent for to see a dispensary patient, a female, æt. 30, who was accidently shot in the head, face, and neck, by a lad who, presenting a central-fire double gun (not knowing it to be loaded) pulled both triggers just as the girl was coming through a door-way; she, hearing some noise in the room in which the boy was standing, looked in, and seeing the gun levelled towards where she was, stooped her head, the first shot taking effect and carrying away a great portion of the scalp, about the size of the palm of a man's hand in extent, the second shot "riddling" her face and left side of neck, tearing through the clothes on the upper part of the chest, without, however, wounding that part. Dr. Nash, of Drumkeeran, was sent for in my absence to see her, who with his usual skill carefully dressed the wounds and shaved off the hair from the remaining portions of the scalp, prescribed an aperient, and ordered mild but unstimulating nourishment.

When I saw her the third day after the injury, she presented the following appearances: face greatly swollen, the features hardly recognisable, with much discolouration of the face and neck from the gun-powder (she was ten feet from the muzzle of the gun when it was discharged), and a great many grains of No. 6 shot scattered here and there about her face and neck, a wound of about an inch long over her left eye, her front teeth knocked out, her tongue also wounded, the scalp carried away to the extent above mentioned, leaving exposed portions of the occipital, both parietals and frontal bones denuded of their periosteum, the edges of the scalp surrounding the wound being much torn and jagged, pulse 120, weak; temperature 102·4. State of pupils not ascertained, owing to the pain caused in trying to open the eyes, tongue swollen, furred, and dry, with difficulty protruded, extremities cold, had been delirious through the night, great thirst, intense pain in head, bowels acted on by the aperient, kidneys also acting, constant inclination to vomit.

Wound dressed and washed with a weak solution of carbolic acid, ordered chicken jelly and milk in small quantities, a hot jar to feet and a chloral draught at night, which gave some hours' sleep. For some days there was no material change in her state, the only change in treatment being light linseed-meal poultices to help the sloughs to come away on the edges of the wound, and a poultice over left eye which brought away a gun wad, a light layer of fresh oakum sprinkled with carbolic acid solution being placed over the poultices whenever the discharge became offensive; now and again the unhealthy granulations were touched with sulphate of copper, the state of the bowels and kidneys being attended to.

After many weeks, there were evident signs of exfoliation going on in the exposed bones, when also albumen was detected in the urine, with partial suppression. Œdema of the lower extremities and a "numbed" feel down the left side of the body with slight anæsthesia; ordered 30 grain doses of pulv. jalapæ co. every night, and the bitart potass. drink (1 oz. to pint boiling water). With the assistance of Dr. McDowel, of Sligo, I removed a portion of the left parietal bone. In a few days afterwards

the paralytic and renal symptoms disappeared. The wound was then dressed with a solution of sulphate of zinc (gr. v. ad ℥j.), the layer of oakum being continued over the saturated lint.

The case went on for many months, with now and again the renal and paralytic symptoms appearing, generally ushered in with increase of temperature and accelerated pulse, once or twice being of an alarming nature, accompanied with delirium and subsultus tendinum; after removing five other pieces of exfoliated bone from the parietals and frontal bones (none of the occipital coming away, though similarly exposed), the various little "peninsulas" and "islands" of granulation joined one with another, and the wound filled in. The patient is now walking about and able to do light work; she still complains constantly of frontal headache, but with that exception no other symptom worthy of notice has presented itself.

I consider the above case interesting, for it is not often that recovery takes place where the head has received such grave injuries; also because of the association of the renal and paralytic symptoms, and the entire absence of erysipelas, notwithstanding the ill-ventilated small room (about ten feet square, where artificial light was always necessary when dressing the wounds) in which the patient lay for many months, not that it necessarily follows because it was a wound of the head that the liability to erysipelas was increased to such an extent as some authorities assert.

ON THE INCONGRUITY OF THE MODE GENERALLY ADOPTED IN STATING THE RESULTS OF MILK ANALYSES. (a)

By William Thomson, F.R.S.E.

For some time past it has occurred to me that the general mode of stating the results of milk analyses is illogical, and at all times places the analyst in a false position. From the general mode adopted for making analyses of milk, analysts cannot, and have no right to say, that a sample is or is not adulterated with water, and they are equally unable to say whether cream has or has not been abstracted from the genuine milk. It has been proved by many different analyses of genuine milk that the variation in its composition is so great, both as regards the fat and solids not fat, that no standard can be taken as representing the composition of genuine milk. The total solids in genuine milk vary from 10½ to 15 or more, per cent. Up to the present time analysts have used standards, and have calculated from these standards the proportions of water added, and on this basis they say—"This sample has been adulterated with so much water," and "That sample is free from adulteration." The question I propose to bring before you is this: What is the law in these matters? Is it that it is illegal for any one to adulterate genuine milk with water; or is it that any one *may* adulterate his milk, provided he does not add too much water, *i.e.* that he does not dilute it below a certain standard? Imagine the position of an analyst *versus* an inspector under two different and very possible circumstances. In the first, suppose the latter sees a cow milked *dry* into a clean and dry vessel, and he takes a sample from it and sends it to the analyst, who finds it to be adulterated with water. In the second, suppose the inspector goes to a shop, and asks the vendor to sell him some milk; and presuming the latter, knowing that his milk is rich, says to the inspector, Sir, I adulterate my milk; and he forthwith takes three pints of his milk and one pint of water and mixes them together and sells part of the mixture to the inspector, who on sending it to the analyst receives a report to the effect that it is free from adulteration. What can be the inspector's opinion of the analyst? and yet, under the present state of affairs, such things may easily happen, but these only show how the analyst may fall into public disrepute.

Here the effects of this objectionable mode of stating results do not end. If an honest man in a small town sells genuine milk, which is pronounced by the analyst to be adulterated with water, the statement is published in the local newspapers, and the vendor suffers both pecuniarily and morally to a very marked degree. If adulteration of milk with water be an offence against the law, and the public be supposed to be injured by it, then the analyst, by his decided mode of expressing results, is constantly acting unjustly towards them, by passing adulterated samples; and if the "standard" method be recognised, then every milk seller ought clearly to understand that if he sell genuine milk, which should at any time happen to fall under the standard, he will be liable to be fined 5s. and costs, or possibly sent to prison for repeated offences against the Act.

If, again, the "standard" method be used, it would well pay a milk seller, who vends from 50 to 100 gallons of milk per day, to employ an analyst to analyse his milk two or three times a week, and from the results to add sufficient water to dilute the genuine milk to the standard, which necessarily must be low, and thus the public will have the satisfaction of learning that analysts, whom they have employed to protect them from adulteration, have secured to them an uniform supply of milk of low quality.

It seems to me, first, that adulteration of genuine milk with water, no matter to what extent, should be considered illegal, (a) and secondly, that the seller should be prevented from vending abnormally poor genuine milk. In the first, it is easily within the power of the inspector and analyst to find whether or no water has been added to milk, independent of any standard, because if, after buying a sample of milk, the retailer be required to declare from what farm the milk was bought, the inspector of the district in which such farm is situated, may be communicated with and requested to see the cows milked and to take a sample of the mixture, which should be sent to the analyst side by side with the sample originally bought. The actual amount of added water could thus be calculated from the difference in the results, and magistrates could then have no hesitation in convicting, and there would, in such instances, be little chance of miscarriage of justice.

I was led to write this paper at the present time owing to the following circumstance:—A man waited on me and stated that the inspector had taken a sample of milk which he sold to him. It had been sent to Dr. J. Campbell Brown, who reported it to be adulterated with 8 per cent. of water. The man said he was certain no water had been added, and that the analyst had made a mistake, and requested me to analyse a sample which had been left in his possession by the inspector. I did so. The milk was decomposed, and on analysis I found the total solids, and solids not fat, to be exceptionally low, and wrote to him to that effect, stating that the analyst was justified in pronouncing it to be adulterated. I said, however, he had one mode of defence left to him, and that was that I should see the cow or cows milked dry into a clean vessel, and take a sample of the genuine milk for analysis, and if it coincided in poorness with the suspected sample, it could be stated in court that the milk was genuine. I went to his house at 6.30 one morning, which was the general time of milking; he explained to me that one cow yielded four gallons of milk, which was sufficient for his custom, and only that cow's milk was sold. I went to the shippon with him and there saw a light roan-coloured cow, *apparently* in good condition. He assured me it was perfectly healthy. I saw it milked dry into a tin, and at once mixed the contents and filled two bottles from it, the one was sealed in presence of the owner of the cow, and immediately afterwards I took both samples away; the sealed one I sent to Dr. Campbell Brown, who analysed and

(a) Read at the Science Congress, before the Society of Public Analysts, at Plymouth, August, 1877.

(a) The law *is* distinct on this point.—Ed.

reported on the original sample, explaining the circumstances of the case; the other sample I submitted to analysis; both our analyses agreed in showing that the genuine milk was of exceptionally low quality.

Dr. Campbell Brown very properly agreed to go further into the matter, and requested the inspector to see a sample taken from the cow and sent to him; this was done, and as it coincided with the sample originally analysed, the prosecution was withdrawn.

Clinical Records.

A CASE OF PUERPERAL MANIA AND CONVULSIONS TREATED SIMPLY BY AN APERIENT AND REPEATED DOSES OF QUININE.

By Dr. G. de Gorrequer Griffith,

Senior Physician to the Hospital for Women and Children; Physician Accoucheur to St. Saviour's Maternity.

I was engaged to attend Mrs. T. in her approaching labour. She is of an excitable and nervous disposition, complexion florid, ordinary height, rather broad in the shoulders and pelvis, is in what would be termed "very good condition," and has always enjoyed excellent health; has never been liable to hysterical attacks or epileptic fits, nor been irregular as regards the menstrual functions. She is quick and vivacious in her manner, her spirits are always good. In years, she is 44, and married late in life—at about the age of 42. She is of very energetic habits, and both before and since her marriage has always been accustomed to be actively engaged in the discharge of her household duties. Some weeks previous to the time she expected to lie in, as she sat at the window in the dusk of evening, a stone was thrown through the pane of glass into the room which she happened to occupy. She was greatly frightened, and at the time felt the child leap very strongly, as if it also was affected by the shock of the fright. That same night, or early on the next morning, there were pains as of labour, and some little "show," but these passed off, and occasioned her no further alarm or uneasiness. About a week or ten days after this occurrence, as the patient was standing on a chair and stretching towards the ceiling in order to reach some article down, the chair slipped, and she fell on the floor, the abdomen coming into violent contact with it. The effects of this accident were a return of the same kind of pains as had come on at the time that she had been frightened, and the "show," the latter being, however, rather more profuse, and sufficient to occasion her some anxiety.

The pains and show were checked, and subsequently entirely stayed by rest in bed, and by the use of opium. She then went her full time, but every few days had a "show," of which she thought nothing, and consequently did not further wish to trouble me. I was sent for on Saturday, as labour was supposed to have set in. I found her suffering "excruciating" pain in the back and lower part of the abdomen, and learnt that there was a profuse sanguineous discharge—so profuse, indeed, that both she and the nurse were alarmed, especially as the patient herself felt weakened by the loss of blood she had sustained. I ordered her brandy and water and a full dose of opium to allay the "excruciating" pain of which she complained.

Vaginal examination enabled me to discover that there was no irregular condition of the vagina itself, that it was sufficiently lubricated to afford every facility for the transit of the child, that the pelvis was roomy in all its diameters, and in no way abnormal as to its dimensions, being well open in its brim, its cavity or canal, and in its outlet; that the head of the fœtus presented; that the os had only just began to open.

Through the open mouth of the womb I felt a soft mass, and this, taken in conjunction with the repeated losses of blood, or "shows," confirmed me in the supposition which I had formed that there was a partial presentation of the placenta.

The excessive pain and the sanguineous discharge subsided after the administration of a little opium, but as the labour was not arrested, and the os continued to open, I prepared myself for interference, as I feared the presentation might occasion danger both to the mother and to her child.

I would here mention that the patient had a presentiment of danger, of which she could not divest her mind, and that she constantly declared she should not get over her confinement, and must die.

This foreboding of evil I could not remove, even though I strove hard to impress upon my patient the necessity for keeping her mind perfectly tranquil, and husbanding her strength for her approaching trial. A few hours subsequently she suddenly became maniacal, started from her bed before she could be restrained, and crying out that all in the room had conspired against her to kill her, rushed towards the wall, with the intention of dashing the abdomen against it, and of, in this way, freeing herself from her pains and accomplishing her delivery.

With very great difficulty she was induced to lie down, and when in bed had to be held there, as she was constantly seeking to rise, in order to fling herself against the wall. Very soon after she was got into bed she was attacked with a violent epileptic or epileptoid fit; the head was drawn somewhat backward, so that the face had an inclination upwards, and the working—that is, the alternating contractions and relaxations—of the muscles of the neck were quite apparent; the entire of the body was convulsed very strongly; at times the posterior muscles would be so synchronously, and then a complete episthotonotic condition would obtain, the whole body, including the trunk and limbs, being forcibly bowed. The forearms were tightly flexed upon the arms, and the fingers were clenched upon the palms of the hands.

This condition lasted for some minutes, the patient all the time breathing with difficulty, gasping, and uttering the peculiar, low, murmuring noise which is common in those cases as each convulsion attacked her. During these minutes she was quite unconscious, not alone to everything around her, but also to the pains of labour, which, I apprehend, continued in the same manner as they occurred before the convulsive seizures, inasmuch as the uterine contractions went on during the fit—a fact I learned by placing my hand on that portion of the abdomen the walls of which lay upon and covered the womb. The muscular tissues of the womb seemed to me to contract at the same time that the rest of the muscles of the body were affected with the epileptiform spasms. The fit passed off, the patient awaking to a kind of drowsy consciousness, not making any complaint, nor at all speaking until she was shaken and addressed. Soon after this she awoke to full possession of her senses, spoke intelligently, complained of feeling weary and of a soreness in the stomach, asked for a drink, and to be left to herself.

I gave her some brandy and water; shortly afterwards she fell asleep, and slept, not only soundly, but too deeply, the sleep being somewhat rather of a comatose condition, than natural, healthy repose.

While lying in this state she seemed perfectly tranquil, and remained so for about three-quarters of an hour; then suddenly starting up, she leapt from the bed, and tried to injure herself. She was caught by the attendants and put back into bed, where, however, she had to be held till this maniacal state passed away. It lasted for some hours. The treatment was simple; a drop of croton oil was laid upon the tongue, and washed down with a dose of sulphate of magnesia; this, in half-an-hour's time, was followed by quinine in half-grain doses every half-hour, till all likelihood of the occurrence of fits had passed

away, the head being kept cool by means of ice. The aperient acted speedily, and there was no return of the fit after its operation.

Since then the patient has had more children, but with no sign of either mania or convulsions.

Transactions of Societies.

MEDICAL SOCIETY OF PARIS.

Translated from *l'Union Medicale*, by T. LAFFAN.

AT the sitting of the 26th May, under the presidency of M. Morier, M. Dieulafoy communicated an interesting case of hydatid cyst of the liver, cured by capillary puncture. The patient was a man, æt. 31, he had been afflicted with a bulky abdominal tumour, situated in the right hypochondrium. The patient stated that he had an attack of urticaria about three years ago, and then pain in the right shoulder, and pleurisy in the right side. Two years ago the abdomen began to enlarge. At the time he was seen, the patient's respiration was most laboured, he had no appetite, and his strength was diminishing rapidly. M. Dieulafoy practised capillary puncture, with the No. 2 needle of the aspirator, assisted by M. Monod, who had called him in in consultation. The puncture permitted the escape of two thousand two hundred grammes of liquid (near half-gallon British), which on examination by the microscope, presented characteristic hooklets. Almost immediately afterwards there came on a general eruption of urticaria, which as rapidly disappeared.

The patient recovered perfectly. After some remarks as to the subject-matter for increased observation presented by the curious urticaria complication, and the frequency of its occurrence in puncturation of the liver, the *séance* adjourned.

A case somewhat analogous was operated upon by me in 1871, immediately after the first appearance of M. Dieulafoy's pamphlet. The result, which was very gratifying, was given to the public in the *Dublin Journal of Medicine* of the next year. The case attracted considerable attention abroad, for M. Dieulafoy's instrument was on its trial. I might, however, have indulged in the *sic voce non nobis* strain, for whatever good it did to an Indian Parsee, it did me very little. Just two years after, the wife of a much respected dignitary of the Protestant church in this country lost her life under circumstances less onerous than those under which many a pauper's has been saved. At the twelfth hour, the tapping of a hydatid cyst was entrusted to a relative, a distinguished London surgeon, Mr. H—. The cyst was then suppurating, and the result was of course what might have been expected. We happened to meet Mr. H—, and in reply to our pointed query, Had this been done before now, would not the result have been different? the emphatic reply was, Do not press me for an answer. Our only share in the transaction was the humble one of lending some of the apparatus. Verily, what betwixt polemics and the jealousy that brooks no consultation, science must indeed be cultivated for her own sake in rustic neighbourhoods.

The success of Dieulafoy's instrument is now so assured, that our *confrères* across the Channel only discuss the comparatively insignificant complications attending its use.

Cauterisation in Carbuncle.

DR. CHAVANIS, in the *Lyon Medical*, states that in a case of anthrax he employed excision and cauterisation with the chloride of zinc paste, and subcutaneous injections of carbolic acid, and salicylic acid internally, but that on the whole carbolic acid does not seem to him to fulfil all its theoretical promise. Three cases of Raimbert's, one of Cezarl's, and his own, are favourable to the use of antiseptics; but it is not on so small a number of cases, in which the cure may be due to cauterisation as much as to antiseptics, that a new treatment can be based. Cauterisation is necessary; carbolic acid may also be employed as an adjuvant, in subcutaneous injections, compresses on the œdema, and also internally, without the pretension of being a specific against anthrax. In all respects iodine seems preferable.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 12, 1877.

MEDICAL REFORM.—I.

IF by any possibility any Minister could be induced to undertake a measure of Medical Reform, in order to be successful, and to complete it in a manner worthy of a statesman, he would have to deal with it as a comprehensive whole, and thus almost begin *de novo*. In fact, he would have to employ the method advised by Herbert Spencer for all scientific and general inquiries, viz., to commence with first principles, and when these were clearly established and defined then to raise a superstructure, otherwise his efforts would only result in patchwork, and we do not now want fractional legislation. We may briefly point out the difficulties in his path, and also show what are the *desiderata* for satisfactorily arriving at a proper solution of this vexed question.

Medical reform must not be looked upon from our point of view alone; it will not have to consist solely of the preservation or extension of existing privileges, nor of the addition of penal enactments and clauses, nor of pure class legislation; but any policy to be successful must be framed essentially for the protection of the community and the security of the individual, as it is to be above all remembered that the public do not exist for our benefit, but that our only *raison d'être* is their advantage. Starting then in the region of first principles, preliminary education will be the first subject demanding attention, and there should be no difficulty on this point. The struggle for national education is now over, and it is a confirmed axiom of every politician, of every shade of opinion, that every child born on British soil shall have as a birthright, instruction in the first elementary principles of education — reading, writing, and arithmetic.

Presuming that the candidate for the medical profession has a knowledge of the three *R's*, a higher standard of education must also be required which will fit him for the high position he ought to occupy, in the social circle, and as a powerful integer in the direction and shaping of our national manners and morals. It will, then, be necessary to frame some standard, which will give us a guarantee of a certain value that his mind is sufficiently prepared to enter on a course of still higher training.

The increasing activity in our educational circles, the higher standard of knowledge expected of those who have no profession, and the education even of the masses, all indicate that the preliminary education of the embryonic medical practitioner should advance *pari passu*. It will be urged, as it has been urged in the past, that the setting of a leg, or the performance of any surgical operation, can be as well done by the man who has not had the advantages of an university or even grammar-school education, as by the man who has had. And here, in this objection, we have almost the root of the evil, which has so long fettered the advancement of our profession. We have too long looked upon medical education in its purely surgical aspect, we have too long allowed surgical monopoly in its direction, and we have been educating surgeons to perform essentially medical functions, though, we must confess, not without protest from individual minds, not without words of warning from medical journalists, hitherto directed to unwilling ears, on the absurdity and fallacy of the system. With more advanced views we look upon medical preliminary education, not in a medical, or in a surgical, or in a special-branch light, but as it affects the general welfare of the country and the individual welfare of the whole profession. We have long recognised the influence of medical men upon our national manners and morals as a powerful engine of good, and we believe this influence might be extended with still greater advantage to the community, and also to the elevation of our social position. In our previous articles on the remedial measures for quackery, and on citizenship in sanitary work, we have shown how intimately the medical attendant is connected with the inner life of the country, with the directorship of its bodily welfare, with its social improvement; that his *rôle* embraces pure medicine, midwifery, hygiene, and, least of all, surgery; and that for nine-tenths of the population he fulfils the office of adviser, confidant, and physician. We do not pretend that a higher standard of preliminary education will give us a perfect assurance of a superior class of practitioners; we do not pretend that every candidate who passes such an examination as we deem necessary will have a special fitness for the medical profession; but we do claim that it will give us a better guarantee than the present system, and that the social advantages of introducing a better educated body of men must have a beneficial reaction on the profession. We do not insist upon too high a test; and for the sake of argument, in taking the matriculation of the London University, we believe we are not asking for too much. Other earnest promoters of educational progress in the profession would even go further and suggest the necessity of a preliminary scientific training.

Mr. Quain, when he delivered the Hunterian oration, pointed out the benefits that would be derived, "supposing that at school young people had acquired some exact elementary knowledge in physics, chemistry, and a branch of natural history—say botany—with the physiology connected with it. They would have thus gained some necessary knowledge with some practice in inductive reasoning. The whole studies of medicine are processes of observation and induction—the best discipline of the mind for the the purpose of life—by that plan the burden of the early medical course would be much lightened, and more time devoted to practical studies."

Professor Huxley has also expressed his opinion, and, looking at the question in its bearing on the public benefit, and not in a purely class light, in the following forcible and practical words, giving utterance to his ideas:

"There is no one of us who may not at any moment be thrown, bound hand and foot by physical incapacity, into the hands of a medical practitioner. The chances of life and death for all and each of us may, at any moment, depend on the skill with which that practitioner is able to make out what is wrong in our bodily frames, and on his ability to apply the proper remedy to the effect. . . . A young man commencing the study of medicine is at once required to endeavour to made an acquaintance with a number of sciences, such as physics, as chemistry, as physiology, which are absolutely and entirely strange to him—not only is he devoid of apprehensions of scientific conceptions—not only does he fail to attach any meaning to the words 'matter,' 'force,' or 'law' in their scientific senses; but, worse still, he has no notion of what it is to come into contact with nature, or to lay his mind alongside of a physical fact. The youngster, thus unprepared for serious study, is turned loose among his medical studies, with the result, in nine case out of ten, that the first year of his curriculum is spent in learning how to learn. Indeed, he is lucky if, at the end of the first year by the exertions of his teacher and his own industry he has acquired even that art of arts. After which their remains not more than three, or perhaps four, years for the profitable study of such vast sciences as anatomy, physiology, therapeutics, medicine, surgery, obstetrics, and the like, upon his knowledge or ignorance of which it depends whether the practitioner shall diminish or increase the bills of mortality. Now, what is it but the preposterous condition of ordinary school education which prevents a young man of seventeen, destined for the practice of medicine, from being fully prepared for the study of nature, and from coming from the medical school equipped with that preliminary knowledge of the principles of physics, of chemistry, and of biology, upon which he has now to waste one of the prescious years, every moment of which ought to be given to those studies which bear directly upon the knowledge of his profession."

MILK SICKNESS.

In a long article in the current number of the *Veterinary Journal* Prof. James Law, F.R.C.V.S., Cornell University, Ithaca, U.S.A., has given a full and interesting account of a disease of which little or nothing is known in this country.

The disease is prevalent among cattle and human beings in various primeval and unreclaimed districts of America; it is a contagious disease, and has received its name from the fact of man contracting it chiefly through drinking the milk of infected cows. The symptoms are well-marked, and are very characteristic. In milch cows they may be very slight, for the outlet for the poison through the mammary secretion appears to protect them from the graver phenomena. But in steers and other dry cattle and sheep the symptoms are well marked. There is great nervous and muscular prostration, tremblings of the body, the breath sweet or fœtid, with blood-shot eyes, and staring coat; the bowels are obstinately constipated, and, in vomiting animals, emesis is a prominent symptom. In all cases prostration is one of the most characteristic features of the disease, and when death ensues it is by asthenia.

In man the first symptoms are feelings of languor and muscular weakness, with nausea and vomiting. The patient soon seeks a recumbent posture, and the disease is rapidly developed. The pulse is generally slower, and temperature lower than natural. There is a flushed or rather bronzed and dirty appearance and a dry state of the skin. The breath is fœtid and of a peculiar odour. The stomach and bowels are apparently empty, the abdomen is retracted, and there is obstinate constipation. All the secretions and excretions are rapidly diminished. The urine is rarely voided, it is clear and limpid, below the normal specific gravity, and rarely deposits a sediment. The mind is generally in a state of hebetude expressive of utter indifference or *abandon;* but delirium is a rare symptom. The muscular weakness daily increases until the patient cannot raise his head or put out his tongue. The vomiting persists; the great muscular prostration increases, as shown by the peculiar decubitus, dependent position of the head, &c. The patient gradually passes from a state of stupor into one of coma, more or less profound; respiration and circulation become gradually weaker, there is a failure of all the vital forces, and death ensues without a struggle. Some cases, however, run an exceedingly limited course; others completely overwhelm the subject, and death by coma takes place within one or two days from the commencement of the disease. Convalescence is also peculiar, and is rarely ushered in by a critical evacuation of any kind. It is generally marked by a cessation of the characteristic symptoms and a gradual resumption of the impaired and suspended functions.

Now, with regard to the *etiology* of this disease, the most interesting fact to notice is, that a "constant condition of its prevalence is the unreclaimed state of the land on which it appears." In the Carolinas and Georgia it is found only on the highest mountains; and in Kentucky, Ohio, Indiana, and Illinois only on the heavily timbered lands or marshy river bottoms in their virgin condition. But the removal of the primeval forest, the drying of marshy spots, and the general cultivation of the soil is the signal for its disappearance. "In many localities," remarks Dr. Phillips, "where it formerly prevailed to a dangerous extent within the memory of the present generation, it has now, by reason of the cultivation of the soil, been entirely exterminated." Although there is no uniform geological condition in the different districts in which the disease prevails, Dr. Law is of opinion that when introduced into a locality, its permanence is, in common with other enzootics, directly dependent upon the nature of the soil and the imperfection of drainage. In the *milk-sick* localities, the retentive nature of the soil is a matter of common observation. They are rich unbroken lands, more or less dotted with marshy spots, and over circumscribed beds of clay or other impervious material that will retain moisture and generate malaria, and that these conditions are essential to the preservation of the poison, is that it is never found to exist in the soil apart from them. Many have attributed the disease to the ingestion of poisonous plants, but this explanation fails utterly to account for the fact that the poison is manifestly reproduced and multiplied in the animal system, and that the smallest quantity of diseased flesh or milk may infect fatally. According to the microscopic observations of Dr. Phillips, it would appear to depend rather upon the presence in the blood of certain vegetable organisms. In one example, Dr. Phillips found the blood to contain a great number of living moving spiral bacteria, similar to those described by Prof. Lebert as abounding in the blood of relapsing fever patients. Dr. Schmidt, however, denies the existence of bacteria in the blood of his cases. But that the disease arises from the blood being infected with germs of a specific nature, there can be very little doubt, and is quite in keeping with the fact that the disease is produced in widely different conditions of climate, vegetation, and geological formation. For reasons, above mentioned, cows giving milk do not show the disease at all, but their calves have it all the time as long as they suck the milk. As might be inferred from the name, the disease is generally caused in man by the use of the milk; and according to the experiments of Dr. Schmidt, the poison resides mainly or exclusively in the cream and butter. There is, however, reason to believe that neither milk nor butter is essential to the development of the malady in man, but that the human being contracts the affection just as do cows and other animals. Dr. Phillips adduces cases in which the patient denied having used either milk, butter, cheese, or fresh meat for months prior to the attack. Mr. Beardsley, too, was acquainted with wells in the woods that had the general reputation of producing milk-sickness in man or beast that drank from them.

Some idea of the pathology of this affection may be gained from the brief description above given. Some have considered it to be identical with malignant anthrax, but though like that malady, it is enzootic in malarious localities, and is communicable by ingestion of the morbid products of the disease; and though bacteria are present in the vital fluids, it is in no way interchangeable with it, and never gives rise to malignant pustule, splenic apoplexy, black-quarter, and other varieties of malignant anthrax. Enlarged spleen is never observed. The disease has a period of incubation varying from a few days to as many weeks. The virus expends its energy on the great nerve-centres, and the most prominent symptoms are those of asthenic muscular weakness, constipated bowels, and impaired functions generally. There is neither the hæmorraghic extravasation nor the extensive sloughts which characterise anthrax, nor does it resemble any of the malarious fevers. It shows no periodicity, there is no increase of body tempe-

rature, and it is not controlled by quinine or other anti-periodics. A poison is introduced and proliferates in the animal system, and is transmissible from one system to another. The nervous and especially the sympathetic system is overpowered, as are also the functions of circulation and nutrition. Tissue waste is arrested, as shown by the small quantity and low density of the urine and the absence of urea in the blood; and lastly, one attack affords no immunity from a second, but rather predisposes to it.

Unfortunately, there is little to be said in the way of treatment. Some have administered large and frequently repeated doses of purgatives as well as active enemata, and some have thought to stimulate the nervous system by strychnine, and the vaso-motor system by belladonna. Others have prescribed with success five or ten doses of calomel, repeated four times in the twenty-four hours. All acknowledge the value of a free use of brandy or whisky as a stimulant. "But it does not," remarks Dr. Law, "seem to have occurred to anyone to try the effect of such agents as the sulphites, iodides, carbolic acid, and the like, in destroying the poison, or setting a limit to its increase."

THE PHYSICIAN, THE PRIEST, AND THE PEOPLE.

ALTHOUGH the address of Dr. Bucknill, delivered before the British Medical Association, has been much admired for its originality, few have thought it worth while to comment upon the subject which Dr. Bucknill chose for his discourse. That subject was certainly calculated to attract to it more than ordinary attention, as it is not very often a scientific association listens to a discourse on auricular confession, and on the relative duties of the physician and the priest. As, however, the address was given in connection with the Section on Psychological Medicine, it naturally opened with a few remarks of a more purely professional nature than those which characterised the rest of the address. There were three points to which the attention of his audience was particularly directed: the narrowness of mind which is apt to warp the judgment of the psychological expert, and indeed of all who are engaged in special employments; the large amount of instruction and guidance for his own work the physician of the mind can derive from a better knowledge of the outside world; and, on the other hand, the deal of light he can throw upon some of the most important and most obscure problems of human life.

That man is the creature of his social surroundings, and that the character of different races of men is developed from their objective surroundings, was known ages before Buckle wrote his "History of Civilisation," or Herbert Spencer his "Sociology;" and that medical specialists form no exception to this rule the annals of forensic medicine and our voluminous law reports too plainly show. Dr. Bucknill, however, seems to overestimate the extent to which the mind of the psychologist is influenced by the peculiarity of his studies and of the business of his life. That the sound mind can be made to vibrate the discords of unreasoning by association with the unsound is, he remarks, "a dreadful fact, dimly revealed in the history of our specialty," and in order to escape those touches of imperfection from the contagion of his surroundings, the mental physician is exhorted to have recourse to frequent recreation of mind and body, to sane companionship, and sound-minded occupation and study, to breathe the pure air of rational life, and to make himself more familiar with the outside world. No one will dispute the propriety of this advice, but it may be doubted whether, as a rule, the alienist is so influenced by the minds of his patients as Dr. Bucknill's remarks insinuate. If he were in the habit of associating with, and of being much in the company of the insane, his mind would certainly be tinctured by the peculiarity of his associations. But, generally speaking, the consulting physician or the superintendent of a lunatic asylum spends very little more of his time in the society of his patients than a general practitioner does in the course of his rounds. Much of the personal attendance upon the insane is left to subordinate officials—to warders, keepers, nurses, &c. Indeed the keeper is much more exposed to the contagion above mentioned than the physician is, while he is, moreover, more susceptible to its injurious influences, considering that his mind is naturally weaker, and, from the monotony of his occupation, particularly vacant and open to external impressions. But that, with regard to those lunacy inquiries in which the psychological physician is occasionally engaged, his opinion is apt to be prejudiced and biassed by the peculiar train of thought to which his mind has been habituated, has been often illustrated in our courts of justice. Dr. Bucknill refers to a case in which a lady was considered insane because she carried a dagger in her dress, carrying such daggers being a common freak of fashionable dressmaking unknown to the innocent physician who examined her. Other instances he had also met with in men who had been certified and treated as lunatics on account of certain habits which, although unnatural and portentous to Englishmen, had been acquired in countries where such habits were common. These mistakes, however, are not, in our opinion, of common occurrence among accomplished physicians. They are more apt to be committed by medical men engaged in general practice, who are often called upon to certify to the insanity of patients, but who, from their want of knowledge and experience, frequently assign insufficient reasons for their signing a certificate of lunacy. Nor is it to be forgotten that much of the difference of opinion which we see publicly expressed by psychological experts is owing to the partisan manner in which their services are engaged, and which not infrequently tempts them to magnify the import of evidence upon which, under other circumstances, they would not have placed much value.

A far more flattering view of the duties and opportunities of lunacy physicians is the assistance they can give towards the solution of some of the "most important and difficult problems of human life." "Were it not," says Dr. Bucknill, "that men were too selfish and passionate to follow our advice, we could give counsel which, if followed, would prevent fools and madmen from being born into the world." Considering, however, the number of fools

there are in the world, we fear it will be a long time before psychological medicine will have any influence in realising such sanguine anticipations. As far as good counsels go, both the physician of the mind and the physician of the body can do much towards improving the physical and mental condition of the community. They can teach the "right principles of sound-minded heredity, and healthy fecundity and fœtality." They can give valuable advice as to the better methods of education for healthy children, so as to avoid the evils of physical and moral insanitation, of excessive brain-work, and of vicious habits or immoral practices; and they may unravel some of the mysteries of the criminal mind, so as to enlighten "the law-making classes as to the genesis and real characteristics of the law-breaking classes." But preaching is one thing and practice another. It is so easy to give advice, so difficult to follow it. And perhaps, as we remarked on a former occasion, the progress of hygiene and sanitary science will always be in advance of public opinion and public action. The prejudices and passions of mankind are too strong for us; and if we would aim at something higher than improved drainage, model houses, and immaculate air and water, we must endeavour to gain our object gradually, and by various indirect and circuitous paths. There is, however, much to hope for. There is a sort of "evolution" in the moral and intellectual, as well as in the physical world. Hence that spirit of benevolent rationalism which has within the last century exerted so much influence upon the habits and opinions of mankind; hence the impetus that has been given to the general education of the people, and the active share which a most unselfish and liberal profession has taken in the physical improvement of all classes of society.

Notes on Current Topics.

Increase of Drunkenness.

We have only to glance at the daily papers to see how much intemperance is on the increase, and what strong reasons there are for the legislature taking some measures to put a check upon the evil. A few days ago at the Annual Brewster Sessions for the Staincross Division of the West Riding Constabulary, Mr. Superintendent Sykes called the attention of the magistrates to the alarming amount of drunkenness prevailing in the town of Barnsley. During the past year, 1,040 had been proceeded against, whereas in the previous year the number was only 884. He also mentioned the significant and suggestive fact that drunkenness among the wives of working men had seriously increased during the past two years, owing to the facilities afforded for purchasing intoxicating liquors under the guise of groceries. There can be no doubt that the grocers' license to sell wines and spirits is nothing less than a most serious social evil, and has done much to increase the prevalence of drinking, and especially of secret drinking, among all classes of the community. It is well known what an enormous business is being done by a certain firm of wine merchants through the medium of the grocers, and how, through their agents alone, to say nothing of other grocers, unprecedented facilities for the purchasing of wines and spirits are now offered to the inhabitants of every town and village of the kingdom. The housekeeper cannot have a parcel of groceries sent to her house without there being inclosed some advertisement or price-list of the wines and spirits vended, the cheapness of which and the ready, convenient, and secret manner in which they can be obtained, is of course a great temptation for people to buy them, who before had seldom a bottle of wine or spirits in their house. Instead of the old-fashioned gooseberry or currant wine, upon which the sober villager used to regale, he is now invited to provide himself with a little marsala, or cheap sherry, at one shilling and sixpence per bottle, or if he wants something stronger, a little gin at one and tenpence.

Another fact of which we have daily illustrations is the misery entailed upon the children of drunken parents. Thus in the same paper, in which we are informed respecting the increase of drunkenness at Barnsley, we read of four miserable children being charged with begging. The family consisted of father, mother, and six children, the latter being in a most filthy state. They all occupied one bedroom, but there was no bedding of any description, the family sleeping on bags. The father and mother were habitual drunkards, and hence the neglect of their children. No doubt had Mr. Bradlaugh or Mrs. Besant entered this hovel they would have put down all the poverty and misery around them to over-population, but this is not the real cause of all the evils that have been ascribed to large families. Improvidence and drunkenness are at the bottom of most of the poverty, dirt, disease, and crime, which are so prevalent in the more crowded districts of large towns. Improvidence, waste, and extravagence, are conditions over which the government cannot exercise any control; but over habitual drunkenness it can, and before long it will be forced to do something to check an evil which is a disgrace to any civilised country.

The Overworking of Coroners.

An accident occurred the other day, owing to circumstances which must not be lost sight of when Parliament takes into consideration the amendment of the present law respecting the office of coroner and the holding of coroners' inquests.

At the usual monthly meeting of the East Moulsey local board, on Tuesday evening, it was stated that in a case of suicide Mr. William Carter, the coroner for East Surrey, had delayed the holding of an inquest for six days, the body becoming during that long interval in a state highly dangerous to the health of those living in the same cottage with it. In a letter to the Home Secretary Mr. Carter said: "The delay complained of was quite unavoidable on my part, in consequence of the number of cases I had fixed before receiving the official information of the death—nine in number—some at St. Thomas's Hospital, the authorities and relations of the persons wishing the cases disposed of in consequence of the extreme heat. Some are cases by drowning, the persons having been in the water many days, eight to ten of

which are in a terrible state of decomposition. I had upwards of twenty cases last week, and others I had to forward to my colleague that there should not be an unnecessary delay. Some of mine are far apart. I did all I possibly could to take them. My last case last night was six o'clock, so that I did not get home until just before nine, having first gone a distance of twenty-two miles out."

It appears that the board did not consider Mr. Carter's letter at all satisfactory; but, supposing that it was not in his power to get a deputy to conduct the inquest in question, we do not see that he is so much to blame. Considering that coroners are at present paid according to the number of inquests they hold, it follows that it is not their interest to shirk the duties imposed upon them, and, according to his own statement, Mr. Carter certainly tried to get through as many inquests as time and opportunity allowed. But if complaints are made now that coroners have every incentive to hold not only inquests that are really necessary, but also inquests that are not necessary, what will be the result when coroners are paid by a stipulated salary, and not according to the work they do. In many respects the present plan in which coroners' services are remunerated is a good one, and was adopted in order that the coroner should himself have an interest in furthering the ends of justice and in preventing any attempted evasion of the law. That now and then the practice has been abused, and that inquests are often held when a certificate of a medical man would do as well, is generally admitted. But this is an error on the right side. Better that a few people should be put to the inconvenience and annoyance of an inquest than that one of them should be liable to die under suspicious circumstances without any official inquiry being made into the cause of his death. There can be no doubt that both in the fees paid to the general practitioner for attending an inquest or performing a *post-mortem* examination, and in the present method of paying the coroner, the public have some security that their interests will not be neglected. On the other hand, when the coroner knows that his salary is the same whether he holds a large or a small number of inquests, he will, under some circumstances, be tempted to evade the performance of his duties as a coroner, especially when such heavy demands are made upon his services as appear to have been made in the case of Mr. Carter.

Suggestions for Restoring Suspended Animation.

We commented in a recent number upon the many deaths by drowning which not unfrequently might be prevented if certain precautionary measures were adopted. A sad case having occurred at Scarborough during the past few days, in which doubts were expressed whether artificial respiration would not have restored animation had it been persisted in by the medical attendant. Dr. Peirson of that town gives a few practical hints as to treatment which he has found signally successful during some thirty years' experience at the sea-side. Our correspondent says:—

A case is recorded in which life was restored by the most persevering friction, which was kept up for eight hours before the humanity of the surgeon, Dr. Douglas, of Havre, was rewarded by a return of respiration, with artificial respiration by a small pair of bellows, &c., which is required in all cases of suspended animation, whether from drowning, injury, noxious gases, chloroform, or narcotic poison. But the air must be forced into the lungs with very great gentleness; at the same time the body should (in drowning) be wiped dry and assiduously rubbed with hot flannel cloths, hot bricks and bottles of hot water wrapped in flannel should be put under each arm, the feet, and the stomach, according to the urgencies of the case. The head should be raised and ammonia applied to the nostrils, and suitable stimulants given if able to swallow, and treated on the general principle of medicine. But, when able to procure it, I have invariably had recourse to the warm bath, at a temperature of from 90 to 95 degrees Far., and should the respirations not be quickly restored, whilst the friction is being continued for some time, have recourse to the galvanic battery, which I have found of the greatest service if all the usual means have failed, and I consider every medical man who is called to a case of asphyxia from drowning or strangulation ought to provide himself with a portable galvanic battery, and to see that it is in perfect order previously, as they are now to be had in every large town so cheaply, can be carried under the arm like a book, and of sufficient power for all ordinary purposes. In most cases of suspended animation, where its use is indicated, I have found it almost invariably most useful. The great want of my galvanic battery, after all other known means had failed, I found some years ago, when I happened to be visiting a patient on the North Cliff. I was hastily summoned to the case of the late Mr. Allen and his friend Mr. Lloyd (two collegiate students then visiting Scarborough). The former was a good swimmer, but far from being a strong man, he succumbed in the brave and noble attempt to save the life of his friend, who could not swim, and whom he saw struggling for life in the water, until assistance was rendered him from the shore by a man on horseback. Mr. Lloyd was the first to be landed, and seemed to be in an almost hopeless condition, but after my exertions for more than an hour, with all the known means at my disposal, he was happily restored to his friends. I also spent more than three hours over Mr. Allen in trying to restore animation, but found he had been too long in the water for resuscitation.

The Changes in the Ciliary Processes During Accommodation.

The theory of accommodation, formulated by Helmholtz, Graefe, and others, is confirmed by the observations of J. Hiort in a patient deprived of the iris by traumatic causes (total traumatic irideremia), in whom the ciliary processes could be distinctly seen by oblique light, the ophthalmoscope, &c. It was easy to study the action of the ciliary body during accommodation, and after instillations of extract of calabar bean and of atropia. His observations showed that in accommodating for near objects, 1, the obscure border of the lens became wider; 2, the ciliary processes approached the axis of the eye and became swollen; 3, the distance between the edge of the lens and the ends of the ciliary processes (zonular space) did not appear to undergo any change; 4, these changes were not instantaneous, but demanded an appreciable time. Relaxation of accommodation was also accomplished in a gradual manner. The distance of the lens from the sclerotic was increased during accommodation, and just enough so as to correspond with the advancement of the ciliary processes. By the action of atropia, the ciliary processes receded a little, but it could not be ascertained that there was any change of zonular space.

Payment of Irish Poor-Law Medical Substitutes during Illness.

THE Killala Dispensary Committee having appointed a medical officer, proceeded at once to resolve:—

"That on any future occasion of the doctor requiring a substitute from any cause, to perform his duties, the expense of such substitute shall be borne by him, unless the committee consider that under the circumstances of the case the district should pay the cost of same, or any portion thereof."

It ought not to be necessary for us to remind our readers that a Board of Guardians has no power whatever to make such a rule, nor need the medical officer hold himself in the slightest degree bound by it. By the 22nd Article of the Dispensary Regulations the medical officer is entitled, as a matter of right, to his sick leave as soon as he has notified his illness to the hon. sec. of his committee, and *recommended* some competent person as *locum tenens*. This done he has nothing whatever to say to the question of payment. The guardians *must* pay him, and they *must* pay the *locum tenens* also if he makes his bargain beforehand, but not otherwise. Dispensary medical officers commonly put themselves in a false position by meddling in the appointment of a substitute, and making a private arrangement with him to take the duty. If they do this they should make him distinctly understand that they have nothing to say to the payment, and that he must make his own bargain or suffer the penalty. This privilege of the medical officer applies to no case except illness, and we presume the committee may demand evidence that the illness is such as to incapacitate from duty.

The Contagious Diseases Acts.

THE debate on the extension or repeal of these Acts, formed one of the most lively episodes of the late British Medical Association meeting at Manchester. Mr. Lowndes and Professor de Chaumont led the sortie in favour of extension, while the abolitionists secured a very important convert in the person of Dr. B. F. McDowel, Surgeon to the Lock Hospital, Dublin. Dr. McDowel ought to be able to express a very reliable opinion on the general question of the relation of unrestricted prostitution to the propagation of syphilis, and his views were, on this occasion, stated very emphatically in favour of the abolitionists. Our sympathies, as our readers know, have always been in favour of the control of prostitution, and we shall be glad to hear any good scientific reasons for the removal of such control. We cannot, however, recognise as a valid reason, the desirability of permitting the propagation of venereal as a penalty upon prostitution. We might, as reasonably maintain that typhoid fever should be cultivated as a tax upon dirt, or gonorrheal ophthalmia as a penalty upon undue amativeness. We should like to see the subject discussed without the intervention of this or the religious argument. Can the would-be repealers of the acts really disprove the statement that their effect is to stamp out syphilis? If not they may, we think, spare the profession the argument of the question on sentimental grounds.

Forging Certificates of Death.

ONLY a week or two ago we had occasion to notice a case in which a medical assistant was charged with the above offence, and we remarked at the time that the practice is more common than is generally supposed. That it is a crime which may be easily committed, and that therefore there is all the more reason for inflicting upon the offender the strongest penalty allowed by the law, is again shown by a case which came last Thursday before the Manchester City Police-court. An undertaker and his wife were chargedwith uttering a number of forged medical certificates of death. The prisoner was agent for the Prudential Assurance Company, and the prosecution had reason to suspect he had an ulterior motive in what he did. He obtained forms of certificates of death, given by medical men, and filled in the names of persons alleged to have died, and signed them with the name of some medical man. He took these certificates to the registrar of the district, and tendered them, in order that the death might be registered. After registration he went to the assurance company and entered the "death" in their books. This was done in a great number of instances, and they proposed to proceed against the prisoner for uttering certificates knowing them to be forged.

We shall not now enter into the details of the case; suffice it to say that the prisoner was committed for trial at the assizes, bail being refused.

Slate-Paper.

PROF. MARX, of Stutgart, has originated an exceedingly handy method for preserving drawings or diagrams made with chalk upon a black surface for lecture purposes. It is frequently necessary to place figures or drawings upon the black board which have to be wiped off again, and have to be re-written every time they are wanted. He has caused the firm of C. Lienhard, of Stutgart (manufacturers of paper-hangings), to make an endless dead-black paper, one metre wide, of which a piece of the necessary length is cut off and pinned upon a flat surface. When the drawing or writing is finished, the chalk is fixed upon the paper with a dilute solution of shellac made by dissolving 50 gm. of bleached shellac in one litre of alcohol of about 85 per cent., and filtering. This solution is applied by means of a spray apparatus. The chalk-marks disappear at first, but reappear on drying.

Artificial Atrophy of the Eye.

DR. N. FEUER describes the method employed in the clinic of Professor Schulek to produce artificial atrophy of the globe of the eye. A small seton of thread is introduced into the vitreous, by means of a curved needle passed behind the ciliary body; this is left in position four to six hours, until a slight chemosis is produced, when it is withdrawn. Subsequently atrophy of the organ occurs. This operation has been used in most diverse cases, such as hydrophthalmos, staphyloma, ciliary pain following anterior synechiæ, and even to prevent sympathetic trouble. No bad results have supervened, and there is thus obtained a stump which answers very well for the adaptation of an artificial eye.

Photographs of Microscopic Preparations.

Dr. Allen Thompson, the President of the British Association, brought under the notice of the Biology Section the approaching publication of a series of photographic representations of the minute distribution of blood-vessels in a number of the organs of the animal body, made under the superintendence of Professor Dantscher, of the University of Innsbruck, from preparations made by himself. Dr. Thompson saw some of these preparations some years ago at Innsbruck, and admired them much. The collection had since been much increased, and the photographs, executed partly on paper and partly on glass, and some of them coloured after the original preparations, are capable of being viewed with the stereoscope, so as to give a most truthful and instructive view of the beautiful structures they represent. Dr. Thompson regretted that accidental circumstances had made it impossible to show some of these photographs to the Section. They are all to be presented to the meeting of German naturalists at Munich in September, and the work would be dedicated to the University of Zubingen on the occasion of the 400th anniversary of its formation, which was held in the past month of July. Professor Rolleston made some observations on the arterial supply of various parts of the brain. He strongly supported the theory of right-handedness as caused by the better irrigation of the left side of the brain. Professor Redfern, on the other hand, did not believe that right-handedness was to be accounted for in the manner supposed by Dr. Rolleston.

Mallow Spa Water.

Messrs. Wm. Plunkett, Fellow of the Chemical Society, and Lancelot Studdert, LL.D., have published an interesting report on the "Solid and Gaseous Constituents of the Mallow Spa, in the County of Cork," which was read before the Royal Irish Academy, June 23rd, 1877, and published in the "Proceedings," 2nd Sec., Vol. III. (Science). The waters, according to their analyses, contain carbonic anhydred, 43·28; oxygen, 5·75; and nitrogen, 50·97, in every 100 parts. The solids are composed of silica, ferric oxdyi, calcic sulphate, calcic carbonate, magnesic carbonate, magnesic chloride, and sodic chloride. The temperature of the principal Spa was taken August 31st, 1874, and September 29th, 1874, on both of which occasions it stood at 2·1 and a fraction centigrade. A variation to the extent of ·3 was observed between the first and second readings, that of the last-mentioned date being highest. Efficacy is claimed for these waters in the treatment of cutaneous diseases, chronic gout rheumatism, palsy, stiff joints, scrofula, and consumptive diseases. Thanks are due to Messrs. Plunkett and Studdert for their carefully drawn up report.

Another vendor in England of "Castor-oil Pills" made from calomel, rhubarb, and other purgatives, but without a trace of castor-oil, has been fined in a penalty with costs amounting to £14 9s. for the fraud. The defence was the usual one, *i.e.*, that the pills were as good or better than castor-oil, but the Bench did not recognise the relevancy of that question to the charge against the prisoner.

Typhoid Fever in Edinburgh.

About a week ago information was communicated to Dr. Littlejohn, medical officer of health for Edinburgh, with reference to a serious outbreak of typhoid fever at Coltbridge and other districts in the west end of the city, which it was believed had been caused by means of milk sold at a dairy in which a person was suffering from fever. The medical authorities have inspected the place, and had notices served on the occupant of the dairy, as well as on that of another, the sanitary arrangements of which were not in a satisfactory condition, to have them put right. The *Scotsman* understands that the retailers of milk in Edinburgh who were supplied by the dairies referred to have been advised by Dr. Littlejohn to discontinue their supply in the meantime, and that this recommendation is to be acted upon. At present over twenty families in the district are suffering from the fever. Several cases have been attended with a fatal result.

Dr. B. W. Richardson in Dublin.

The first of the lectures by Dr. B. W. Richardson of London, on "The Science of Temperance," will take place on to-morrow evening—Thursday—the chair being occupied by the President of the College of Physicians. The visit of this eloquent lecturer to Dublin is an event of some importance, especially in its relation to the effort made last session in Parliament to check Sunday drunkenness. It is expected, that the profession will muster in force to hear him.

Determination of Albumen in Urine.

According to J. Stolnikow, urine containing albumen is diluted with water, until a sample poured upon some nitric acid contained in a test-tube still produces a faint white ring at the point of contact, after a lapse of forty seconds. The number of volumes of water added to the volume of the urine (which may be taken as one) is divided by 250, and the quotient will be the percentage of albumen in the urine. This relation has been established and confirmed by gravimetric determination.

Palpitation of the Heart.

Dr. Lardies, in *L'Union Médicale*, describes a method by which palpitation of the heart not due to organic lesions may be arrested at once. The patient is directed to bend the body head down, with the arms hanging so as momentarily to cause coongestion of the upper part of the body. In all cases of nervous or anæmic palpitations the heart quickly resumes its normal functions. If respiration be arrested for a few seconds while the patient is in the above position, the relief is still more speedy.

The British Medical Association, not having received an invitation from any of the large towns in the United Kingdom to hold their annual meeting in 1878, the Council have applied to the Mayor and Corporation of Portsmouth to receive them. As, however, such a reception would tax the ratepayers to the extent of several hundreds of pounds, the Mayor has deferred giving an answer until he shall have consulted with his colleagues.

Child-Poisoning by Opium.

THE administration of narcotics to children—so common amongst the lower orders in England—resulted last week in two deaths—one in Devonport from the effects of a chemist's prescription, and the other in Liverpool, from "Steedman's Powder." The public might remember with great advantage that one death under these circumstances is equivalent to hundreds of cases of illness arising from the same cause, but which never see the light.

Fixed Oil of Stavesacre.

THIS is a specific parasiticide for pediculus capitis, p. corporis, p. pubis, and acarus scabiei. Mr. Balmanno Squire first used an ointment prepared from the seeds, but, owing to its unsightliness, later selected the oil of the seeds, extracted by ether or better by simple expression. It is colourless and odourless, and non-irritant, an impotant advantage it possesses over sulphur in the treatment of itch.

Diphtheria in Lowell in 1876.

THE report of the Massachusetts State Board of Health says that the year 1876 was a memorable one for Lowell, because in it the city has been visited by the most fatal epidemic ever known in its history, there being in all 231 deaths.

Bichromate of Potash as an Antiseptic.

M. LAUJORROIS lately presented a note to the French Academy, on the antiseptic properties of bichromate of potash. Experiments had shown him that the addition of one-hundredth part of bicromate in ordinary water prevents the putrefaction of all sorts of organic matter, such as meat, urine, &c. A thousandth part of bichromate prevents beer from turning sour. After three months' immersion in a solution, meat was hardened and dry.

Simple Method of Testing the Purity of Chloroform.

DR. LUEKE, of Strasbourg, gives the following simple method of testing the purity of chloroform :—Immerse a small piece of thin white blotting paper into the chloroform, and then let it dry in the air. As soon as all the chloroform has evaporated, the paper will not present the least smell if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and as a rule has the strong characteristic odour of that substance.

ACCORDING to the latest famine report in the Bombay Presidency there were 264,314 persons employed on relief works, an increase of 13,000 during the week. The fund at the Mansion House in aid of the Famine Relief Fund has already realised the handsome sum of £130,000, to which Dublin, Belfast, Bristol, Liverpool, Cork, Manchester, &c., have contributed largely.

LAST week at Glasgow Dr. Summerhill, Superintendent of the Maternity Hospital, was committed for trial for a breach of the Anatomy Act. The case arose out of the alleged cruel treatment of a patient named Flora Macdonald and the dissection of her infant.

PROFESSOR ERASMUS WILSON, at whose expense Cleopatra's Needle is to be brought to England, has received telegraphic intelligence of its safe launch on board the ship which is destined—accidents excepted—to bring it to these shores.

SCIENCE has lost a great man by the death of Joseph Bienaimé Caventou. In 1820, together with Pelletier, he discovered quinine, one of the most valuable remedies that has been contributed to the repertory of pharmacy.

WE understand that Sir Thomas White, Lord Mayor of London, has declined to fill the vacancy caused by the untimely death of Sir Francis Hicks, as Treasurer to St. Thomas's Hospital, in consequence of his official duties.

WE learn that the presidential address at the opening of the Homœopathic Medical Congress to-morrow at Liverpool, will be devoted to discussing "The cause of Professional Opposition to Homœopathy."

"ALL is not gold that glitters" at the seat of war as some of our surgeons have found to their cost. But considering the uncivilised warfare that for the most part has been carried on, they have not as a whole fared badly. The valuables however, of Surgeon Weller, appear to have attracted the kind attention of some Turkish irregulars who, on Sunday last surrounded him, and quietly relieved him of all that was movable.

WE understand that Dr. Sayre, our distinguished American *confrère*, who has been in Ireland for a short time, has consented to give a Demonstration of his Method of Treatment of Defotmities, in the Operating Theatre of the North Cork Dispensary, at twelve o'clock on Tuesday next.

WE recently commented upon the case of Dr. Deville, *versus* the Harrogate Commisioners in which, as Medical Officer of Health, he was peremptorily dismissed from his post without the usual quarter's salary, for refusing to apologise for having read a paper at a medical meeting which reflected upon the neglect of certain sanitary measures by the said authorities. Dr. Deville took the case into the law courts and was successful, but the customary *bete noir*, law expenses followed, and he was mulcted into £150 costs, rather a heavy fee for upholding the dignity of the profession. To meet this Mr North, president of the Yorkshire Association of Medical Officers of Health, has started a Fund, and we are glad to learn that he has already received about half the amount, which we trust will be considerably augmented before the Fund closes.

Mortality Statistics of Foreign Cities.—The annual rates of mortality, according to the most recent weekly official returns, were, in Calcutta 24 per 1,000 of the population, Bombay 54, Madras 142, Paris 24, Geneva 22, Brussels 23, Amsterdam 22, Rotterdam 25, The Hague 22, Copenhagen 21, Stockholm 28, Christiania 20, St. Petersburgh 35, Berlin 35, Hamburg 30, Breslau 38, Munich 31, Vienna 23, Buda-Pesth 41, Rome 20, Naples 22, Turin 21, Venice 26, Alexandria 39, New York 31, Brooklyn 27, Philadelphia 23, and Boston 27.

Correspondence.

HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As my name has been mentioned by "A Surgeon," in your issue of the 5th inst., in connection with hydrophobia, permit me to make a few remarks in reply to his observations. The latent or incubative period of this disease is very indefinite, more so, perhaps, than that of any other malady with which we are acquainted, the interval varying from a few days to months, and even years. In my work "Rabies and Hydrophobia," p. 165, I have entered fully into this subject, and have given statistics relating to the incubation period of hydrophobia in mankind and animals, as well as the facts which support the above assertion.

The *Daily Telegraph* erred in attributing to me the statement, that when the disease appears after a long interval has elapsed, it is not true rabies, but nervous tetanus or mental hydrophobia.

The statement is not mine, but that of Trousseau, whom I quoted in my work. I do not believe in the existence of mental hydrophobia. It is utterly impossible for any human being, and particularly if he had never seen a case of this disease, to simulate or imitate the symptoms. They are beyond simulation or imitation. For the same reason I do not believe in mental tetanus. The number of animals which perish from rabies every year, the result of inoculation, is far greater than that of mankind. Can we attribute their disease to imagination? And what about children and young people whose mind cannot be so vividly impressed by a slight scratch or bite?

Hydrophobia is largely on the increase in this country, owing to causes which we need not here specify, and none of the deaths, so far as I can ascertain, have been of persons who were not inoculated with the saliva of an animal susceptible of rabies. Mental hydrophobia could surely occur without the intervention of a rabid animal. Mental anxiety may lead to an earlier development of the disease after inoculation, but not always. I have known of many persons wounded by really rabid dogs, who suffered months of miserable torture and suspense, but did not become hydrophobic. I have myself been inoculated and kept in an unhappy state for a long time.

My opinion, therefore, is that real hydrophobia is not a mental disease any more than is tetanus, but is a specific inoculable malady, which we can produce at will, and experimentally in a certain percentage of animals purposely inoculated with the saliva of a rabid animal. There is a *pseudo*-hydrophobia, but I have never known it to be fatal, and the symptoms are widely different. It is produced merely by fear, and can be readily allayed by tact and judicious management. Real hydrophobia is always fatal.

I am, Sir, yours respectfully,

GEORGE FLEMING, F.R.C.V.S.
Veterinary Surgeon, 2nd Life Guards.

MATICO IN POST-PARTUM HÆMORRHAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—In page 170 of your issue of August 29th, I noticed the remarks of Mr. E. Martlett Boddy, F.R.C.S., &c., on the utility of matico in post-partum hæmorrhage. In contrasting the action of this drug with that of the perchloride of iron, in certain cases, he evidently claims a superiority for matico on the grounds of the perchloride "having been known to cause a fatal termination," remarking, at the same time, that "nothing of a pernicious nature *could possibly ensue* from an injection of the infusion of matico." Admitting the fact that the perchloride has terminated fatally, I am inclined to ask Mr. Boddy whether the result was not due more to the bungling of the surgeon in attendance than anything else? And with regard to his remark to the effect that the injection of the uterus with an infusion of matico "*could not* possibly terminate fatally," it must pass for what it is worth, as we all know that death from peritonitis has, on more than one occasion, followed the injection of fluids altogether innocuous. Matico, or its tincture, of which the following is the composition, and mode of preparation: "matico in coarse powder three ounces; proof spirit, twenty fluid ounces: marcerate for fourteen days, strain, express, and filter;" this preparation could, in my opinion, be more successfully employed in cases of external hæmorrhage, as for instance from leech-bites, incisions, &c. Indeed, it is my belief that it is only in such cases that matico itself is of the slightest avail, as its action is altogether of a *mechanical* nature. If such, then, be the case with regard to the plant, I cannot reasonably see how the tincture or infusion could have the slightest control over such hæmorrhages as are consequent on the relaxation of the fibres which close the blood-vessels of the uterus. In these cases (at least in as many of them as I have seen) the blood pours forth with an impetuosity which is most appalling. Should such cases be tampered with? Would any practitioner be justified, in such a case, in resorting to an agent which is altogether devoid of the properties of a *true* styptic? Should he not rather follow up the advice of Barnes, and use *iron*, the hæmostatic effect of which, he says, is produced in three ways: "first, there is a direct action in coagulating the blood in the mouths of the vessels; secondly, it acts as a powerful astringent on the inner membrane of the uterus, stongly corrugating the surface, and thus constricting the mouths of the vessels; thirdly, it often provokes some amount of contractile action of the muscular wall?" Iron, after the manner recommended by the same able writer, is the material which I have been instructed to have recourse to; iron is the great favourite styptic. Such have I seen Dr. Brice Smyth, Belfast, resort to, on more than one occasion, with the happiest result. He simply carried out the designs of Barne, and I am certain (in these cases at least) that the slightest deviation from that course, or an adoption of any other mode of treatment, would have ended disastrously to his patients, and acted in a manner detrimental to his high-standing reputation as an obstetrician, as death would have been the inevitable result. Hoping you will give this a place in your next issue,

I remain, yours, &c,

ANDREW JAMES BLAIR,
Medical Student.

Sept. 1st 1877.

THE NERVOUS ORIGIN OF HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can you tell me whether hydrophobia can result from a diseased imagination, or is there such a thing as spontaneous rabies? I can quite imagine such a theory possible, and as we have mania, melancholia from exciting causes as grief, trouble, religion—purely mental unsubstantial ideas reacting on weak imperfectly formed brains—so the bite of a healthy dog, or even without a bite the dread of being bitten, might develop the train of horrible symptoms we call by the above name.

The nervous construction is very complex, producing fear, hate, pleasure, love, anger, and all forms of emotions. Now they are all dependant on external impalpable influences of various kinds, and I should like to know whether we can assign all the passions and emotions to the same set of nerves.

A man may imagine himself Jesus Christ, a woman may imagine herself doomed to death from committing the unpardonable sin, and without any lesion externally, I have seen a young woman in the seeming possession of health, droop and fade like a plucked flower, and die from the result of a mental idea. We have all heard of woman, pining and going mad from unrequited love. The roses have faded from the cheek, the hitherto active powers of mind have withered, languor, indifference, apathy, have taken the place of activity, energy, spirit, and with as much certainty as if a poison, of a palpable determined agent had been introduced like virus, so do such patients collapse. I am not drawing on my imagination—these are facts. Are they medical heresies?

Yours faithfully,

ONE IN DOUBT.

Leicestershire, Aug. 30th 1877.

THE (SO-CALLED) HOMŒOPATHIC SCHISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Since you are good enough to offer me space to reply to Dr. Wyld's letter in your last issue, allow me first to say that I perfectly agree with you in your remarks as to Dr.

Wyld in your editorial comment appended to his letter. Dr. Wyld and the party he represents, have the most perfect right to abandon the name of the medical system which they have practised for years, if they see fit to do so, but I do not see how this is to effect a union between those who have studied and who practise homœopathy, and those who have not studied it, and consider an avowal of a belief in its tenets a sufficient reason for expelling any physician or surgeon from communion with the profession at large.

The view I take is, that the only firm basis of union is, *to prove ourselves in the right.* I do not blame that conservatism on the part of the profession which induces resistance to our revolutionary theory and practice. It is for us to overcome the opposition by counter-opposition, and I do not so far underrate the intelligence nor the manliness of the profession at large, as to credit them with absolute and wilful deafness and blindness. Sooner or later, if we are speaking the truth, and if we are practising what is true, our theory and practice will win its way, and then we shall be received into those Societies, Hospitals, Schools, &c, which now reject us. I chiefly blame the want of public spirit by which the leaders in Homœopathy have neglected its public teaching, as the cause of the treatment to which we have been subjected by the profession. When, during fifty years, no public courses of instruction, practical and theoretical, have been provided, when a certain amount of mystery exists in the practice of Homœopathy, through the practice of giving medicines out of a pocket-case, in place of writing prescriptions, what was to be expected? For my own part I carry no pocket-case; I invariably write prescriptions, and do so in English; and we now are endeavouring to form a school of Homœopathy, in which our whole system, theoretically and practically, will be laid open to the freest criticism. I may be wrong, but I do not for a moment believe that our ostracism comes from our use of the term Homœopathy or Homœopath. I credit the profession with more sense; nor do I conceive that we are ostracised because our practice is believed to be unsound. Men holding opposite views, on almost every point in medical science, have been allowed the freedom of their opinions; I conceive it is from a disbelief in the honesty of our practice that we are excluded, and this has resulted partly from the mystery of the pocket-case, and partly from the want of earnest public teaching on the part of our leaders.

In direct reply to Dr. Wyld's last letter, I have only two points to notice—one, that in paragraph four, he quotes a misprint, and argues that I am illogical when I am made to say, "he both claims and *avoids* liberty of action" instead of "accords" which is what I wrote; and secondly, I can only express my surprise that Dr. Wyld should charge me with mis-statements. In the P.S. to my letter of August 25th, every one of the three statements in that P.S. I am prepared to substantiate, but it would take more time than I am inclined to devote just now to the task, and more space than you would be able to give me, were I to do so "*in extenso!*"

Thanking you for your courtesy.

I am, Sir, yours faithfully,

WILLIAM BAYES, M.D.

[This correspondence must now close.—ED. M. P. & C.]

Mortality Statistics of the Past Week.—During last week 5,748 births and 3,327 deaths were registered in the 23 large towns of the United Kingdom. The natural increase of population was 2,421. The mortality from all causes was at the average rate of 21 deaths annually in every 1,000 persons living. The annual death-rate per 1,000 of the population was, in Sheffield 18, London 18, Edinburgh 19, Plymouth 20, Portsmouth 20, Bradford 21, Leeds 21, Dublin 21, Glasgow 22, Bristol 22, Oldham 23, Norwich 24, Manchester 24, Newcastle-on-Tyne 24, Nottingham 24, Liverpool 25, Sunderland 26, Wolverhampton 26, Birmingham 27, Hull 27, Brighton 30, Leicester 33, and the highest rate 38, in Salford. The annual death-rate from the seven principal zymotic diseases averaged 5·5 per 1,000 in these towns, and ranged from 3·5 in Oldham, to 11·6 and 13·7 in Hull and Salford. Diarrhœa showed exceptional fatality in Leicester, Hull, and Salford. Scarlet fever caused 8 deaths in Wolverhampton, where the annual death-rate from this disease averaged 4·5 per 1,000 during July and August. Small-pox caused 23 deaths, of which 20 occurred in London, and 3 in Liverpool.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

TREPHINE.—Cerebral localisation may be utilised as a guide for the use of the trephine, at least, French surgeons say so. M. Lucas-Championniere, M. Broca, MM. Proust and Terrilon have operated on indications from the above. The patient whom M. Tillaux recently opened an abscess of the brain died three days after the operation. At the *autopsy* four abscesses were found in different regions of the brain; the one punctured by M. Tillaux corresponded with the foot of the second and third occipital convolutions.

JUROR'S HEALTH CERTIFICATES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Some weeks ago I wrote a certificate for a patient of mine stating he was under my care, and that were he to leave his house to attend on a jury it would be dangerous to his life. My patient's son took the certificate to the Clerk of the CROWN, who first compelled him make his affidavit that what I stated was true, and then refused to present the certificate to the judge unless he got six shillings. The young man refused to pay it, and the consequence was, in the face of my certificate and the young man's affidavit, the gentleman was fined £2. On the gentleman protesting, he got his option either to give six shillings to the Clerk of the Crown or pay the fine. He paid the six shillings and got off paying the £2 fine.

Now, Sir, what would you recommend to be done in this matter? If our certificates are to be dishonoured in this manner, what do we gain by paying to become registered practitioners?

Yours,

ORIEL.

[It seems to us that the juror was fined—not from a disbelief in his incapacity to serve—but because he did not pay the 6s. Why an inoffensive citizen should be mulcted in 6s. for leave to excuse himself for being sick is one of the incomprehensibilities of the law. We hope our correspondent may never have occasion to be acquainted with legal practices of this sort. If he should be so unfortunate he will speedily discover that his friend the juror had a happy escape in being bled only of 6s.—ED.]

CANTATOR.—We do not trust such reports, but we do trust that Mdme. Tittiens will again charm us. There was some mystery about the decease of Mdme. Malibran. Dr. Bardsley was unceremoniously discharged, fresh medical attendance secured, and a considerable amount of dissatisfaction was expressed by the Profession at the time.

DR. H., Leeds.—We hardly think we can assist you; every practitioner may, if he likes, open a provident dispensary, but the profession itself can very easily mark its disapproval of an individual's conduct in the usual way. Dr. Clifford Allbutt can hardly suffer very much, for we imagine his patients would soon find out their mistake. The handbill is simply abominable. If the name of the member for Leeds is on the list of patrons he should at once strike it off.

ALCOHOL.—Tardieu wrote many years ago on the effect of alcoholism in modifying the cure of wounds, &c., so that the views are not new.

STATISTICS.—In the section of economic science at the late meeting of the British Association Dr. Farr took the subject of population and its increase. He is not in favour of French practices. Names are only relatively valuable, you know, "Homer sometimes nods."

MR. E. SMITH, Kettering.—The gentleman referred to is still in practice.

PRIZEMAN.—The prize has been awarded to MM. Eulenberg and Guttman, and probably it will become a question for legal authorities to settle whether, under Sir Astley Cooper's will, such an award is legal.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Are appointments to dispensaries or workhouses difficult to obtain in England?

Is there as much competition as in this country for such?

Does England or Ireland offer the best facilities (to young men willing to work) for rising in their profession?

Answers to the above will much oblige

Yours faithfully,

HIPPOCRATES.

[The competition in England is not so keen as in Ireland, because the appointment is worth much less, being really of little value except as a *nidus* for local practice. Moreover, special qualifications are requisite, inasmuch as the London "College and Hall" licenses are usually a passport to the appointment. An English workhouse is hardly within the scope of Irish competitors.—ED.]

THE CONTAGIOUS DISEASES ACTS.—Mr. Thos. Worth, M.R.C.S., of Nottingham, writes to us in reference to a paragraph which appeared in a recent issue that "no authenticated case of interference with respectable women under the working of these Acts had come to our knowledge." Mr. Worth points out that such instances have occurred: one is mentioned in the Report of the House of Commons Committee, in which a woman was suspected by the police, and, upon examination, her virginity was fully established. He also sends particulars of another case which occurred at Chatham in January, 1876, where a girl of 18 was suspected, and, because she refused examination, was forcibly detained and treated with great indignity for a fortnight. As the only means of regaining her liberty, she at last submitted, and, upon the careful examination of two surgeons, she also was found to be a virgin. Our correspondent expresses himself in indignant terms of the Acts, under which, he says, "the whole female population is practically outlawed."

MR. BOOTH.—We have been unable as yet to get the information wanted.

MR. BURGESS.—Thanks, we fear, however, that we shall be unable to give the necessary space.

AN EDITOR.—You will find the subject referred to in our issue for August 29.

VACANCIES.

Baltinglass Union, Rathvilly Dispensary.—Medical Officer. Salary, £120. Election, Oct. 8.

Bradford General Infirmary.—Resident Surgeon. Applications, with testimonials, to the Chairman of the Weekly Committee, on or before the 27th inst.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary by the 21st inst.

Edinburgh University.—Examiner in Chemistry. Applications for the appointment to be lodged before October 1st with the Secretary.

Granard Union, Granard Dispensary.—Medical Officer. Salary, £120. Election, 22nd inst.

Granard Union Workhouse.—Medical Officer. Salary, £120. Election, 24th inst.

Kent and Canterbury Hospital.—Assistant House Surgeon and Dispenser. Salary, £50, with board and lodging. Election, 21st inst. Apply to the Secretary.

North Devon Infirmary, Barnstaple.—House Surgeon. Salary, £100, with board and lodging. Election, Oct. 2. Certificates, &c., to the Secretary.

Northumberland County Lunatic Asylum, Morpeth.—Assistant Medical Officer. Salary, £100, with board, &c. Apply to the Medical Superintendent by the 13th inst.

Parsonstown Union, Ferbane Dispensary.—Medical Officer. Salary, £120. Election, 20th inst.

Royal Free Hospital, London.—An Assistant Physician and an Assistant Surgeon on the staff. Both Honorary. Full particulars of the Secretary. Election, 19th inst.

St. Mary's Hospital, Paddington.—Pathologist and Medical Tutor. Salary, £100. Full particulars of the Dean. Latest day, 24th inst.

Westminster Hospital.—House Surgeon, and an Obstetric Assistant. Board and lodging provided, but no salary. Address the Secretary by the 15th inst.

APPOINTMENTS.

ATKINSON, J., L.R.C.S.I., L. & L.M.K.Q.C.P.I., Medical Officer to the Killala Dispensary, Killala Union.

MCNULTY, J., L.R.C.S.I., L. & L.M.K.Q.C.P.I., Medical Officer to the Killala Union Workhouse.

STACK, R. T., M.D., M.Ch. Univ. Dub., L. & L.M. R.C.S.I., Dental Surgeon to the Dental Hospital of London.

WHITBY, P. J., L. & L.M. R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Ullid Dispensary, Waterford Union.

Births.

ADAM.—Sept. 6, at Caterham, Surrey, the wife of J. Adam, M.D., of a son.

DUPRES.—Sept. 6, at 17 Pentonville Gardens, Kensington, the wife of Dr. A. Dupré, F.R.S., of a son.

M'IVER.—Sept. 2, at Cookstown, the wife of William M'Iver, M.D., of a son.

Marriages.

INGHAM—KENT.—Sept. 4, at St. Mathew's, Rugby, the Rev. E. G. Ingham, M.A., to Josephine, widow of B. A. Kent, M.D., late of St. John's Park, Isle of Wight.

SHAPTER—BAYLY.—Sept. 3, at St. Sidwell's Church, Exeter, Lewis Shapter, M.D., of Barnfield, Exeter, to Charlotte Bayly, youngest daughter of Capt. E. Bayly.

Deaths.

CARR.—On Sept. 1, at Effingham House, Leamington, Jabez Carr, M.R.C.S., L.S.A., aged 66.

DUKES.—On Sept. 4, at 52 Marquess Road, Canonbury, Arthur E. Dukes, youngest son of E. Dukes, M.R.C.S.

GULLAND.—On Sept. 2, at St. Heliers, Jersey, Olivia, wife of Surgeon-Major Gulland, M.D.

SCOTT.—On Aug. 28, at 27 India Street, Edinburgh, William Scott, M.D., Surgeon-Major, late Madras Army, aged 60.

YORKE.—On Aug. 27, at Granard, co. Longford, Christopher Francis Yorke, M.D., aged 42.—R.I.P.

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A 417. Old established FAMILY PRACTICE on the South Coast. Receipts, £750 a year. Appointments, £150. To a gentleman willing to receive resident patients this investment is particularly eligible, as the house is large, and there are grounds attached. The Successor should be a Conservative and a Churchman.

A 416. First-class NUCLEUS in a Pleasant little Town in the West of England. Average receipts, £300 a year, with great scope for increase. Transferable appointments yield £200 a year. All expenses small. No horse required. Very little midwifery.

A 415. Near LONDON, with easy access by rail, an Old established PRACTICE, realising £600 a year, and capable of considerable extension. Midwifery, chiefly £1 1s. to £5 5r., visits, 2s. 6d. to 10s. Large family residence, with extensive garden, field, stabling, &c. Rent, £40. Pop., 9,000. Only one opponent. The Incumbent not being in good health has not actively pushed the practice of late years.

A 414. In the EAST. The Succession to a large and very profitable PRACTICE in British India is open for negotiation. It is situate in a remarkably healthy seaport town, with an extensive European commerce. The receipts vary from £1,900 to £2,500 a year, and are verified by the certificates of the local magistrates. References can be given to medical men in large practice in England who are personally acquainted with the place and practice. A knowledge of European languages is desirable. Easy terms would be conceded to a suitable gentleman, but no one without £750 at command need communicate.

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IRISH POOR-LAW INTELLIGENCE.

ABBEYLEIX UNION.

DURROW DISPENSARY.

THE hon. sec. forwarded minutes of the meeting of the committee on the subject of Dr. Palmer's leave of absence and the payment of his substitute. Six members of the committee attended the meeting, and it was unanimously resolved, "That three weeks' leave of absence be granted to Dr. Palmer from the 20th ult., he undertaking that his place shall be supplied during said period by a properly qualified officer residing in the town of Durrow."

A resolution was proposed that Dr. Palmer's substitute be paid £2 2s. per week out of the union rates; but the motion on a division was rejected.

A FRACTURE IN A LUNATIC.

RECENTLY, a girl, named Beatty, labouring under mental derangement, was sent from the Enniskillen Workhouse to Omagh Asylum. She had been very violent in the workhouse, and had to be kept under restraint by a strait waistcoat. She had previously, about four years ago, been in the County Infirmary for a broken leg, but it had been healed. From the preliminary inquiry before the guardians, it appeared she had been able to run about the place. The next morning she lay in bed in her ward The matron noticed her leg swollen, and she had to be carried. The doctor did not examine her for a broken leg, as she was so unruly they could not do anything with her; and he told the Board that it confirmed his view that the workhouse was not the place for such patients. Acting on the doctor's recommendation the girl was sent to Omagh Asylum on the 18th, in charge of the porter and three other persons. The mother of the girl had been anxious to see her whilst she was in the house, on several occasions, but as it was always found she became worse after such interviews, the guardians, at the suggestion of the doctor, gave orders prohibiting them. The girl was quiet during the transit to Omagh, and was again carried to the cab there, and brought to the asylum. The mother attended at the Enniskillen guardians and rather upbraided the Board for not letting her have her child out of the workhouse. The guardians interrogated the doctor of the house, the matron, and the hospital nurse at great length, but none of them knew that she laboured under a broken leg when being sent to the asylum; and as Dr. West's letter did not make it clear whether it was the old fracture that had been re-broken—which the patient's own violent conduct while under restraint in the work house might have effected —or whether it was a fracture of the other leg, the Board decided on authorising the Clerk to write to the resident medical superintendent of the asylum.

DONOUGHMORE UNION.

PAYMENT OF OFFICERS ON LEAVE.

MR. RUDD moved "that all officers of this union seeking leave of absence for amusement or otherwise, do pay their substitutes while taking such leave, and that each and every officer be held responsible for the faithful discharge of the duties attached to the office." He proceeded to say that he could not be accused of having brought on this motion behind the backs of any guardians, inasmuch as notice of it had been given that day four weeks. The considerations involved in it were of no special moment to himself, neither was the motion directed at any one officer in particular. The ratepayers were crying aloud why he and the other guardians permitted their officers to be paid twice. They were already paid large amounts each; they ought to be satisfied with them and pay their own substitutes when they went on leave for pleasure or amusement. This system of paying substitutes was not practised in any of the surrounding unions of Abbeyleix, Mountmellick, or Roscrea, and he hoped the guardians by their votes would put an end to it here to-day, and not allow the ratepayers to be unnecessarily taxed.

Mr. Walpole—The statement about Abbeyleix union is not correct. I know of my own knowledge that when the medical officer there got leave his substitute was paid by the board. In other unions it is quite a common thing to pay substitutes, and I think the rule we have always followed ourselves should be left as it is, and the cases when they come before us decided according to their merits. The speaker concluded by moving an amendment to that effect.

The board then divided, when there appeared for the motion, 6; against, 5. The motion was therefore carried

The Chairman in recording his vote for the motion, said he thought it was a great hardship to ask the ratepayers to pay for substitutes, except where their officers were compelled through ill-health to seek leave.

Mr. Walpole—That is exactly my view. I think when one of our officers gets sick we should pay his substitute.

LIMERICK UNION.

A DISINFECTING CHAMBER.

A LETTER was read from the Local Government Board urging the necessity on the Board to erect a disinfecting chamber in the workhouse.

Dr. Sullivan said he advocated the necessity of such when the matter was under discussion before. It was then proposed that the Board of Guardians and the Corporation should unite in erecting a disinfecting chamber; he (Dr. Sullivan) had, on several occasions, waited on the Rural Authorities but nothing practical had resulted. He would now propose the erection of a disinfecting chamber solely for the use of the workhouse.

Ald. Myles said chloride of lime and sulphur had

served the use of a disinfecting chamber before. If it were cheaper why should it not be used now?

Dr. Sullivan withdrew his proposition for the present.

A LUNATIC FEVER CASE.

Ald. Myles said an old woman was admitted while in a state of lunacy into the fever hospital by Dr. O'Kelly, the resident medical officer, a few days ago. She was subsequently removed to the Limerick Lunatic Asylum by the order of Dr. O'Connor, one of the visiting physicians. The woman was from Clare, he asked to have the woman sent to the Clare Lunatic Asylum.

Dr. O'Kelly said there was a mistake in the matter, but at the time he believed he was acting properly. The woman was brought to him in a feverish condition, also suffering from mental excitement. He was told that she had been seen by two doctors who diagnosed her case as fever, and at the time he thought he was acting prudently.

Dr. O'Sullivan said he hoped such a state of things would not be allowed to continue. It was a serious thing to do—to admit a lunasic into a fever hospital.

The Chairman held it was a mistake which might happen to the most skilled medical man.

LIMERICK DISPENSARY.

Dr. Gelston—The sub-sanitary officer came to us yesterday and stated that he had been ordered by the Urban Sanitary Authority to call upon us once a week for a list of the names of people labouring under infectious diseases. Are we to furnish such a list?

Mr. Holmes—It is very unfair that the houses of the poor can be entered by the sub-sanitary officer and the houses of the rich passed over.

Dr. Gelston—I must decline to give the names of persons labouring under infectious diseases. In private cases I will give no information whatever.

Mr. Lenihan—Why should the duty be imposed upon the doctors, I don't think there is anything in the Act of Parliament to authorise such an order. To call on the doctors to furnish such information would be to impose upon them duties of a domiciliary and very obtrusive character.

Dr. Gelston—Dr. Carey as well as myself and Dr. Holmes, wish to have the order of the dispensary committee as to whether we should give the names of the poor people who come to us for medical advice. In private cases I'll give the Sanitary Board no information whatsoever.

Ald. Myles—We have no authority to interfere with anything which emanates from the Sanitary Board.

Dr. Gelston—It is from the books of the dispensary that the information is to be furnished, and this committee can in my opinion direct whether we shall give the information or not.

Chairman—This committee will give no directions on the subject.

Ald. Myles—Apply to the Local Government Board for advice.

Mr. Lenihan—The Act of Parliament ought to be consulted and if there is no authority for the order of the Sanitary Board we should direct our officers not to give the information asked for.

Dr. Gelston—On my own responsibility I'll refuse to give Berret any information. I don't see what right he has to come to us to get the names of any party.

Mr. Lenihan—I have heard the city is extremely healthy.

The committee made no order in the matter.

CROOM UNION.

Dr. J. Hartigan, medical officer to the workhouse, applied to have two infirmary wards disinfected, and a disinfecting chamber to be erected for the purpose of disinfecting patients' clothes.

The Master (Mr. Carroll) regarded the proceeding as unnecessary, and thought that the application of the doctor would lead the public to believe that the wards alluded to were in a filthy condition.

Dr. Hartigan—No, indeed, the public will not think so. It is usual to do this at times, and the wards have not been cleansed since I came here.

The Master—I beg to differ with you, Doctor, the wards are cleaned.

Dr. Hartigan—Disinfected is it?

The Master—No but they are washed out once a week, and cleaned up every day in addition.

Dr. Hartigan—When I was in Dublin the hospital ward was often disinfected.

The Master—Yes, when any infectious disease was in the house.

Dr. Hartigan—Were patients' clothes ever disinfected here Mr. Carroll?

The Master—No, for when a patient was going out, his, or her friends always brought clean clothes for them and took away the other clothes.

Dr. Hartigan—I remember a case of a young girl coming in some time ago having diphtheria, some of her clothes were burnt, while the remainder were disinfected. And when people take out the clothes of a patient having an infectious disease they merely give them an airing before the fire and wear them again.

The Master said he was not aware that they did so with them.

Chairman—I will make an order that the Master and Doctor will get the ward disinfected.

Dr. Hartigan—Every case in the hospital is infectious—even sore eyes, erysipelas, and bed sores, are all infectious.

Chairman—Atmospheric influence has a great deal to do in these cases too.

Dr. Hartigan—Most assuredly, sir.

It was ultimately decided that the wards be disinfected under the supervision of the Doctor and Master.

KILLALA DISPENSARY

ELECTION OF MEDICAL OFFICER.

At a special meeting of the Committee of Management, there were three applications from Dr. Henry Mark Scott, Dr. Joseph Atkinson, and Dr. John McNulty. The first is medical officer of the Easkey Dromore West; the second acting medical officer of the Killala dispensary and workhouse since Dr. Handy's decease, and the third is medical officer of Adragolle, Castlebar union.

Chairman—Does any person propose Dr. Scott?

Sir C. Gore proposed Dr. Scott.

The nomination was not seconded, and the votes were taken for the other candidates with the following result:—

For Dr. McNulty, 4; for Dr. Atkinson, 12.

The Chairman, before declaring Dr. Atkinson elected, wished an expression of opinion from the committee upon a subject which had been previously discussed by some of the members. It related to the payment of the person acting for the medical officer while absent from his district on sick or other leave. It was the opinion of quite a number that the medical officer should pay his substitute, and not the rate payers, as so often heretofore.

Mr. Flynn—We had to pay £37 to a substitute one time.

Chairman—The question now is—will the doctor have to pay his substitutes in all cases?

Colonel Gore—If he gets sick I would pay his substitute for him.

Father Nolan—If sick he will try to make out that the sickness was contracted while in discharge of his duty.

Mr. O'Hara—The payment should then come out of his private pocket, and not ont of the pockets of the rate payers.

Mr. Farrell—When a doctor gets leave he should pay his substitute.

Mr. Flynn—If he does not I would be for deducting it from his salary, as we have been too much mulcted already.

Chairman—Suppose your doctor contracts fever while attending a fever case, would you in that case oblige him to pay his substitute?

Mr. Flynn—He is employed to attend these cases.

Mr. James Massey—When sick the doctor will require something to support him, and more especially if he have a family. If you oblige him to pay a substitute, he will have to pay more than he himself receives, which would be too severe.

Mr. Kirkwood would be inclined to pay a doctor's substitute during illness but not otherwise.

Sir Charles Gore suggested that the board should reserve to themselves the power to pay the medical officer's substitute in special cases, as of sickness contracted while discharging his duty.

Mr. Flynn thought that would meet the case.

The Chairman then drew up the following resolution, which was unanimously adopted :—

"Resolved—That on any future occasion of the doctor requiring a substitute from any cause to perform his duties, the expense of such substitute shall be borne by him, unless the committee consider that under the circumstances of the case the district should pay the cost of same or any portion thereof."

KILLALA GUARDIANS.

ELECTION OF MEDICAL OFFICER.

There were three applicants—Dr. J. Atkinson, and Dr. McNulty—the same persons who presented themselves for election to the dispensary committee, which met previously.

A vote was then taken with the following result :—

For Dr. McNulty, 10 ; for Dr. Atkinson, 7.

Father Nolan said he was not sure if Dr. McNulty would accept the appointment ; but if he did not it would still be the duty of the Board to appoint a medical officer for the workhouse other than the dispensary medical officer, as it was all important to have two doctors, that the sick poor might not be neglected in the event of the absence or incapacity of one of them.

LIMERICK SANITARY BOARD.

A letter was read from the Local Government Board acknowledging the receipt of a letter of the 16th ult., forwarding a copy of the minutes of proceedings of the Public Health Committee, at their meeting on the 14th ult., containing an entry of the report of Dr. Barry, consulting sanitary officer, for the quarter ended the 30th of June, and with reference to Dr. Barry's remarks on the importance of the sanitary sub-officer receiving information respecting the places where dangerous infectious disease occurs ; the Board desire to suggest to the Committee the propriety of directing the sanitary sub-officer to wait on the sanitary officer at the dispensaries every week and make inquiries on the subject.

The sanitary sub-officer was directed to carry out the suggestion of Dr. Barry.

ATHY UNION.

The Clerk read the following :—

"The following is my report of milk submitted to me by the Master :—1st. That it contained only 8 per cent. of cream. 2nd. That it contains 25 per cent. and more of water. 3rd. That it was intensely acid after 16 hours. 4th. That it was unfit for use, and more, it was calculated to produce diarrhœa, thrush, colic, and many other diseases in delicate children and patients labouring under typhoid fever.

P. L. O'Neill."

Mr. O'Brien.—That is very bad indeed. Do you consider it was adulterated to the extent of twenty-five per cent. of water?

Dr. O'Neill.—It is not easy to ascertain to a certainty the quantity of water milk may be adulterated with. Good milk, in its normal state, contains between eighty and ninety per cent. of water, and that is increased or diminished according to the food cows are fed on. In this case the water contained twenty-five per cent. more water than good milk ought to contain, but it is not easy to say whether it was the produce of the pump, or attributable to the feeding of the cows. Except we can discover some mineral salt that we know is peculiar to some waters, we cannot say for a certainty that milk is actually adulterated, and if distilled water, which is very easily procured, be used, it would be nearly impossible to detect it in milk, except, of course, it were used in very large quantities.

Mr. O'Brien.—Do not tell them that, doctor.

Dr. O'Neill.—Oh, they know it quite well.

Mr. J. Brennan.—How long was the milk in the house, doctor?

Dr. O'Neill.—Twelve or thirteen hours.

Mr. O'Brien.—In that case you could not point to the contractor for anything you found wrong, for of course he could easily tell you it was tampered with in the house. It is the business of the master, if he has reason to suspect the milk, to take a sample of it in the presence of the contractor, giving him a third, retaining a third, and send the remainder to be subjected to an analysis.

It was agreed that no action should be taken at present, but that the new master receive instructions in accordance with Mr. O'Brien's suggestion.

TRALEE GUARDIANS.

The following letter was read from the Local Government Board :—

"Local Government Board, Dublin,
14th August, 1877.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 9th instant, inquiring if Doctors Hannafin and Kane, Medical Officers of Castlemaine and Kilgobbin Dispensary Districts of the Tralee Union, are entitled to an increase in their salaries as sanitary officers, their salaries as medical officers having been raised ; and, in reply, the Local Government Board have to state that the additional salaries of the officers under the Public Health Act are not subject to fluctuation according to an increase or decrease in their salaries as union officers, unless the Board of Guardians should determine to alter them subject to the terms of the scale approved of by the Treasury.—By order of the Board,

"B. Banks, Secretary.

"To the Clerk, Tralee Union."

Readers! take note. The Local Government Board for Ireland long since adopted the dispensary salary as the standard by which to gauge the sanitary salary, although the duties of one office have no relation whatever to those of the other. It has now decided that one salary shall *not* be regulated by the other, and it leaves the Guardians to make one ruling coincide with the other as best they can.

"THE UNION AMALGAMATION COMMISSION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Will you be good enough to inform your readers whether you think it probable that the commission, for which a government warrant has been issued to amalgamate the Irish unions and workhouses, so as in some measure to relieve the, at present, over-burdened rate-payers, will embrace in their useful inquiries the abuse of the Poor-law medical

relief system, which, if confined by some legal method to only the *fit objects*, would tend very materially to the same effect.

Faithfully, yours,
G. S. B.

September 3rd, 1877.

[So far as our information goes, the Commission will deal only with workhouse amalgamation, and only with the medical service so far as it is affected by such proposal. It will probably not touch the dispensary officers at all. The Irish Medical Association, is however, on the alert, and has communicated with the Commissioners, and should the interests of either workhouse or dispensary officers be involved, they will be looked after.—Ed M. P. & C.]

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF AUGUST, 1877.

August 1st.—Patterson, John, 4 Charlemont Terrace, Kingstown, co. Dublin, M.B. Univ. Dub. 1877, Lic. R. Coll. Surg. Irel. 1877.

2nd.—Sherrard, Henry Robert, Fermoy, co. Cork, Lic. K. Q. Coll. Phys. Irel. 1877, Lic. R. Coll. Surg. Irel. 1877.

2nd.—Bull, George Henry, South Charitable Infirmary and County Hospital, Cork, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

3rd.—MacDermott, Ralph Jean, Kelly, co. Meath, M.B. 1877 and M.Ch. 1877 Univ. Dub.

3rd.—Delmege, Louis Edward, 36 Fithwilliam Square West, Dublin, Lic. R. Coll. Surg. Irel. 1876.

3rd.—Charleton, Henry Arthur Herbert, Clonmacnoise Shannon Bridge, King's County, Lic. 1877 and Lic. Mid., 1877 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

4th.—Evans, Wm. Godfrey, Gortroe, Castletown-Conyers, co. Limerick, Lic. R. Coll. Surg. Irel. 1877.

6th.—Maguire, Stanislaus, 77 Lower Gardiner Street, Dublin, Lic. R. Coll. Surg. Irel. 1877, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

6th.—Turner, Reuben, 2 North King Street, Stockton-on-Tees, Durham, Lic. R. Coll. Surg. Irel. 1877.

7th.—Booker, Wm. Arthur, Clonleason, Kells, co. Meath, M.B. 1877 and M.Ch. 1877 Univ. Dub.

11th.—Walshe, John Lemon, Tinhalla House, Carrick-on-Suir, co. Waterford, Lic. R. Coll. Surg. Irel. 1877, Lic. R. Coll. Phys. Edin. 1877.

13th.—Dodd, Henry Francis, Killorglin, Killarney, co. Kerry, Lic. R. Coll. Surg. Irel. 1876.

14th.—Flannery, Jas. Gordon, 2 Regent St., Rochdale, Lancashire, Lic. R. Coll. Surg. Irel. 1876.

18th.—Fisher, Robert James, 22 York Street, Dublin, Lic. Apoth. Hall, Dub. 1877.

21st.—Riordan, Patrick Aloysius, Cloyne, co. Cork, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

24th,—Atkins, Thomas Edward, 7 Patrick Street, Cork, Lic. Apoth. Hall Dub. 1877.

25th.—Walker, Henry Bourne, 4 Belgrave Terrace, Buxton Road, Stratford, London, E., Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

21st.—Bagnell, Wm. Henry, 59 Kenilworth Square, Rathgar, co. Dublin, Lic. R. Coll. Surg. Irel, 1877.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING SEPT. 1, 1877.

Total registered deaths in Dublin and suburbs*	...	127
Ten years average of same week	...	142
Decrease of mortality below average	...	15
10 weeks mortality, suburb'of Rath mines	18·2	per 1,000
" " " " Donnybrook†	15 0	"
" " " " Blackrock	24·5	"
" " " " Kingstown	16·8	"
" " Entire Dublin District	21·0	"
Comparative Ratios—London ...	18·3	"
" " Glasgow ...	21·6	"
" " Edinburgh ...	19·3	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

There were only 19 deaths registered during the week, being less than one half the average number in the corresponding week of the last ten years: they consist of one death from scarlet fever (simple continued), 7 deaths from diarrhœa—against an average of 15·6 in the 35th week of the last ten years—3 each measles and whooping-cough, 2 from scarlet fever, 1 from croup, &c.

Eleven children died from convulsions.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, September* 1*st*, 1877; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, Sept. 1, 1877. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	21	193	127	22	33	..	3	2	...	3	1	7	5	2	37
Belfast . .	20,687	182,082	18	110	62	13	9	...	1	1	...	1	2	4	1	...	6
Cork . .	13,816	91,965	16	61	28	6	3	...	...	...	...	...	1	1	...	...	9
Limerick .	8,509	44,209	31	33	26	6	2	...	...	2	...	...	...	1	...	...	11
Londonderry	21,865	30,884	13	13	8	...	2	...	...	...	...	...	...	...	...	...	1
Waterford .	17,209	30,626	15	13	9	...	2	...	..	...	...	...	4	...	...	...	6
Galway	21,358	19,692	18	11	7	3	...	...	...	...	...	...	1	...	...	...	2
Sligo . .	30,835	17,285	16	11	5	1	1	...	...	..	..	...	1	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 19, 1877.

STUDENTS' NUMBER.

PART I.—The Future of the Student in Private Practice, or the Public Services.

PART II.—The Education and Qualification of the Student in the United Kingdom.

PREFATORY.

SINCE our last Students' Number a decided step towards medico-educational reform has been taken by the perfecting of the conjoint examination scheme for England, which will probably come into operation during the coming session. When it becomes law, the student will enter the profession in England by one portal, and will be obliged to satisfy as to his competency a Board of Examiners, to which all the Universities and licensing corporations in England will contribute members, and will have the credit of holding the qualifications for practice now issued by each of these bodies separately. This is a great bound toward a remedy of the long-endured abuses of the medical licensing system; and although it may not be followed immediately by a similar co-operation between Universities and Colleges in Ireland, it cannot fail to give immense moral force to the efforts of those who desire to raise medicine to a high scientific position, and to exclude from its ranks the socially inferior and professionally incompetent classes who so readily obtain entrance under the existing system. In Ireland several efforts have been made to arrive at a co-operative licensing scheme such as that now adopted in England, but the influence of lecturers, who fear a reduction in the number of lectures and lecture fees required from the student, has hitherto defeated all attempts. In Scotland examinational reform is scouted by the corporations *una voce*, and it may be safely assumed that the upas tree of North British diploma vending will not yield to any less drastic cure than the axe itself.

Public opinion and professional competition have, however, gone far to effect that improvement in medical education which colleges have rather followed than encouraged. What we said of the year 1876 we are gratified to be able to repeat of the current session. The sciences cognate to medicine are receiving a degree of attention which they have long deserved, but never previously received. This is particularly noticeable with respect to the more practical method now adopted of teaching these sciences, and especially those which, like physiology and histology, were formerly taught in such a manner that a theoretical knowledge of them was all that a student could take away from the schools. Nor can we fail to notice a like improvement in the medical and surgical education of the student, or fail to mark the difference between the qualifications with which the medical practitioner was formerly satisfied, and those which he is now anxious to take. The medical man who twenty years ago thought himself fully qualified with one diploma, now takes two, with perhaps a good degree into the bargain; and he who formerly only knew how to use the stethoscope and was satisfied with a very superficial knowledge of medicine and surgery, is now considered behind time if he is not *au fait* in the study of temperature, pulse tracings, antiseptic surgery, aspiration, germ physiology, bloodless surgery, State medicine, and many other new lights of our profession.

We have, as is our wont, given in our present issue merely the pith of the official regulations of colleges and public services, reserving our space for practical advice and information which every student needs, and leaving our readers to obtain for themselves the official regulations in a more reliable form than we can offer it. We conceive it to be our *rôle* to place in the hands of the student and his guardians the semi-confidential details, directions, and hints which college regulations are not intended to communicate, and which are only known to those conversant with the various systems of education, examination, and qualification, and with the ultimate prospects of the student.

PART I.

THE MILITARY AND NAVAL SERVICES.

ARMY.

THE past year has seen a great revulsion in the Army Medical Department. The department has been "unified," that is to say, the medical officers who have been hitherto attached to a particular regiment for perhaps their whole service life, are now connected with their own special department, and are liable to be shifted from one regiment to another as the requirements of the Service demand. They are no longer called Assistant-Surgeons, but are named Surgeon; while their superiors, sometime Surgeons and Inspectors, are now Surgeon-Majors and Surgeon-Generals. The Service is, moreover, no longer a permanent provision, for after ten years' service a Surgeon is liable to get his *congè*, being handed £1,000 "in lieu of all pension and retirement." This bonus of £1,000 depends wholly on his completing his ten years' service. Should he fall sick before that time he will find himself very differently dealt with. He will be given six months on half-pay to get well, and if he is not up to time, six months longer *without* pay; and, if still ill, will be then dismissed without pension or bonus if he has not achieved his five years, with a reduced bonus if he have. It may be believed that these arrangements so far from allaying the discontent of Army Medical Officers have aggravated it, and all the objections previously urged against the Service apply with increased force now. The Director-General has, consequently, had the greatest difficulty in finding a sufficient number of candidates for the Service to keep the Army Medical Department alive. It is likely that Parliament will sweep away the whole arrangement in the coming Session.

CONDITIONS.

The official regulations may be obtained on application to the Director-General, Army Medical Department, 6 Whitehall Yard, London, S.W.

Examinations are held in February and August, but have ceased to be competitive owing to the dearth of candidates.

The candidate must be under thirty-two years of age, but may be married.

The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. His physical fitness will be determined by a board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

Having received his diploma in surgery and medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history, and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The surgeon is subjected to two examinations; one on admission into the service, and a second six months later on leaving Netley.

For the first candidates will be examined in the following, and the highest marks attainable will be distributed as follows:—1. Anatomy and Physiology, 1,000 marks; 2. Surgery, 1,000; 3. Medicine, including Therapeutics, the Diseases of Women and Children, 1,000; 4. Chemistry and Pharmacy, 100. Examinations will also be held in French and German (150 each) 300 marks; Natural Sciences, 300. The Natural Sciences will include Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica. The number of marks gained in both the voluntary subjects will be added to the total number of marks obtained by those *who shall have been found qualified for admission*, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of modern languages and natural sciences.

For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *viva voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates are selected.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the Coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast Districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home on full pay, for every year spent in Africa, and the entire period at home and abroad should count as service for pension.

PROBATION AT NETLEY HOSPITAL.

The competitor who has been so fortunate as to obtain a place in the ordinary Service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures: Hygiene, vacant; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean; Dr. de Chaumont, Anatomy Hygiene; and Dr. Macdonald, on Naval Hygine. The lecturers on Military Surgery include gun-shot and other wounds; arrangements for the transport of wounded; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c. of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the competitive examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of surgeons, as provided by the regulations.

Thus it will be observed that the first examination simply admits the candidate to the Service, and the conjoint result of it and the Netley examination determines his order of merit.

LIFE AT NETLEY.

The medical candidates, as the surgeons are called until they have passed out of the hospital by their second examination, are congregated at Netley, in addition to the commissioned officers who may be there. During the period of his residence at the Army Medical School each candidate will receive an allowance of 5s. per diem, with quarters, or 7s. per diem without quarters, to cover all cost of maintenance; and he will be required to provide himself with uniform (viz., the regulation undress uniform of a surgeon, but without the sword). Each candidate has to pay £5 towards the mess fund, one half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

INDIAN MEDICAL SERVICE.

THE regulations, subjects, and times for examination are the same as for the Army Medical Department. Passage allowance to India on appointment will be given, or a passage provided. When passages are provided on board the Indian troop ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865. Pay at 10s. a day will be allowed from date of passing final examination at Army Medical School.

Indian allowances and time of service for pension will reckon from the date of arrival in India.

Surgical instruments are provided in India by the Government for the use of medical officers.

The pay of medical officers in the Indian service is much better than at home, and, if unmarried, the cost of living not greater. Moreover, the medical officer frequently holds lucrative civil medical appointments which afford him a handsome increase of income. Without doubt, to a healthy, temperate, unmarried man the Indian Service is greatly preferable to that at home, but to a delicate person, or one burthened with a wife and children, the advantages are questionable.

For official regulations of the Indian Medical Service apply to the Indian Office, Whitehall, London, S.W.

NAVAL MEDICAL SERVICE.

In applying to be admitted as a Surgeon in the Royal Navy it is merely required to address a letter to the Secretary to the Admiralty, stating that you are in possession of a diploma from such a College—naming it; that you are desirous of being admitted as a candidate; when, if there are any vacancies, you will be informed when you will be required to present yourself at Somerset House, London, for examination.

The subjects and method of examination and the subsequent service at Netley are in all respects similar to those referred to above under the head of Army Medical Department.

Having passed your examination and served your Netley, probation you will, in the course of the following day, receive your appointment as acting Surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will at the same time be informed that you are granted two or three weeks', as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at any of the naval outfitters.

The expense of a Surgeon's uniform is about £47 5s. You must also provide yourself with a set of surgical instruments, which will cost you from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

PRIZE MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of Customs, and of trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels, and of the rewards conferred for the same, as also in the awards of all salvage granted to the crews of her Majesty's ships and vessels of war with other officers of corresponding rank.

The full and half-pay of Naval Medical Officers is in accordance with the following scale:—

Full-pay: Surgeon—Under five years' service, 11s.; eight years', 12s. 6d.; under eleven years' service, 14s.; under fourteen years' service, provided he passed his examination as Staff Surgeon, 15s. 6d.; above fourteen years', 17s. Staff Surgeon—On promotion, 18s.; seventeen years', £1; and for each additional year of service, 1s. a day more until the maximum is reached—namely, £1 2s. Fleet Surgeon—On promotion, £1 3s., and up to £1 10s. Half-pay Surgeon—Five years', 6s.; eight years', 8s.; eleven years', 10s.; above eleven years' service, provided he passed his examination for Staff Surgeon, 17s. Staff Surgeon—On promotion, 11s.; seventeen years', 13s.; above seventeen years', 14s. Fleet Surgeon—On promotion, 16s.; twenty years' service, 16s. 16d.; and for each additional year of service, 6d. a day more until the maximum is reached—namely, 18s. 6d.

Retirement is provided for according to age and service, under special regulations.

By warrant of February, 1875, it has been enacted—

1. Surgeons on entry have the same relative rank as Paymasters, Chief Engineers, and Naval Instructors—namely, to rank with Lieutenants under eight years' seniority.

2. Staff Surgeons to be denominated "Fleet Surgeons," and Staff Surgeons second-class simply "Staff Surgeons;" the distinction in rank between these two grades to be denoted by a small difference in the uniform.

3. Inspectors-General to be compulsorily retired at the age of sixty; to be allowed £2 per day, provided they shall have completed the service to entitle them to the maximum half-pay of their rank.

4. Fleet Surgeons and Staff Surgeons same scale of retirement as chaplains and naval instructors, secretaries and paymasters.

5. Fleet Surgeons to have the option of retiring after twenty years' full-pay service in all rank at 15s. per day, and after 25 years, 21s.

THE CIVIL PUBLIC SERVICES.

POOR-LAW MEDICAL SERVICE.

A young qualified practitioner indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from the inadequately remunerated appointment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the passing of the Medical Poor Act of 1867 the English Poor Law Medical Service may be said to have been in the hands of the guardians, supervised by the Local Government Board. Each Parish in England and Wales has its Guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for medical relief. Union medical officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment approved by the Local Government Board. He was required to have both a medical and surgical qualification. In some instances these were specified, but almost always the *London College of Surgeons* and Apothecaries Hall *were the most favoured* diplomas. But this is not the case now. So long as candidates possess a durable qualification, such as that of the L.R.C.P. Lond. they are quite eligible for these appointments, and have a good chance of obtaining them if their testimonials are good, and they have a few friends on the Board.

The salaries of Poor-law appointments are very low; in fact, so preposterously inadequate that it would seem as if the medical man were paying the union for the monopoly of doctoring its paupers. *£25 a year is a not uncommon salary* for attending and providing physic for a large district, and thus as the medical officer has to provide all the medicines, the poor have often to put up with a very scanty supply. It must, however, be admitted that lately the Local Government Board have done much to mitigate this evil by providing, as far as large towns are concerned, local dispensaries from which the pauper patients are supplied with medicines. By this means not only is the work of the medical officer much lightened, but as he has not to pay for the drugs, his salary is virtually increased. Although this plan is only adopted in London and some of the larger towns, it is to be hoped that it will be extended as far as possible to the more populous rural districts. Where dispensaries cannot be established a fixed sum might be allowed for drugs, for if the medical officer chooses to work for nothing, or next to nothing, it is a great hardship both upon him and his poor patients to make a contract that he should have to provide everything out of his small salary. Let all the drugs be found for him; for to this it must come at last.

Usually all capital operations, reduction of dislocations, midwifery, vaccination, &c., are paid for at a separate tariff. But vaccination which used to be a considerable addition to the salary of the parish doctor, is often given in urban districts to medical men who are in no way connected with parish work.

The above system differs in many respects from that of Ireland, referred to below. In English districts, moreover, the practitioner derives much of his income from "clubs," and from attendance on small tradesmen, artisans, and tenant-farmers, who would certainly be recipients of gratuitous relief in Ireland; and therefore the parish work of the English provincial doctor is proportionately much lighter than that of his Irish *confrère*. The sanitary duties of the profession in England are also remunerated at a much higher rate, though by no means more onerous than similar duties in Ireland. Parish appointments are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and the Poor-law Board is now merged in the new Local Government Board. It has established in London asylums and dispensaries, and distributed the cost of supporting them over the metropolis. Under the new Public Health Act many Poor-law officers have been also appointed medical officers of health.

THE IRISH POOR-LAW SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouses and about 793 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The average salary in this service is now about £103 15s.; and when it is taken into consideration that in the vast majority of rural districts it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and the medical officer of health for the district, under the Public Health Act passed in 1873. The former office, in country districts, seldom yields more than £10 a year, and often not half that amount, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate every one who wishes to come. For each patient his fee of 1s. is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £2 to £50, an average for the provinces being about £5. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a Licence in Surgery or a Diploma in Medicine, and a Diploma in Midwifery; the candidate must also be 23 years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a medical officer, in which case, also, candidates are put to unnecessary trouble and expense under false pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of medical and other officers is made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Local Government Board, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, or without the resource of appeal or investigation. The salary is paid by the Board of Guardians, and no increase can be made in the amount without their assent and that of the Local Government Board. Under the late Sanitary Act the committee may recompense the medical officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as the duties are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES.

The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting-ticket has been issued by a member of the committee or by the relieving officer, and to continue his attendance as often as may be necessary until a termination of the case. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting-tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee-men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even the committee-man's own brother or daughter.

SUPERANNUATION.

By a recent Act of Parliament a Poor-law medical

officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age. There are now 53 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose average allowance is £64 15s. Their average age at retirement was 63. All official information may be obtained of B. Banks, Esq., Local Government Board, Custom House, Dublin.

Complete information as to fees, emoluments, duties, and appointment of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1877.

ASSISTANCIES, SHIP SERVICE.

ASSISTANTSHIPS IN ENGLAND.

As soon as a gentleman has secured his diplomas he begins to look round him and consider (often for the first time) what he is to do next. The public services such as the Army, Navy, and Civil Service, are all open to competition; they are not, however, very popular, because the remuneration is not such as would enable anyone to save money, and the pension is far off and inadequate to retire upon.

The courses remaining open, therefore, are to secure a practice in Great Britain or to become an assistant, at home or abroad. The purchase of a practice involves the outlay of capital, for no one can be expected to give away (especially to a stranger) that which he can sell. This and other points are fully and fairly discussed in a little shilling pamphlet, entitled *Advice on Transfer of Medical Practices and Partnerships*, by J. Baxter Langley, M.R.C.S. A perusal of this would seem a great waste of time and money to those who seek to settle in practice by purchase or otherwise.

We therefore turn to "Assistantships at home or abroad" as the alternative presented to the possessor of a new diploma. There are scarcely any such appointments in London except in the artisan quarters. The higher class of Practitioners in the West End or high-class districts write prescriptions, visit their own patients (who would accept no substitute); and such medical men could not find any work for assistants and do not as a rule employ any. An appointment as assistant, therefore, need not be sought in London (except at the East End or like localities).

In the country an assistant is necessary to every man in large practice. The conditions and legal responsibilities of such situations are fully set forth in a small work entitled "Via Medica" by the author previously quoted. No young gentleman should enter upon an assistantship without reading this little book. We especially commend its study to gentlemen educated in Ireland and Scotland, who come to England and seek for appointments for which they are wholly unprepared by previous experience.

Assistantships in England are either *out-door* or *in-door*. The "out-door assistant" lives in lodgings or sometimes in a house provided by the principal. As a general rule, he is expected to provide himself with board, residence, attendance, &c., and is paid a salary varying from £120 to £200 a year. The work falling to his share is that which the principal himself desires to avoid—viz., the dispensing, the club and parish work, and sometimes the book-keeping. Very few medical men in England keep a dispenser, and when they do so they rarely or never require any other assistant. The "indoor assistant" lives in the house, being provided with board and residence; his duties are the same. His comforts mainly depend upon the relations existing between himself and the family of the principal with whom he is constantly associated.

It should be distinctly understood that assistantships in England cannot be regarded as stepping stones to practice or partnerships, at least so far as the particular place where the assistant is engaged. His chances of success there are less than in any other place, and so long as any surgeon can get his work done by an assistant he is not likely to sacrifice a part of an assured income to a partner.

Locum-Tenens appointments may be classified with assistantships. Such appointments can only be prudently undertaken in England by doubly qualified and registered men *accustomed to English practice*, as they are left in sole charge during the incumbent's illness or other contingency. They are paid from £2 12s. 6d. to £5 5s. a week with board, residence, and second-class travelling expenses. Some gentlemen give their entire time to this kind of work which, however, requires peculiar adaptibility.

SURGEONCIES IN THE MERCANTILE MARINE.

THE appointment of surgeon in sea-going vessels is much sought after by young surgeons who are desirous of seeing a little more of the world than school, college or home have shown them; but the office is seldom held for more than a few years. These apoointments are almost uniformly in the gift of directors and secretaries of companies, and of the owners themselves, with whom, as may be believed, personal influences are a better recommendation than any professional qualification.

The Cunard and other American mail lines select their surgeons through the interest of owners and managers. The English ships are bound to carry English medical officers, and American ships American surgeons. The pay varies from ten guineas per month upwards, and the arrangement may be terminated by the surgeon at any time that the ship is laid up, unless he has signed special articles.

The West India Mail Service admits candidates only between the ages of twenty-two and forty. A regular curriculum similar to that required by the licensing bodies is necessary, and a special examination in climateric disease is sometimes administered to the candidate. At entry, surgeons are requested to join vessels in the West Indies or Brazils, relieving surgeons longest out, and being themselves relieved in turn.

BRITISH SETTLEMENTS.

THERE is a growing demand for surgeons for small European colonies, and several desirable appointments have been recently made. A number of colonists feeling the want of efficient medical advice subscribe an annual guarrantee salary of from £200 to £800, allowing the appointed candidate to make what fees he can by private practice in addition. In most instances a knowledge of the French or German languages is essential. At present some such vacancies exist in newly-settled districts north of the Cape of Good Hope. Candidates must be practical surgeons, and able to ride fifty or a hundred miles a day.

PART II.

THE FIRST STEP IN MEDICINE.

REGISTRATION.

To the General Medical Council is entrusted the supervision of Medical Education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a Student in Medicine, *at the commencement of his career*, at the offices, 315 Oxford Street, London, or at the office of the Branch Registrar of the division of the United Kingdom in which he is residing. He must in England previously have passed a preliminary *Arts Examination*. In order to effect this, each student should apply according to a form, accompanied by a certificate, of his having passed such examination, the same to be lodged with the Registrar, who will thereupon enter the name in the Students' Register, and issue a certificate to that effect.

The intention of this registration is to ensure that the student shall occupy four years in medical study, which is, theoretically, the period which must be devoted to his education before his entry to the profession. In England this requirement is set down as essential, and no student can present himself for examination sooner than four full years from the date of registration, but the obligation to occupy this period in medical study is frequently satisfied by a nominal service for the first year under a general practitioner, or in a provincial hospital or dispensary, and the actual period of medical study is often really three years. Recently, however, the several qua-

lifying bodies are recommended by the Medical Council not to admit to the final examination, for a qualification under the Medical Acts, any candidate whose name has not been registered at least 45 months previously. Besides, the standard of medical education, as well as of the examinations of the various examining bodies, is so much higher than it formerly was, while our knowledge of medicine and the collateral sciences, and the scope of our medical studies, have recently become so enlarged, that four years is by no means too long a period to be devoted to medical study. And even the diligent student will find that at the expiration of this term he will have but an imperfect acquaintance with several branches of his profession.

In Ireland and Scotland the majority of the licensing bodies do not insist on the passing of Arts Examination before registration, nor do they insist on four years' study from any fixed date—a system which is reprehensible on the part of the licensing bodies, highly objectionable in its effect upon medical education, and very injurious to the student. It offers a premium to idle or uneducated students to put off the paltry preliminary examination *de die in diem* until the eve of his medical examination, and it enables the student to receive his diploma within less than three years of study, because the date from which his commencement is calculated is not fixed. Generally speaking, in Ireland the student's name is forwarded to the Registrar of the Branch Council by the public officer of his school, and therefore he need give himself no trouble about it.

REGISTRATION OF PRACTITIONERS.

All duly-qualified Physicians, Surgeons, Medical Graduates, and Apothecaries are required by the Medical Act 21 and 22 Vic., c. 90, to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The medical registration of any practitioner may be effected on personal application or in writing (according to a form to be had in London or at either of the Branch Offices). With such application he must produce or transmit the *Diplomas* to be registered, and also pay or remit the fee, which is regulated by the Medical Council —viz., £5 for first registration, and 5s. for every qualification which may be subsequently added. Each practitioner is entitled to receive a copy of the official Medical Register containing the registration free on application.

THE CAREER OF THE ENGLISH MEDICAL STUDENT.

Several courses are open to the young gentleman who has decided to enter the medical profession in England, whether he fulfil his curriculum in London or in the provinces. As the latter course is generally determined by local causes, we will first of all point out a few things that concern both London and provincial medical students.

APPRENTICESHIP.

The Society of Apothecaries, hitherto fettered by Act of Parliament, required an apprenticeship. The apprentice was, however, of late years allowed to fulfil part or all of his curriculum during his apprenticeship, and under the Act recently passed it is entirely dispensed with. This system, be it said, when carried out in a liberal manner, was not without its advantages. In the early part of his pupilage the apprentice not only learned practical pharmacy, and became acquainted with the more generally used articles of the materia medica, but was often assisted in preparing for the preliminary examinations. He often, indeed, gained a thorough acquaintance with, and had indelibly impressed upon his memory, the doses of the different drugs used in medicine, the composition of the more important compound preparations, those drugs which are compatible and those which are incompatible with each other, and many other facts in practical pharmacy, of which, under the present system, even otherwise good men often show a lamentable amount of ignorance. Moreover, he prepared himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he had thus acquired would procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience was of the very highest value on settling in general practice, especially in country practice, where he would, in all probability, be bound to dispense his own medicines.

PUPILSHIP.

In place of the old plan of apprenticeship a young man can become the *pupil* of some one in practice. This is frequently done by those who aim at the higher branches of practice. An experienced practitioner, whether a physician or a surgeon, who will superintend or direct a pupil's studies, offers great advantages, and we think that those who can afford a pupilship, will not regret the expense of providing themselves with such a guide.

THE PRELIMINARY EXAMINATION.

We would remind the student that some preliminary examination in arts, which is recognised by the General Medical Council, *must* be passed by him *before* entering a hospital. The subjects must include Latin and mathematics. There are numerous preliminary examinations of which a list may be obtained. For the English Medical Student we should say that, *cæteris paribus*, the Matriculation Examination of the London University is the best. We do not deny that it is more severe than most of the other preliminary examinations, but, nevertheless, we would recommend those who have sufficient ability and the time to prepare for it to matriculate, as they will thereby be enabled hereafter, if they should desire so to do, to present themselves for examination for the degrees in Medicine or Surgery conferred by this University. It is also accepted by the College of Surgeons in lieu of the Arts Examination otherwise imposed on candidates for its Fellowship.

Should circumstances deter the student from offering himself for the matriculation, he will find an easier standard in one or other of the preliminary examinations for the Fellowship or Membership of the Royal College of Surgeons of England, or the Licence of the Society of Apothecaries. Full information with regard to the dates and subjects of examination, or the list of examinations recognised by these bodies, may be obtained from the Secretary to the College of Surgeons, Lincoln's Inn Fields, or from the Beadle at Apothecaries' Hall, Bridge Street, Blackfriars.

It is to be hoped, however, that the student has not gained a knowledge of classics merely with the view of passing the preliminary examination, or that these studies will not be entirely thrown aside and forgotten directly he has passed this examination. Independently of the mental discipline involved in the pursuit of these studies, the nomenclature adopted in the study of his professional subjects and the etymology of scientific terms, are so generally of Greek or Latin origin, that were it for this reason only, it would be quite worth while for the student to keep up, as far as possible, a knowledge of these languages. At the same time the modern languages must not be forgotten, as a good knowledge of either French or German, especially the latter, will be found of great service to those who wish to enter the higher ranks of the profession, more particularly with respect to any future contributions they may make to medical literature.

HOSPITAL STUDY.

A pupil may enter at any of the London hospitals without having passed through either a pupilship or an apprenticeship. Provided he has passed a preliminary examination, he has only to pay his fees and hear the Introductory Lecture on the 1st of October, when he is admitted at once to all the privileges of a medical student. He should decide on the diplomas he requires,

and guide his studies accordingly. Most schools have now a composition fee, entitling to all lectures and practice required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to *perpetual* attendance on all lectures and hospital practice. It is best to take the perpetual ticket, as all contingencies are thereby provided for. The fees are generally payable in instalments, at the commencement of each winter session. The Dean of any school will always forward details, as well as any special information which a student may need.

RESIDENCE.

The student who comes to London to fulfil his curriculum at a metropolitan school generally requires lodgings, unless he can live with relatives or friends, which is of course better. Comfortable furnished apartments are to be had in respectable streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. The price varies with the season and the quality of the rooms. It should be mentioned that one or two of the Medical Schools (St. Bartholomew's, University College, King's College), have collegiate institutions in connection with them, where rooms may be had, instead of taking lodgings. At many schools, also, some of the lecturers receive pupils. Special information on this subject may be had on application to the Dean or any of the lecturers.

PRIZES AND SCHOLARSHIPS.

As to contending for prizes, there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. Still, we would not discourage those intending to compete. It should be remembered by all students that the true end and aim of their studies should be to make them good physicians or surgeons. They should study diligently to make themselves such, and there can be no reasonable objection to their striving for, in addition, an extra good standard in any subject or subjects in which they feel they are qualified to obtain it. In so far as prizes and scholarships encourage the study of particular branches, there can be no objection to them. Nearly every student excels in some subjects more than others, and a prize is an additional incentive to arduous, but otherwise unrequited, studies. The only danger is that they should become too special, and encourage one branch of study at the expense of the others. Students have often failed at examinations where the number of subjects was numerous through giving undue attention to some favourite branch of study.

Competition for appointments to dresserships and other offices, where much practice is seen, stands on a different footing. No prizes can equal such posts, and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others the diligent gain them without extra expense. The student having selected his hospital and school, has chosen his teachers. We have only to remind him that, however able they may be, the result depends chiefly on his own application.

CURRICULA AND QUALIFICATIONS.

As to these, the information most valuable to students may be divided into two parts :—

I. The regulations with which they must comply before they can present themselves for examination to any of the licensing bodies.

II. The means that exist to enable them to do so. In the first division are to be placed the regulations of the corporations ; in the second, some account of the many schools of medicine and hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the public services.

In accordance with this plan, we proceed to consider—first, the Regulations of the Qualifying Bodies. These may also be divided into two classes—I. The Universities ; II. The Corporations.

THE UNIVERSITIES.

OXFORD AND CAMBRIDGE.

Every student in medicine must pass all the examinations for the degree of B.A., and date the commencement of his medical studies from the final examination for arts. Candidates for the degree of B.M. are required to pass two examinations, embracing the usual subjects. At the second examination he is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some modern authors, as Morgagni, Sydenham, or Boerhaave. He must spend two years in study prior to the first or scientific examination, and two years more after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B., before being eligible for the M.D.

At the University of Cambridge, five years of medical study are required, unless the student has graduated with honours as B.A. For the M.B., he must have resided nine terms in the university, and have graduated in arts. There are three examinations for this degree. The first is in chemistry, physics, and botany ; the second, in anatomy (human and comparative), physiology, and pharmacy ; and the third, in the usual practical subjects. After the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicine as is required by medical officers of health, will be held in October, 1877. With respect to Cambridge (and almost the same remarks apply to Oxford), a residence during nine terms—*i.e.*, the greater part of each of three years—is by statute requisite to obtain any degree in arts, medicine, or any other subject. The actual cost of this to a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, would include all payments to the university and the college—all fees, as well as clothes, pocket-money, travelling expenses, &c. But the non-collegiate students have only to pay the university fees, which are very small. They lodge and board as they like, and their expenses, therefore, are entirely in their own hands.

THE LONDON UNIVERSITY.

For those who would not like or cannot afford to enter a college, it is, perhaps, preferable to graduate at the University of London. The medical degrees of this university have now obtained a reputation second to none. No student can therefore propose to himself a higher qualification. The training is rather longer than is required for the diplomas of most corporations. The examinations are very stringent, but in after years the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital duties *after* he has passed the matriculation examination. It is, therefore, very important that he should matriculate before entering a medical school, otherwise he will be compelled to stay more than four years at an hospital, as the university regulations require four years of hospital study and attendance on lectures *after matriculation*. The matriculation examination of this university is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose, even if he do not proceed to a degree.

We should also strongly recommend those students who

intend to graduate at the London University to so arrange their studies as to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies, which would otherwise be much encumbered. The medical degrees of the university are Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science. There are at each stage of the graduate's career examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches. There are prizes, exhibitions, and scholarships for the most successful.

Certain changes have recently been made in the regulations for the University of London's degrees of Bachelor and Doctor in Science. It has come to be generally felt that scientific knowlege, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparatively small range is preferable to a slighter acquaintance spread over a more extended area. In the first examination for Bachelor of Science, which every candidate will be required to pass, while the programmes in mathematics, experimental physics, and inorganic chemistry have been carefully revised, little fundamental change have been made in them. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, there is a single examination (written and practical) in general biology, in which a more thorough knowledge is required of the simplest forms and elementary phenomena of animal and vegetable life. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidate to bring up any three of the following nine subjects:—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. Moreover, in the matricular examination, which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's Degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

UNIVERSITY OF DURHAM.

Two licences and three medical degrees are conferred by this university—viz., licence in Medicine and Surgery, and the degrees of Bachelor of Medicine, Master in Surgery, and Doctor of Medicine.

The candidate for a licence in Medicine must have been engaged in his professional subjects for four years after registration, and one of those four years must be spent at the University of Durham. The regulations for the licence in Surgery are similar to those for the licence in Medicine.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence in Arts at the Durham University College of Medicine, and has passed both the final examination for the degree of Bachelor of Arts, or an equivalent to it, and also the examination for the degree of Bachelor of Medicine.

No grace for the degree of *Doctor of Medicine* will be granted unless the petitioner is a Bachelor of Medicine of the standing of twenty-one terms (seven years) at least from his registration or matriculation, and of three terms at least from his admission to the degree of Bachelor of Medicine, nor unless he has written an essay based on original research or observation on some medical subject selected by himself, and approved of by the Professor of Medicine.

There is also an examination for the degree of Doctor of Medicine for medical practitioners of fifteen years' standing, *without residence*, and in which, unless he has previously passed an examination in Arts, he is examined in classics and mathematics.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The high position which this venerable College holds among the corporations is too generally acknowledged to require any particular attention being drawn to it. And it is gratifying to know that this College has lost none of its prestige by sympathising and becoming more associated with the general body of practitioners. Its licence is an honourable one, the examination for this licence very fair and up to a good standard, and we are surprised that students are not more ambitious than they are to enter the profession through its portals.

THE FELLOWSHIP.—The Fellowship of this College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

THE MEMBERSHIP.—A person may become a member of this College without holding a degree in medicine, or, indeed, any diploma. But every candidate who shall have commenced his professional studies after September, 1861, shall satisfy the Censors' Board that previously to the commencement of his professional studies he has obtained a degree in Arts from some university of the United Kingdom or of the Colonies, or from some other university specially recognised by the Medical Council, or that he has passed examinations equivalent to those required for a degree in Arts. The curriculum extends over five years.

Graduates in Medicine of any British university are admitted to an examination for the Membership. Such graduates are exempt from some parts of the examination —*e.g.*, anatomy and physiology. Even graduates of accredited foreign universities have no difficulty in being admitted to examination. All persons who have been admitted before February 16, 1859, licentiates of the College, and also all extra-licentiates who are not engaged in the practice of pharmacy, may be proposed to be admitted a Member of the College. Every candidate for the membership is expected to pass an examination, but there are certain cases, referred to under sections 15, 16, and 17 of the by-laws of the College, in which the candidate is exempted from some portion of the examination.

THE LICENCE.—The Licence of this College is a qualification to practise medicine, surgery, and midwifery, and is recognised by the Poor-law Board as a qualification in surgery as well as in medicine, but unless a graduate of some university, he is forbidden to use the title of doctor, but we regret to say many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially-appointed examiners, and is complete in the several departments. There are two examinations for the Licence, the *first* of which may be passed after the termination of the second winter session, while the *second* examination cannot be passed until after four years of professional study. The fee for the College licence is fifteen guineas, of which five are to be paid on admission to the first examination.

Every candidate for the College Licence will be required to produce satisfactory evidence of having completed the course of study in accordance with the by-laws and regulations of the College, which may be obtained of the Registrar, and to pass the professional examinations conducted by the Examining Board.

Nearly eight years ago the most important change occurred that has ever taken place in reference to the qualifications of general practitioners. This Licence of the London College of Physicians was then recognised by the Poor-law Board as a qualificatiou in surgery as well as medicine. Consequently, this single diploma is sufficient to enable anyone to take a Poor-law appointment. Anyone contented with the diploma of L.R.C.P. Lond. would then have all he needed as a legal qualification.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No College has exercised more influence over the pro-

fession than this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. Its membership, although no longer essential, yet carries great weight in a parish appointment. For this reason most English students take this diploma, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College gives four diplomas, the Membership, Fellowship, a diploma in Dental Surgery, and one in Midwifery, which last is, however, mostly confined to those who are already members.

THE MEMBERSHIP.—This diploma gives no vote in the affairs of the College. It is only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the Practice of *Medicine*, although there are certain conditions on which he can claim exemption. He must also have passed the preliminary examination of the College, or one that is recognised by the College. There are now two professional examinations for the Membership, the Primary and the Pass.

THE FELLOWSHIP.—Members of long standing are often admitted to the Fellowship by election. As, however, this grade is obtainable by examination, is of greater value, and needs no personal influence, men who have sufficient time and ability prefer the F.R.C.S. after exam.

For the Fellowship he must be a Member of the College of eight years' standing, and is admitted to examination on producing a certificate signed by three Fellows to the effect that he has been engaged in the Practice of Surgery for eight years, and is a fit and proper person to be admitted a Fellow.

Few consulting surgeons in England are without the Fellowship, and in most of the London hospitals appointments are unattainable without it.

APOTHECARIES' SOCIETY OF LONDON.

The Licence of the Society of Apothecaries is perhaps the most useful medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their medical officers to hold this diploma, and these laws are not readily altered. Though other medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications of which they are ignorant. Everyone, therefore, intending to settle in *England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by taking up the L.S.A.; and as the fee is only six guineas, a very large number of young men will, no doubt, secure this avenue to appointments.

NOTES ON THE HOSPITALS AND MEDICAL SCHOOLS IN LONDON:

CHIEFLY IN REFERENCE TO THE PRIZES, SCHOLARSHIPS, AND APPOINTMENTS OPEN TO STUDENTS.

ST. BARTHOLOMEW'S HOSPITAL.

This ancient and popular hospital receives within it walls upwards of 6,000 in-patients annually. The clinical practice comprises a service of 710 beds, of which 322 are allotted to surgical cases, 227 to medical cases, 26 to diseases of the eye, 20 to diseases of women, and 81 to syphilitic diseases, while 34 are for convalescents at Highgate. Four house physicians and four house surgeons are appointed annually. There are no fees payable for House Physiciancies and Surgeoncies. The midwifery assistants, the ophthalmic house-surgeons, the clinical clerks, and the out-patient clerks and dressers are appointed, without fee, from among the diligent students. Sixteen free in-patient dresserships are awarded annually; other dresserships may be obtained on payment of the usual fees. The assistant chloroformist is appointed annually, and receives rooms and a salary of £25. Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of £2 2s. is required. By applying to the resident warden, Dr. Moore, students may obtain information respecting rooms in the college, or will be advised as to residence out of the hospital. The following scholarships and prizes are awarded. Open Scholarships in Science of the value of £100 each tenable for one year, and competed for September 26th. The subjects of examination are Physics, Chemistry, Botany, and Zoology. Preliminary Scientific Exhibition, of the value of £50, tenable for one year, and the examination, which is in the subjects above mentioned, is confined to students of the hospital of less than six months standing, and is awarded in October. Two Brackenbury scholarships in Medicine and Surgery respectively.—Lawrence Scholarships and gold Medal of the value of £80. The Jeaffreson Exhibition, of the value of £20 yearly, and tenable for two years, is awarded, in October, to the student who passes the best Examination in the subjects of General Education—A Senior Scholarship, £50, in Anatomy, Physiology, and Chemistry.—Junior Scholarships in the subjects of study of the first year: 1, £50; 2, £30; 3, £20.—The Wix Prize is awarded for the best essay on a given subject.—The Bentley Prize for the best report on Surgical cases occurring in the wards of the hospital during the previous year.—The Hichens Prize for the best examination in "Butler's Analogy."—Foster Prize for the best examination in Practical Anatomy (senior)—The Treasurer's Prize for the best examination in Practical Anatomy (junior). The Kirkes Gold Medal for Clinical Medicine.

CHARING-CROSS HOSPITAL.

This hospital derives from its situation great advantages. It is in the very centre of London, where there is constant communication with every part. During the present year some very extensive alterations have been undertaken, which have rendered this hospital and its medical school worthy its splendid position, and given it a claim to be reckoned amongst the most important of the metropolis. Since the opening of the new wards a few months since by their Royal Highnesses the Prince and Princess of Wales, nearly 200 beds are placed at the disposal of the staff for clinical teaching. In connection with it the practice of the Royal Westminster Ophthalmic Hospital, close by, containing 50 beds, is open to matriculated students, and affords an excellent opportunity for the study of that branch of the profession. There are also other special branches taught in the school, skin and mental diseases, and public health amongst the number.

The following scholarships are open to students:—Two entrance scholarships, of the value of £30 and £20 respectively tenable for one year, are awarded annually. Two scholarships are open for competition to matriculated students—the Llewelyn Scholarship of £25, for those who have just completed their second year; and the Golding Scholarship of £15, for those who have just completed their first year. The Pereira Prize of £5 is open to all matriculated students, the award being for the best clinical reports. The Governors' clinical gold medal, and silver and bronze medals in all classes are awarded annually.

There are clinical clerkships and dresserships, as at the other hospitals, and assistant surgical and medical officers to those further advanced in their hospital course. The fee for the three years' course of study, including matriculation fee, is £80 7s., payable in five instalments. Dental surgery is taught on payment of a composition fee, including matriculation, of £42 2s. Students are also admitted without matriculation to the medical and surgical practice of the hospital for the full period required by the University of London, the Colleges of Physicians and Surgeons, on payment of a fee of 30 guineas.

GUY'S HOSPITAL.

This hospital is situated close to the London Bridge Railways. Hence great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. The appointments are numerous. House physicians and surgeons, obstetric residents, dressers, and clinical clerks are selected from the students according to merit and without payment.

There is an open scholarship of the value of £105 in Classics, Mathematics, and Modern Languages; and one of the value of £105 for Science. The prizes are: At the end of the summer session in Anatomy, Physiology, Chemistry, Materia Medica, Botany, and Comparative Anatomy—First prize, £50; second, £25; and third, £10 10s. For Students in their second year: The Joseph Hoare Prizes—First prize, £25; second prize, £10. Subjects: Anatomy, Physiology. The Sands Cox Scholarship, of £15 per annum for three years. Subjects: Physiology and Elementary Physics. The Michael Harris Prize, of £10 for Anatomy—For Students in their third year: First prize, £35; second prize, £20. Subjects: Medicine, Surgery, Midwifery, and Medical Jurisprudence—For Senior Students: The Treasurer's Gold Medal in Medicine; the Treasurer's Gold Medal in Surgery; the Gurney Hoare Prize of £25, for Clinical Medicine and Surgery. The fees for hospital practice and lectures are—First year, £40; second, £40; and third, £30; or on payment of 100 guineas a student is entitled to a perpetual ticket.

ST. GEORGE'S HOSPITAL.

This hospital contains 353 beds, of which 205 are devoted to surgical, and 148 to medical cases. One great advantage to students is its unrivalled position, at the corner of Hyde Park, one of the most salubrious parts of the metropolis.

All the medical appointments, including those of house-physician, house-surgeon, clinical clerks and dressers, are awarded to pupils, without additional fee, after examination.

The following paid offices are awarded yearly, upon the recommendation of the Medical School Committee—viz., Obstetric Assistant, with a salary of £100 and board and residence; Curator of the Museum, Medical Registrar, Surgical Registrar, and Demonstrator of Anatomy, with a salary of £50 each.

Among the most valuable prizes, &c., are:—The William Brown Exhibition of £100, tenable for two years, to be competed for by perpetual pupils who have recently obtained their diploma. Another of £40, tenable for three years, for fourth year students. The annual Brackenbury Prize of £35 each in Medicine and Surgery. The Treasurer's Clinical Prize of £10 10s. Sir Benjamin Brodie's Clinical Prize in Surgery, and Dr. Acland's Clinical Prize in Medicine. There are also general Proficiency Prizes, of £10 10s. each, to first, second, and third years' pupils.

A compounding fee of 40 guineas each the first and second years, and 10 guineas each succeeding year, admits to the hospital practice and lectures required for the diplomas of the Colleges of Physicians, Surgeons, &c. For a perpetual ticket 100 guineas. Students in dental surgery are also admitted to the lectures and hospital practice required for the L.D.S. on payment of a fee of £45. Valuable prizes are given to successful students, and there is also a William Brown exhibition of £100 per annum, tenable for two years.

Those who have commenced their professional studies at any of the English Universities will be admitted as perpetual pupils on payment of a reduced fee, calculated on the proportion of lectures from which they can claim exemption by producing certificates which will be accepted by the licensing bodies.

KING'S COLLEGE.

This College is situated close to Somerset House, in the Strand, having a frontage on the new Thames embankment, within a few minutes' walk of several railway stations. The physician's assistant, physician-accoucher's assistant, and house-surgeon, as also their assistants, clinical clerks, and dressers, are selected by examination from among the students, without extra fee.

The scholarships and prizes are very numerous at King's, and comprise—Warneford Scholarships.—Students entering the medical department of this College in October will have the exclusive privilege of contending for three scholarships of £25 each for three years. The subjects may be ascertained by applying to the secretary. Five medical scholarships are awarded at the close of each winter session for proficiency in professional subjects—viz., one of £40 for two years, one of £30 for one year, and three of £20 for one year. Sambrooke Registrarships.—Two of £50 tenable for two years. Daniell Scholarship.—One of £20 for two years, for proficiency in chemistry. Science Scholarship.—One annually of £25 for two years, given by the Clothworker's Company. Endowed prizes of the value of £25, £15, £10, and £4 4s. each, and college prizes of the value of £60 are annually awarded.

The fees, amounting to £105, may be paid either in one sum of £100 on matriculation, or in three amounts at the commencement of each winter session.

Special courses of lectures are given to meet the requirements of the University of London for their Preliminary Scientific Examination.

THE LONDON HOSPITAL.

The Medical College of the London Hospital has been greatly enlarged of late, and with its splendid hospital presents as fine a field for practical study, especially for surgery, as any in the metropolis. The government of this college has been re-constituted, every department supervised, and a secretary appointed to ensure proper discipline, and promote the general improvement. There are now a large number of scholarships and prizes of considerable value, but more important still to studious men, all the numerous appointments in the wards are open to pupils without extra payment, and the value of the dresserships, clerkships, house-surgeoncies, house-physiciancies, and other residential positions in a hospital of the first magnitude are always considerably enhanced where the staff take such interest in the development of its educational resources as at the London. The hospital contains 800 beds, and the number of in-patients last year amounted to nearly 9,000. There is a first-rate Pathological Department under the supervision of Dr. Sutton, and constitutes a part of the "Grocer's Wing" lately erected.

There are two entrance scholarships in Natural Science of the value of £60 and £40 respectively. Two Buxton Scholarships for students who distinguish themselves most in the subjects appointed by the General Medical Council as the subjects of the preliminary examinations. A scholarship, value £20, to the first-year student who shall pass in April, 1878, the best examination in Human Anatomy. A scholarship, value £25, to the first-year or second-year student who shall pass at the end of the winter session the best examination in Anatomy, Physiology, and Chemistry. A hospital scholarship, value £20, for proficiency and zeal in Clinical Medicine. A hospital scholarship, value £20, for proficiency and zeal in Clinical Surgery. A hospital scholarship, value £20, for proficiency and zeal in Obstetrics (awarded at the end of June, 1878), besides several valuable prizes.

ST. MARY'S HOSPITAL AND MEDICAL SCHOOL.

This hospital is located, together with the medical school, at Paddington, in close proximity to the Great Western Railway Terminus. Many of the pupils take advantage of the railway, and reside some few miles in the country, coming to town daily to attend the hospital practice and lectures. Students with slender purses will find the neighbourhood of the hospital a moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway from all parts of London. This hospital was the first in which departments were made for the study and treatment of special diseases, and at the present time there are special departments for diseases of women and children, of the eye, the skin, and the throat, in which clinical demonstrations are constantly given by the physicians and surgeons in charge. Three resident medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. A resident registrar is also appointed from among the students, with a salary of £100 a year. These appointments are awarded after competition, without additional fee. In addition to the above, a demonstrator of anatomy is appointed annually, with a salary of £100 a-year, and the medical tutor in like manner, with a salary of £100 a-year. There are three scholarships in natural science, each tenable for three years, of the value of £60 the first year, £40 the second year, and £20 the third year; an exhibition in natural science of £20 for one year; a scholarship of £20 in anatomy, carrying with it the appointment of assistant demonstrator; a scholarship of £20 in pathology, carrying with it the appointment of assistant curator; and an extra science scholarship of £100, also some extra prizes, particulars of which may be had of the Dean, Dr. Shepherd. Two of the above scholarships will be awarded by open competitive examination, in October, 1877; one in natural science, tenable for three years, of the value of £60 the first year, £25 the second, and £15 the third; the other in classics and mathematics, tenable for one year, and of the value of £35.

MIDDLESEX HOSPITAL.

This hospital contains 300 beds, 180 being devoted to medical and 120 to surgical cases. There is a special department for cancer cases, affording accommodation for 33 in-

patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease, and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Two Broderip scholarships, of the annual value of £30 and £20, tenable for two years, and two clinical prizes are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the post-mortem room. Two entrance scholarships, of the annual value of £35 and £20 respectively, will be offered for competition at the commencement of the winter session. Each scholarship is tenable for two years, and are open to all who commence their studies in October next. The examination will take place on September 28th and following days. The Murray medal and scholarship, in memory of the late Dr. John Murray, have been founded in connection with the University of Aberdeen, and will be awarded every third year to a student of this hospital. The governors' prize of twenty guineas, is awarded annually to the student who has most distinguished himself during his three years curriculum. Class prizes are also given, and six resident clinical appointments are annually awarded, after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense. Clinical clerks and dressers are also appointed for six months, and are so arranged that every student may hold both a clerkship and a dressership at some period of his attendance on hospital practice.

The general fee for the curriculum required by the Royal College of Physicians and Surgeons and the Society of Apothecaries is £90, which may be paid by instalments. Fee for dental students, 40 guineas, which may also be paid by instalments.

ST. THOMAS'S HOSPITAL.

This magnificent building, or rather series of buildings, is situated at the foot of Westminster bridge, on the south bank of the Thames, facing the Houses of Parliament. From its proximity to some of the largest factories in London, it affords scope for surgical practice from accidents second to none, whilst amongst the members of its staff are names of European reputation in medicine and science.

There is accommodation for residence and free maintenance in the college-house for the resident assistant physician, resident assistant surgeon, two house-physicians, the resident accoucheur, two house-surgeons, one dresser, one obstetric clerk, and an assistant obstetric clerk, which appointments are awarded by competition. There are many prizes and scholarships. For first year's students: Two entrance Scholarships in Natural Science of the value of £60 and £40. The Wm. Tite Scholarship of £30, awarded annually—College Prizes—£20 and £10; summer, £15, £10, and £5. For Second-year's Students: the College Scholarship of 40 guineas, and the Musgrove Scholarship of 40 guineas per annum, awarded biennially to the student who shall take the highest place in the first-class list in the examinations at the end of the second winter session. For this and the next year College Prizes same as for first year. Clinical clerks and dressers are selected according to merit. The Grainger Testimonial Prize of £20, awarded biennially to third or fourth year's students, for the best Physiological Essay, to be illustrated by preparations and dissections; and Cheselden Medal, for Surgery and Surgical Anatomy; and the Mead Medal, awarded annually to fourth-year's students in respect of a special practical examination in Medicine. The Solly Medal, with a prize of at least 10 guineas, awarded biennially to a student of the third, fourth, fifth, or sixth year, for the best report of Surgical Cases. The Treasurer's Gold Medal, for general proficiency and good conduct, awarded annually to a fourth year's student. The admission fee to practice and all the lectures is £40 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year, or £105 at one payment for unlimited attendance. Special entries may be made to any course of lectures or to the hospital practice, and a modified scale of fees is arranged for students entering in their second, third, or any subsequent year. Fee for general subjects required for students of dental surgery for two years, £45, or by instalments of £40 for the first year, and £10 for the second year. All students have the opportunity afforded them of being engaged in the performance of practical duties in connection with the medical, surgical, obstetrical, ophthalmic, and pathological departments in the hospital.

UNIVERSITY COLLEGE AND HOSPITAL.

Few colleges in London have of late years been so successful as this, both in its annually increasing number of students and in the number of those who subsequently pass their several colleges on first presentation. The College, which is situated in Gower Street, about 100 yards from the hospital, gives instruction in every department of science, and specially prepares students for degrees in all the faculties at the University of London. As appears from the Fifth Report of the Royal Commission on Scientific Education, about one-third of the various degrees conferred by the University of London have been obtained by students from University College, although the University is open to candidates from every part of the British Empire, including the Universities of Oxford and Cambridge, besides a numerous body of colleges and other institutions in India, the various Colonies, and not a few Continental institutions. There are numerous scholarships open to the students of the college. There is the Surgical Fellowship, value £45 per annum for three years; the Physiological, value £70; Pathological Anatomy, £30; the Cluff Prize for Anatomy, Physiology and Chemistry; besides various other prizes and medals. There are also annually awarded three Entrance Exhibitions, of the respective values of £30, £20, and £10 per annum, tenable for two years, the subjects of examination being Classics, Mathematics, Natural Philosophy, and either French or German. The fees are much the same as at the other medical schools.

WESTMINSTER HOSPITAL.

The school attached to this Hospital is the smallest in London. Its situation, however, is very convenient, near the Abbey and the Houses of Parliament. Lodgings are also very reasonable in the neighbourhood, and the school is one of the most moderate in respect to fees. The hospital contains 191 beds, and received during the past year more than 2,000 in-patients and 18,000 out-patients. There are separate departments for diseases of the eye, ear, skin, teeth, and diseases peculiar to women. In addition to the practice of the hospital, pupils who enter for the whole period of medical education are like those at the Charing Cross school, permitted to attend without further fee the practice of the Royal Westminster Ophthalmic Hospital, and that of the National Hospital for Paralysis. The whole course of study for the usual examinations may be here completed for £80, payable in two instalments. The perpetual fee is only 80 guineas, or £78 in one sum on entrance. The scholarships are not so valuable as at some of the larger hospitals, but they are sufficient to induce students to employ their time to the best advantage, and are as follows: Exhibition in Anatomy and Physiology, value £10 10s., for first year's men. Prize of £2 2s., for diligence in the dissecting-room, for first year's men. A Scholarship in Anatomy and Physiology, value £21, tenable for one year, for second year's men. Prizes for histology, midwifery, clinical medicine and pathology, and for clinical surgery and pathology. The Frederick Bird Medal and Prize, for students who have completed their fourth year. Subjects: medicine, midwifery, diseases of women and children, and pathology; and the Chadwick Prize, £21, for general proficiency. There are also two Entrance Scholarships of £50 and £10 each, tenable for two years.

Resident appointments, clerkships, &c., are all conferred without extra payment. The medical and surgical registrars receive each a salary of £40.

SCHOOL OF MEDICINE FOR WOMEN.

This school was opened two years ago at Henrietta Street, Brunswick Square, for the purpose of giving to women the advantages of a complete course of medical education, though at that time no qualifying examination was open to them. Now the College of Physicians of Dublin and the University of London have resolved to admit women to examination, and in addition the authorities and medical staff of the Royal Free Hospital have undertaken to supply them with clinical instruction and ward practice.

The Session will commence in October with the course of lectures for first-year's students. No male students are admitted to the lectures in the school, nor are they allowed in the wards of the hospital during the instruction of women students, so that mixed classes, so distasteful both to the medical profession and to the public, are avoided. Two entrance scholarships of the value of £30 and £20 respectively, will be awarded according to the results of a competitive

examination, to be held on October 1st, 1877. Intending candidates should apply, at least ten days before the date of examination, to Mrs. Thorne, Hon. Sec., at the School.

LONDON SCHOOL OF DENTAL SURGERY.

This institution, which is situated in Leicester Square, is the only recognised school of dental surgery in London. The meetings of the Odontological Society are also held here. In winter lectures are delivered on Mechanical Dentistry by Mr. J. S. Turner, on Wednesdays, at 7 p.m. ; on Metallurgy, in Dentistry, by Mr. G. H. Makins, on Tuesdays and Fridays, at 6.30 p.m. In summer Mr. S. H. Cartwright lectures on Dental Surgery and Pathology, and Mr. C. S. Tomes on Dental Anatomy and Physiology. General fee for special lectures required for the curriculum, £15 15s. In connection with the above is the

DENTAL HOSPITAL OF LONDON.—Surgeons : Messrs. Fox, Medwin, Gregson, Coleman, Harding, and Hill. Assistant-Surgeons : Messrs. Moon, Bartlett, Hepburn, Gibbings, Woodhouse, and Hutchinson. Dental House-Surgeon : Mr. M. L. Read. Assistant Dental House-Surgeon : Mr. Fothergill. Fee for two years' hospital practice, £15 15s.

THE BLOOMSBURY SQUARE SCHOOL OF PHARMACY.

The thirty-sixth session of this school commences on October 1, 1877, terminating July 31, 1878. Chemistry and Pharmacy, Prof. Redwood, F.C.S. ; Botany and Materia Medica, Prof. Bentley, F.L.S. ; Practical Chemistry, Prof. Attfield, F.C.S. The object of this school is to provide sound instruction, not in the practice of Pharmacy, but in the principles on which the practice of Pharmacy should be based. Lectures are given on Chemistry, Chemical Physics, Pharmacy, Botany, and Materia Medica. A good laboratory is provided for instruction in Practical Chemistry ; and there are also a library, reading-room, and museums. Various prizes, medals, &c., are given to successful students. Fees payable in advance :—Botany and Materia Medica, one course (five months) £2 2s. ; an entire session (two courses) including Systematic and Practical Botany, £3 3s. ; Systematic and Practical Botany, separately, £1 1s. ; perpetual admission to all the courses, £4 4s.

SOUTH LONDON SCHOOL OF PHARMACY.

This school is situated in the Kennington Road, and is decidedly the most popular institution for the study of Practical Pharmacy and Chemistry in London. Instruction is also given in Analytical Chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the Principal, Dr. Muter. Lectures are delivered daily in the Laboratory, and each student is required to practically illustrate the subject taught as the lecturer proceeds. The winter session commenced yesterday.

SCHOOL OF HOMŒOPATHY.

Until recently Homœopathy has had no recognised teaching school for students ; now there exists an institution in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on Oct. 2nd with an Introductory Address by Dr. Richard Hughes.

NOTE.—*Where fuller information is required by the reader than that contained in the foregoing notes, it will generally be found on reference to our advertising columns, where also will be found the names of the staffs, lecturers, &c.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered on Monday, Oct. 1, *at the different Metropolitan Schools.*

Charing-Cross Hospital—Mr. J. A. Bloxam.—4 p.m.
St. George's Hospital—Mr. Pick—4 p.m.
Guy's Hospital—*Conversazione.*—8½ p.m.
King's College Hospital—Prof. Lister.—4 p.m.
London Hospital—*Conversazione.*—8 p.m.
St. Mary's Hospital—Mr. Herbert Page.—3½ p.m.
Middlesex Hospital—Mr. A. Hensman.—3 p.m.
St. Thomas's Hospital—Mr. Wagstaffe.—4 p.m.
University College—Dr. Williams.—3 p.m.
Westminster Hospital—Dr. Grigg.—3 p.m.

THE PRINCIPAL METROPOLITAN HOSPITALS TO WHICH NO MEDICAL SCHOOL IS ATTACHED.

Open to Students from the larger Hospitals.

BETHLEM HOSPITAL.—This Hospital is open for the admission of two resident medical students, who have recently obtained their diplomas to practice Medicine and Surgery, for the acquisition of knowledge regarding the Insane. The next election takes place on the 8th of October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds. Consulting Physicians: Drs. T. B. Peacock, J. Risdon Bennett, E. Lloyd Birkett. Consulting Surgeon : Mr. John Hilton, F.R.S. Physicians : Drs. S. H. Ward, J. Andrew, J. C. Thorowgood, Shepherd. Assistant-Physicians : Drs. Eustace Smith, J. B. Berkart, Evans, and Fothergill.

EAST LONDON HOSPITAL FOR CHILDREN.—Physicians : Drs. Barnes, Andrew Clark, Eustace Smith, and Horatio B. Donkin. Assistant-Physicians : Drs. Warner and Crocker. Surgeons: Messrs. B. Shillitoe, A. Cæsar, H. A. Reeves. Assistant-Surgeon : Mr. R. W. Parker. House Surgeons : Messrs. Spooner and J. Cæsar. Secretary : Mr. Ashton Warner.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Physicians : Drs. Leared, Cholmeley, Crucknell, Cooke, Bridges. Obstetric Physician : Dr. Gustavus C. P. Murray. Consulting Surgeon : Mr. F. Le Gros Clark, F.R.S. Surgeons : Messrs. Gay, W. Adams, T. Carr Jackson, W. Spencer Watson, and W. H. Cripps. Ophthalmic Surgeon : Mr. Lowne. Aural Surgeon : Mr. A. E. Cumberbatch. Dental Surgeon : Mr. C. J. Fox. Chloroformist : Mr. Eastes. House Surgeon : Mr. T. H. Gillam.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 257 beds. Consulting Physicians : Drs. C. J. B. Williams, W. H. Walshe, R. B. Cotton, and R. Quain. Consulting Surgeon : Prof. John Marshall, F.R.S. Physicians : Drs. J. E. Pollock, E. S. Thompson, C. T. Williams, R. D. Powell, and J. Tatham. Assistant Physicians : Drs. R. Thompson, Burney Ye, F. Roberts, T. H. Green, and J. M. Bruce. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months ; perpetual, £5 5s.

BRITISH LYING-IN HOSPITAL, Endell Street, St. Giles's, W.C. —Consulting Physician : Dr. Priestley. Consulting Surgeon : T. Spencer Wells, F.R.C.S. Physicians : Drs. Heywood Smith, Arthur Edis, and S. Fancourt Barnes. This institution receives women only, as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receive a certificate signed by the physicians, enabling them to practise midwifery.

ROYAL INFIRMARY FOR CHILDREN AND WOMEN, Waterloo Bridge Road.—Instituted 1816. Consulting Physicians : Drs. Wilks and John Williams. Consulting Surgeon : Mr. J. Cooper Forster. Physicians : Drs. G. V. Poore, W. Park, G. Roper, and W. A. Sturge. Surgeon : Mr. Edwin Canton. Surgeon-Dentist ; Mr. Drury. Resident Medical Officer : Mr. E. Overman Day. Secretary : Mr. W. Champion. Advanced students in medicine are allowed to attend the practice of this hospital gratis.

WEST LONDON HOSPITAL.—A well appointed hospital at the western extremity of the metropolis in the Hammersmith Road containing 60 beds. Consulting Physician ; Dr. Maudsley. Consulting Physician-Accoucheur : Dr. W. O. Priestley. Consulting Surgeons ; Messrs. S. A. Lane and William Bird. Physicians : Drs. Goddard Rogers and Thorowgood. Physician for Diseases of Women ; Dr. Wiltshire. Surgeons : Messrs. W. F. Teevan and Alfred Cooper. Ophthalmic Surgeon ; Mr. B. J. Vernon. Junior Physicians : Drs. Fish and Fothergill. Junior Surgeons : Messrs. H. T. Butlin and Keetley. Surgeon-Dentist : Mr. H. E. Sewill. Analytical Chemist : Mr. William Crookes, F.R.S. Resident Medical Officers : Two House-Surgeons and an Apothecary. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. T. Alexander, at the hospital.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W. —Clinical Instruction and Laryngoscopic Demonstrations are given daily on cases under treatment. Consulting Physician : Dr. Billing, F.R.S. Consulting Surgeon : ——. Physicians : Drs. Morell Mackenzie, Semple, Prosser James, and Whistler. Surgeon : Mr. E. Woakes.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, W.C.—This new building, recently opened by royalty, is probably the most magnificent children's hospital in Europe. There are now 104 beds in the hospital, and 52 beds at the country branch. In-patients last year, 1,274 ; out-patients, 9,149.

The staff consists of—Physicians: Drs. Dickinson, Gee, and Cheadle. Assistant-Physicians: Drs. O Sturges, R. Bridges, R. J. Lee, and Thos. Barlow. Surgeons: Messrs. T. Smith, F. Howard Marsh, J. W. Haward, and Mr. Owen. Surgeon-Dentist: Mr. A. Cartwright. Fee for three months' attendance, £3 3s.; perpetual, £5 5s. Secretary: S. Whitford. The practice of the hospital has been recently thrown open gratuitously to all hospital students on conditions which may be ascertained of the Secretary.

National Hospital for the Paralysed and Epileptic, Queen's Square, Bloomsbury.—Physicians: Drs. Ramskill, Radcliffe, Hughlings Jackson, and Buzzard. Physician for Outpatients: Dr. H. Charlton Bastian. Assistant-Physicians: Drs. Maclure and Gowers. Surgeon: Mr. W. Adams. Hon. Medical Superintendent: Dr. Herbert Tibbits. Resident Medical Officer and Registrar: Mr. H. R. O. Sankey. The hospital is open to students on presentation of their cards.

Seamen's Hospital (late *Dreadnought*), Greenwich.—For the reception of seamen of all nations who are received at all hours. Apartments are provided in the house of the surgeon for students and others who may be desirous of studying diseases incidental to tropical climates before entering the services or going abroad. Honorary Consulting Physicians: Drs. George Budd and Stephen H. Ward. Visiting Physicians: Dr. Charles Henry Ralfe and Mr. Harry Leach. Honorary Consulting Surgeon: Mr. Geo. Busk. Visiting Surgeon: Mr. N. Davies-Colley. Surgeon: Mr. W. Johnson Smith. House-Physician: Dr. H. H. Murphy. House Surgeon: Mr. Frederick Shann. Secretary: Mr. Henry C. Burdett.

London Fever Hospital, Islington.—260 beds. Consulting Surgeon: Mr. W. S. Savory. Consulting Physicians: Drs. Tweedie and Murchison. Physicians: Drs. Broadbent and Cayley. Resident Medical Officer: Mr. S. F. Murphy.

Royal Hospital for Diseases of the Chest, City Road, E.C.—This hospital treats nearly 6,000 out-patients annually, and makes up 26 beds. A new wing, of which the foundation stone was laid by Princess Louise, will raise the number of beds to over 60. Consulting Physicians: Drs. Herbert Davies and Horace Dobell. Physicians: Drs. G. Goddard Rogers, P. J. Hensley, Gilbert Smith, and D. W. Finlan. Consulting Surgeon: Mr. J. Adams. Surgeon: Mr. Walsham. House Physician: Mr. Williams. The office of House Physician, which is tenable for one year, and for which a sum of £80 is given in lieu of board, is filled up annually in October.

Central London Throat Hospital, Gray's Inn Road.—The new building, in its incomplete state, contains but 10 beds, but provision is made for 40. The staff consists of Mr. Carr Jackson, Consulting Surgeon, and Messrs. Lennox Browne and Llewelyn Thomas, Surgeons. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. There are no fees.

Royal London Ophthalmic Hospital, Bloomfield Street, Moorfields, is the largest of its size in the metropolis, and contains 70 beds. Consulting Physician Dr. F. J. Farre. Consulting Surgeons: Messrs. J. Dixon, G. Critchett, and W. Bandman, F.R.S. Surgeons: Messrs. Wordsworth, Streatfield, Hulke, Lawson, Hutchinson, Cooper, Waren Tay, Adams, and Dr. Soelberg Wells. House Surgeons: Messrs. Gunn and Burnham. Number of patients annually, about 20,000.

Royal Orthopædic Hospital, 315 Oxford Street, W.—Surgeon: Mr. Brodhurst. House Surgeon: Mr. Baker. Operations at 2 p.m.

Royal Westminster Ophthalmic Hospital.—Consulting Surgeon: Mr. Henry Hancock. Surgeons: Messrs. Henry Power, James Rouse, and George Cowell. The hospital contains 50 beds. Operations take place daily at 1 p.m., and the practice is open to officers of the public service. Students are admitted on the payment of a fee of £3 3s. for six months; perpetual £5 5s. Students of the hospital are eligible for the post of House Surgeon.

Royal Free Hospital, Gray's Inn Road.—This hospital contains 102 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. An arrangement has recently been made by which medical students from the School of Medicine for Women will be enabled to attend their hospital courses at this institution. Physicians: Drs. O'Connell and Cockle. Surgeons: Messrs. F. Gant and Rose. Secretary: Mr. J. S. Blyth, from whom full particulars of the dresserships and clerkships may be obtained.

The Temperance Hospital.—The character of this institution is fully described by its title, and the non-alcoholic treatment is carried out in its entirety by an efficient staff. Much valuable information and instruction may be derived by a visit to this hospital, which is situate close to University College in Gower Street.

PRIVATE TUITION.

It is impossible to ignore the extent to which the system of private tuition is carried on both in and outside the medical schools. Nor is the practice to be altogether discountenanced, for although like everything else it is liable to abuse, it is under certain conditions a very legitimate means of assisting the medical student in the prosecution of his studies. "Grinding," "coaching," or whatever else it may be called, may be safe anchorage enough to the diligent hard-working student, but nothing better than a sunken rock on which the idle man is sure to be shipwrecked. We cannot too strongly censure the conduct of that man who wastes the greater part of his medical curriculum in frivolity, idleness, and dissipation, in the hope that two or three months' grinding may at the last enable him to scrape through the minimum examination of one of the licensing bodies. On the other hand, the anxious and diligent student may often get a good deal of assistance from both public and private tutors. There are many who although anxious to learn and to make progress in their medical studies, have not that happy knack of acquiring knowledge which some have. They have no order or method in their studies. They take too much in hand at once, or they devote an undue share of attention to subjects that are of little importance and neglect those which are all important, or they try to get the requisite information from a bulky volume, when a small manual would answer the purpose much better, or they fail in arranging and assimilating their knowledge, so that they do not know so much as they think they do, or cannot pass so good an examination as some who are far more ignorant than they are. Besides, in the lectures and in the more bulky treatises, the most essential facts and principles of a subject, which every student should endeavour to master first, are so often hidden among a crowd of details and irrelevant matter that he is apt to lose sight of them, or they make so little impression upon his mind that he soon forgets them. The tutor, however, can do much to smooth the path and clear away many of the obstacles that lie in the way of the medical student who is really anxious to acquire a competent knowledge of his profession; and he can put that knowledge in a more compact, more comprehensive, and more memorable form than the student could do without such assistance.

It is not for us to recommend any one tutor more than others, but those students who are not satisfied with the private tuition available at their own hospital can resort to the assistance of those public teachers whose advertisements will be found in this and most of the other medical journals. All we would urge upon them is never to trust to "grinding" and other forms of private tuition alone, but merely to make such means supplementary to the studious and rigorous attendance upon the lectures and hospital practice of the school at which they have entered.

Connected with private or supplementary education, there have recently been opened in London two schools—the School of Medicine at 102 and 104 Stamford Street, Blackfriars, of which Mr. Pearson, F.L.S., is a director and secretary; and the School of Anatomy, &c., at 16 Woburn Place, W.C., under the principalship of Mr. Thomas Cooke, F.R.C.S. Both of these schools are well conducted, and the teaching is entrusted to efficient hospital surgeons, who give their personal care to the requirements of individual students. At the former school Medicine, Surgery, and Science are the subjects to which attention is principally given. At the latter special instruction is given in Anatomy and Physiology by the well-known author of "The Tablets of Anatomy, Physiology, &c."

ENGLISH PROVINCIAL MEDICAL SCHOOLS.

Birmingham: Quen's College.

Students are admitted (1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox Prize, value £20. Open to students who have completed their curriculum. Subjects: Medicine, Surgery, and Midwifery. Next examination in the third week in March, 1877. The Warden's Prize, value £5 5s., for first year's students, for general proficiency. The Percy Prize, value £5 5s., for German.

Fees.—College fees for all lectures amount to 50 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes,—The following prizes are given annually:—Senior Medical Prize, for third and fourth year's students, First Prize, £5 5s., Second Prize, £3 3s.; Senior Surgical Prize, for third and fourth year's students, First Prize, £5 5s., Second Prize, £3 3s.; Junior Medical Prize, for second year's students, First Prize, £3 3s., Second Prize, £2 2s.; Junior Surgical Prize, for second year's students, First Prize, £3 3s., Second Prize, £2 2s.; Midwifery Prize, £4 4s. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £31 10s. One year's attendance, £15 15s.; six month's attendance, £10 10s.; Special Department, for Midwifery and Diseases of Women (optional), £2 2s. Dental fee (optional), £1 1s.

Bristol School of Medicine.—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals, the Royal Infirmary, containing 242 beds, and the General Hospital, with 154 beds.

Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually.

The certificates of this school are accepted by all the examining boards.

The general perpetual fee is 55 guineas.

Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes and scholarships are annually offered for competition amongst the students. Arrangements are in progress for the establishment in Bristol of a College of Science and Literature, of which the existing medical school will form a department.

Leeds School of Medicine.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmoscopic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships.

Besides the Infirmary, there is a large Dispensary and a Fever hospital, both of which are open to students of the School.

Students at this School have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on Mental Diseases. The systematic lectures are given at the School, and the clinical lectures at the Asylum, which now accommodates 1,500 patients.

Special prizes of the value of £10 each are given in the classes of clinical medicine, clinical surgery, and forensic medicine. Silver and bronze medals and books are given in the class examinations.

Composition fee, entitling to attendance upon all the required courses of school lectures, 44 guineas. The fees for attendance upon the medical and surgical practice of the hospital are 20 guineas each for three years, and proportionally less for single sessions. The fee for the comparative anatomy course is not included in the composition fee.

Liverpool Royal Infirmary School of Medicine.—The Royal Infirmary attached to this School, which contains 300 beds with 40 special wards, for the treatment of diseases of women, is perhaps second to none in England in its general appointments and the facilities it offers to students for gaining practical knowledge. Four exhibitions, value £31 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dresserships, on award of the Medical Board. Six dressers and six clinical clerks are elected quarterly. Two house-physicianships and three house-surgeonships are open to pupils of the School, who have obtained a legal qualification.

Fees.—For six months' medical practice, 5 guineas; twelve months, 6 guineas. Surgical, 6 guineas for six months; 8 guineas for twelve months (this includes admission to the practice of the Lock Hospital adjoining the Infirmary). Perpetual medical and surgical practice, 32 guineas. On payment of a composition fee of 45 guineas on entrance, or in two equal instalments (one-half on entrance and the remainder within twelve months), the student is entitled to attendance on all the lectures and demonstrations (exclusive of practical chemistry) required for the membership of the Royal College of Surgeons, the licence of the College of Physicians and the Apothecaries Society.

Manchester: Owens College School of Medicine.—This School, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a Faculty of Science as well as of Medicine, with departments of Laws and Arts. Since the amalgamation a new Medical School has been built, on the most approved principles, at the western extremity of the College estate. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatres is a dissecting-room, and over the library a physiological laboratory.

The course of instruction afforded to students is thoroughly complete. Three of the most important chairs, those of anatomy, physiology, and chemistry, are held by professors who entirely devote their time to the work of instruction.

Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are placed for competition in this branch as an incentive to original research.

Fees.—A composition fee, which may be paid in one sum of £48, or in two sums of £25 each at the commencement of the first and second years of studentship, admits to the whole of the lectures required to qualify for the examination for medical degrees in the University of London, the diplomas of the Royal College of Physicians, the fellowship and membership of the Royal College of Surgeons, and the licence of the Apothecaries' Society, and to attendance on the class of practical anatomy during two winter sessions. In addition to the composition fee, all students (except those who entered before the 1st May, 1873), will be required to pay the Medical Tutor's Fee, £2 2s. annually. Should a student desire to continue his study of practical anatomy beyond two sessions he can do so on payment of extra fees at the rate of £2 2s. for a three months', or £3 3s. for a six months' course.

An extra fee of £1 1s. will be charged for attendance on the demonstrations in the comparative anatomy class, and a like extra fee for the demonstrations in botany. A charge of £1 1s. is also made for the chemicals used in the class of practical chemistry.

Newcastle-on-Tyne College of Medicine. — This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bedside. It is smaller than some of the provincial schools, but with some parents and students this would be considered an advantage.

Hospital practice is obtained at the Newcastle Infirmary, which has 230 beds, and in which the required clinical lectures are delivered.

Scholarships and Medals.—Four Scholarships of £25 a year each, tenable each for four years. Dickenson Memorial Scholarship, £15, tenable for one year, for general proficiency. Tulloch Scholarship, £20, tenable for one year, for Anatomy, Physiology, and Chemistry. Charlton Memorial Scholarship, £35, tenable for one year, for Medicine. Four resident dressers, who also act as physician's clinical clerks, are chosen every six months from the senior students. Two assistants in the Pathological Department are chosen every six months.

Fee for hospital practice and clinical lectures, twelve months, £7 7s.; six months, £5 5s. Composition fee, £17 17s., or if paid by instalments, first year, £7 7s; second year, £6 6s.; third year, £5 5s. Composition fee to all the lectures, 50 guineas.

Sheffield School of Medicine.—Students at this College obtain excellent instructions in medical and surgical practice at the General Infirmary, which contains 200 beds, and is provided with a museum and pathological and post-mortem theatres.

The fees for perpetual attendance are £15 15s. for medical and £21 for surgical practice; for twelve months' medical and surgical practice, each £10 10s.; and for six months, £6 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted.

The perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, £42. Prizes to the value of £30, and certificates of honour, are given annually.

Some of the lecturers, and other local members of the profession, receive house pupils, which will be found far preferable to life in ordinary lodgings.

Liverpool Royal Southern Hospital.—This Institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accomodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, is recognised by all the Examining Boards. Inclusive fees—perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately on payment of half the above fees.

Note.—*Our advertising columns, of which an index will be found at the end of our editorial matter, will supply further information, with the names of staffs, &c., attached to the foregoing schools.*

HOURS OF THE INTRODUCTORY LECTURES.

To be delivered on Monday, October 1st, at the different Provincial Schools.

Durham University—Mr. B. Bramwell—Oct. 1st, at 2.
Queen's College, Birmingham—Dr. Basset—Oct. 2nd, at 3.30,
Leeds School of Medicine—Mr. J. A. Nunneley—Oct. 1st, at 3.30.
Sheffield School of Medicine—Dr. Banham—Oct. 1st, at 4.
Bristol Medical School—Oct. 1st.

MEDICAL EDUCATION IN IRELAND.

THE CAREER OF THE IRISH STUDENT.

The practice of the profession in Ireland, though not nearly as remunerative as in England, still affords a certain prospect to any medical man who is content with modest independence. Irish medical men pride themselves on holding a higher social position than the English general medical practitioner. They are entitled to meet the gentlemen of their locality on terms of equality, and it is not necessary or usual for them to endanger their prestige by the adoption of the trading or Christmas-bill system which obtains elsewhere. In fact, what they lose in income they gain in rank.

In order to put the career of the Irish student as plainly as possible, we narrate his progress from the day on which he takes his first step towards medicine to the hour of his issue from the cocoon of his studentship a fully-developed surgeon.

His parents and guardians have, after much discussion, decided that he shall be a doctor. He has had a moderate amount of schooling, at least the very moderate amount which is essential for the medical preliminary examination, and his father is ready to expend about £130 on his medical education, that sum being divided over four years, or paid down in order to secure the advantage of a considerable saving.

THE CHOICE OF UNIVERSITIES AND COLLEGES

Will depend on various circumstances, and on the aspirations of the student. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take Dublin University degrees in arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the Licenses of the Colleges of Surgeons and of Physicians will serve every purpose. For any University degrees which are of any value, it is to be remembered the student must undertake the prolonged study of classics and science in addition to his medical, surgical, and anatomical studies; and he will have to pay a considerable sum for this course of teaching. But if he is content to face the expense and labour, he will enter the profession with all the prestige of an educated gentleman. In fact, the question whether he will or will not lay out for himself a University graduation in arts and medicine, depends principally on whether he has money and time to give to it, and whether or not he means to practise in the metropolis. The Queen's University places at the disposal of the student a cheap University degree, and thereby attracts many applicants, who are at liberty to write M.D. after their names, and are only called upon for a low curriculum, and a nominal residence in the Queen's College. This degree serves as a legal qualification to practise, and passes for an academic Doctorate in Medicine amongst the uninitiated; but it does not confer the prestige attached to the degrees of Oxford, Cambridge, or Dublin, and will not suffice, in this sense, for metropolitan consultation practice.

The Colleges of Surgeons and Physicians in Ireland confer qualifications which may stand well beside any in the United Kingdom, and as they make no pretence of academic training, and do not require either residence or anything more than a single arts examination, they continue to be licensing bodies for the rank and file of the profession in Ireland. If a student contemplates provincial practice—the army or navy—or a dispensary, he will most probably take the usual licences from the two Colleges. If he contemplates the lowly function of a country apothecary, he may take the licence of the Dublin Apothecaries' Hall, which is *in law* equivalent to a medical degree; or the licence of the Irish Pharmaceutical Society, which is now *the* qualification for pharmacy in Ireland, but does not confer the right to practise medicine. If he hopes, while practising as an Apothecary, to achieve a considerable private practice, he will find it necessary to obtain other collegiate medical and surgical degrees.

THE CHOICE OF SCHOOLS.

It must not be supposed that a student who intends taking a degree or diploma in any college need take his lectures in the school attached to that college, if there be one. On the contrary, with few exceptions, all certificates of attendance on lectures are interchangeable, and a student, no matter what medical school he may have studied in, will be admitted to any university or college. To this rule there is an exception. The Queen's University insists on certain courses being attended in one of the Queen's Colleges, by which means it enforces a brief residence in the Colleges.

There is in some cases a sort of semi-official connection between certain colleges and hospitals,—as between Trinity College and Sir Patrick Dun's, between the College of Surgeons and City of Dublin Hospital, and between the Catholic University and Mater Misericordiæ Hospital; but this connection only exists because the professors of the college are in many instances officers of the hospital, and it confers no special immunity or privilege on the student of such hospital.

The choice of a school, hospital, or college having been made, the tyro is perhaps sent to these to pass his

PRELIMINARY EXAMINATION

in general education, but if he is either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a surgeon, when, if he does so, he will find himself in possession of a mental muddle of Latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can. In England the four years of medical study required to pass do not commence to count until the preliminary is passed. It should be so in Ireland, but is not.

The preliminary examination (of the subject of which details will be found in the official regulations of each college) having been passed or postponed, he comes to town to do work.

He may do so either (1) on his own account, or (2) he may become voluntarily a pupil of some medical man, usually a teacher or hospital surgeon, who can assist him in his studential course. This is by no means a requirement of any of the colleges; it is purely a matter of option. Should the student pursue the first course he usually comes to town, takes a lodging close to his school and hospital, either by himself or in companionship with some *chum*, and either arranges to maintain himself or to board with his landlady. There is, of course, every degree of expense and comfort, but we should say that reasonable yet frugal living may be had in Dublin at about 10s. per week for lodging, and £5 to £6 per month for maintenance. He may also reside with a medical man, without entering upon any apprenticeship with or receiving any instruction from him. For his board and residence in such case the payment is from £7 7s. to £8 8s. a month.

COST OF EDUCATION.

Should the student proceed on his account, the lectures necessary for the L.R.C.S.I. will amount to £65; hospital attendance, according to the new scale of fees, £36; lying-in hospital from £4 4s. to £7 7s. These, with the diploma fee of £26 5s., represent the essentials. The sum of £50, paid down at the commencement is taken by the College of Surgeons as payment in full for all lectures requisite. The system of perpetual pupillage and discount off fees at hospitals has been abolished within the past month. Thus the absolute payment will amount to somewhere about £93, taking the minimum mode of payment. In addition to this sum are to be considered the payments for "grinding" or "coaching," as the Londoners call it, a process almost universal, but by no means necessary to any industriously inclined student. The fixed sum is at present, for private teaching, £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £120 to £140 on a moderate scale; it is, of course, to be expected that pupil holders should have some extra payment; we therefore might name for them 160 guineas.

PAYMENT OF FEES.

If the student becomes an apprentice, he need not trouble himself about his payments. If he is his own manager, he must enter his name with the secretaries of the school and hospital, and pay for the lectures and hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is *supposed* to pay the professor's fee or hospital fee in full on entering his name, but few students do so; and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until it becomes necessary to take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of the money to pay the accumulated fees of previous years.

The entry of names and commencement of study is supposed to date from the 1st of October in each year, but really does date from the 1st of November, and may be delayed by the dilatory until the 25th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays—if the term be not ignoble—are a fortnight at Christmas, and a week at Easter, and he finally returns home at the end of July.

ATTENDANCE ON LECTURES.

The average Dublin student is supposed to attend of necessity, and irrespective of voluntary courses, twelve courses of lectures, six of them extending over six months, and six over three months, making a total of 52 months lecturing. In addition to this he is presumed to dissect and hear demonstrations, say an hour-and-a-half daily, for eighteen months, to attend hospital, for at least a couple of hours daily for twenty-seven months. To serve in the chemical laboratory for three months, and in the majority of cases, to attend the "grind" for at least eighteen months for two more daily hours. He cannot, if moderately industrious, get on with less than two hours reading per day, and he may have during the same period to work up his business for the "Preliminary," or his Arts Course in the University. This curriculum—taking the lectures on an average of four days weekly—represents nearly five thousand hours close work to be got through in three working years of about seven months (allowance being made for Christmas and Easter and summer holidays).

Thus it will appear that the student, to fulfil the nominal requirements of his education in Dublin, must work very nearly nine hours daily, *i.e.*, from after breakfast to about 7 p.m. It is hardly necessary for us to say that even the most avaricious medical bookworm does not attempt such a task. Necessarily the attendance on many of the courses of lectures is nominal in amount. The University of Dublin insists on an attendance of three-fourths of the number of the required lectures, but other Licensing bodies accept as "diligent" attendance the presence of the student at all—a few—or none of the lectures which the student pays for. It would be manifestly ridiculous for them to demand *bona fide* compliance with the regulations, and thus it happens that the student being hopeless of attending all—often attends—almost none of the lectures which are supposed to form the chief part of his education. The average student thinks himself exemplary if he works his hospital, dissections, demonstrations, physiology, lectures, and grind, and drops in occasionally to the other courses.

The progress of each year is the same, except that he usually devotes more attention to "grinding," dissection, and hospital dressorships, and less to lectures in his later years of study. At the end of his second year he will take his "first half" examination, and by so doing relieve himself, in a great measure, of the study of anatomy, and be in the position of devoting his third year to surgery and medicine. After the expiration of his third session, his student life, whether it begin in laziness and end in hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

PRIVATE TEACHING, OR "GRINDING."

THE classes for private instruction, or "grinding," as it is technically and generally called, are carried on in Dublin with universality and success.

As a rule, all private teachers are connected with schools of medicine, and being also hospital physicians or surgeons, can afford special advantages in the way of clinical instruction to their pupils.

Grinding is followed in two methods—namely, on what are commonly known as the "public" and the "private" plans. In the former, which is most usual, a number of gentlemen, varying in different schools from two to four, associate themselves into a firm, or co-partnership, and each man selecting particular branches, gives instruction to those only. For these classes a pupil may enter at any period of his course, by payment of a certain sum; but as the amount demanded generally is the same at whatever period of his course the student joins the class, and as he is taught for it until he obtains his degrees, it is usual to enter as early as possible, so as to secure the largest amount of instruction; but while there can be no objection to entering the name at the earliest period we strenuously advise the student not to devote himself to "the grind" for the first, or even for his second year of study, but to apply himself to his hospital and dissecting.

"Private grinding" is simply an arrangement quite independent of the other. A student who may, or may not, be a member of another class wishes for instruction; he goes to a "grinder," who for a sum of, usually, £3 3s. per month, instructs him in the required branches of his profession. As a rule, each teacher devotes himself to particular subjects: thus one gentleman grinds in, perhaps, Anatomy, Physiology,

Surgery, and Medicine, another in Surgery alone, whilst a third will teach Chemistry, Botany, and Materia Medica.

Each of these plans will be perceived to have its own particular advantage. By entering for public grinding, a pupil, on the payment of a moderate sum, secures that he shall be taught all his necessary subjects; while, on the other hand, if he enters for private grinding, he may, from being in a smaller class, secure a larger amount of individual attention; but does so at an increased expense, and must pay separately for the various branches of his teaching.

It does not require a very arithmetical head to see the difference between paying—say £15 15s.—for being taught for four years at least, in Anatomy, Physiology, Medicine, and Surgery, and paying £3 3s. per month for instruction in Anatomy and Physiology, and the same for Surgery or Medicine.

REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

(For Names of Professors and Examiners see Advertisement.)

THE Board of Trinity College, acting under the advice of their distinguished Medical Registrar, Professor Haughton, has steadily pursued a course which has raised the medical degrees of the University of Dublin to the highest rank—we might almost say—amongst the licensing authorities of the three kingdoms, and which merits the warm acknowledgments of all friends of priority of medical education.

REGULATIONS OF THE SCHOOL OF PHYSIC.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable; but he need not attend any of the Arts Courses unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th November.

QUALIFICATIONS FOR DEGREES AND LICENSES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencement as the B.A., or at any subsequent one. The Medical Education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures :—

Winter Courses.—Anatomy and Physiology; Practical Anatomy; Surgery; Chemistry; Practice of Medicine; Midwifery; Practical Histology.

Summer Courses.—Botany; Materia Medica and Pharmacy; Institutes of Medicine; Medical Jurisprudence and Comparative Anatomy; Heat; Electricity, and Magnetism.

Hospital attendance on a Medico-Chirurgical Hospital during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months' Practical Midwifery. Six months' Dissections and three months' Laboratory Instruction in Chemistry are required.

The Courses may be attended at any recognised Medical School.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A Doctor in Medicine must be M.B, or qualified to take that degree, for three years. He must also read a Thesis before the Regius Professor of Physic.

Total fees for this degree, £13.

Bachelor in Surgery

Must be a B.A., and have spent four years in the study of Surgery and Anatomy. (a)

The Curriculum comprises the following, in addition to the Course for the M.B.:—

Theoretical and Operative Surgery ... One Course.
Dissection ... ... Two Courses.
Ophthalmic Surgery ... ... One Course.

Candidates are required to perform operations on the dead subject.

Candidates for the B.Ch. who have already passed the M.B. will be examined in Anatomy and Surgery only.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the degree of Bachelor in Surgery, £1.

Master in Surgery

Must be a B.Ch. for three years' standing, and must read a Thesis.

Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science

(a Degree lately founded by order of the Board of T.C.D.).

A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce Certificates of having completed the following Curriculum :—

1. One Winter Course in Midwifery.
2. Six months' practice in a recognised Lying-in Hospital or Maternity.
3. A Summer Course in Obstetric Medicine and Surgery.
4. Two months' practice in the Cow-pock Institution.

Graduates in Medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4.

Fee for the Degree of M.A.O., £5.

UNIVERSITY LICENCES.

Candidates for the Licences in Medicine or Surgery must be matriculated in Medicine, and must have completed *two years in Arts*.

Licentiate in Medicine.

The Course and Examination are the same as for the M.B.

An L.M., on proceeding to the degree of B.A., may become a B.M. on paying the fees without further examination.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

The Course and Examination necessary for the Licence in Surgery is the same as for the degree of Bachelor in Surgery.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the Licence in Surgery, £5.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects :—Anatomy and Physiology, Chemistry, Materia Medica, Botany, Experimental Physics, and Comparative Anatomy.

Medical School Exhibitions.

The Professors of the University School give three Exhibitions annually, two senior, value £15 and £10, open to all students who have been three years attending the school, the subjects being—Practice of Medicine, Surgery, Pathology and Forensic Medicine; one junior, value £15, the time and subjects of examination being the same as those for the Medical Scholarship.

The Board of Trinity College have recently passed orders—1. That three-fourths of the lectures must be attended. 2. That a daily roll be called by each Professor.

Students entering for Demonstrations and Dissections are required to pay eight guineas before November 25; Dissections only five guineas; Demonstrations only three guineas; fourth year's Dissection two guineas.

(Full particulars as to the Educational Staff, Hours of Lectures, &c., in the School of Physic of the University will be found in our advertising columns.)

Official regulations may be obtained from the Rev. S. Haughton, F.T.C.D., Trinity College, Dublin.

(a) Students in the School of Physic before 22nd June, 1872, may obtain the M.Ch. according to the Regulations previously in force.

THE QUEEN'S UNIVERSITY IN IRELAND.
FACULTY OF MEDICINE.

DEGREE OF M.D. AND M.CH.

EACH candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts. 2. To have attended in one of the Queen's Colleges lectures on one Continental language for six months, and on Natural Philosophy for six months; also two Medical Courses. For the remainder of the medical courses, certificates will be received from any recognised lecturer. 3. To pass three University Examinations.

The Medical Curriculum is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy, and Physiology, Practical Anatomy and Materia Medica, Practical Chemistry in a recognised laboratory, and six months of a medico-chirurgical hospital.

The second period comprises Anatomy and Physiology, Practical Anatomy, Surgery, Midwifery and Diseases of Women and Children, Medicine, Medical Jurisprudence, Practical Midwifery, and eighteen months' Hospital Practice.

At least two of the above courses of lectures must be attended in some one of the Queen's Colleges.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination must forward to the Secretary, before the 1st of the month, notice of his intention to offer himself, along with his certificates.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE

comprises a modern language, Experimental Physics, Zoology, and Botany.

Students may present themselves at any time after the close of the first winter session. Before being admitted to examination each candidate must produce evidence of having completed the prescribed course.

THE SECOND UNIVERSITY EXAMINATION IN MEDICINE

comprises the following subjects:—Anatomy, Physiology, Materia Medica, and Chemistry, to which will be added Zoology and Botany in the examination of candidates who have not previously passed the first examination. Such candidates may either undergo their examination in Modern Languages and Experimental Physics as a part of the second examination, or at any time between the second and the degree examination.

Students may present themselves for the second examination at the termination of the first period of the curriculum, or at any subsequent period, but no student can postpone his second examination until he presents himself for his degree examination.

DEGREE EXAMINATIONS IN MEDICINE AND SURGERY, AND EXAMINATION FOR THE DIPLOMA IN MIDWIFERY.

The Examination for the M.D. comprises the subjects recommended for study during the second period.

The Examination for the M.Ch. comprises Surgery, including Operative and Clinical Surgery.

The Examination for the Diploma in Midwifery comprises the Theory and Practice of Midwifery, and the use of obstetrical instruments and appliances.

(*See Advertisements of Queen's Colleges, Belfast, Galway, and Cork.*)

Official regulations may be obtained from G. J. Stoney, Esq., Queen's University, Dublin Castle.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

(*For names of Professors in the College see Advertisement of the School of Surgery.*)

LETTERS TESTIMONIAL, OR THE L.R.C.S.I.

The examination is divided into two parts, known as the first and second halves.

The junior class must produce certificates of—

a, Preliminary examination, including Greek; *b*, three courses of lectures on anatomy and physiology; *c*, three on practical anatomy, with dissections; *d*, two on chemistry; *e*, one on materia medica; *f*, one on botany; and *g*, one on forensic medicine. This class is examined in anatomy, histology physiology, materia medica, and chemistry.

The senior class must produce certificates of—

a, Three courses on surgery; *b*, one on practice of medicine; and *c*, one on midwifery; also attendance on a recognised hospital for three winter and three summer sessions. This class is examined in surgery, operative surgery and appliances, practice of medicine, medical jurisprudence, and prescriptions.

The fees are: £5 5s. as registered pupil of the College; £5 5s. for the Junior Class Examination, which is not returned in case of rejection, but is allowed in the fee for his second examination; £15 15s. for the Senior Class Examination—total £26 15.

Pupils *who neglect registering themselves previous to going in for the preliminary examination*, must pay 10s. for that examination, to which, however, registered pupils, in addition to their other privileges, are free.

Every candidate rejected at the quarterly examination is required to pay to the College the sum of £2 2s. on applying for re-examination.

Method of Examination.—Candidates must lodge their fees and certificates one week before the day.

JUNIOR CLASS.—The candidates are examined in alphabetical order, and the examination occupies three days: 1st day, dissections; 2nd day, written examination on anatomy, physiology, histology, materia medica, and chemistry; 3rd day, *viva voce* examination on the same subjects. No candidate can proceed to the second day who has not passed the first; or to the third, who has not passed the second.

First Day, Dissection.—The hours of examination are from 10 to 12 a.m., 12 to 2, and 2 to 4 o'clock p.m. Each candidate first makes a dissection of a region allotted to him, half-an-hour, at least, being given him for this purpose. Then he is examined on the anatomy of that part, as well as upon that of those other regions which may have been dissected by other of the candidates. When the examination is over, the whole Court of Examiners assembles and adjudges the marks. The numbers of the candidates who have passed are posted in the hall of the College, and they are eligible to go in for the second day's written examination.

Second Day, Written Examination.—Four hours are devoted to the written examination: Two hours from 10 to 12 o'clock, a.m., to anatomy and histology; and two hours, from 2 to 4 o'clock, p.m., to physiology, materia medica, and chemistry. Eight questions in anatomy are printed and given to each candidate, an answer to four of them only being required. If any candidate has completed his paper before the end of the two hours, he may leave the hall upon handing his answers to the examiner. The examination in histology is part of the written examination. Two slides of different subjects are placed under two microscopes, and marked A.B. Five minutes are allowed to examine them; the student then goes to his place and writes his answer. Two similar slides are to be placed at the other end of the table, to be examined by the candidates in a similar manner. Each candidate separately inspects *either* set of slides. During the second two hours (2 to 4 o'clock) three questions in physiology, two in materia medica, and two in chemistry are given, the candidate's English and orthography being taken into account in adjudicating his marks.

Third Day, Viva Voce.—Two examiners attend each candidate for one quarter of an hour at four separate tables—viz.: three on anatomy and physiology, and one on materia medica and chemistry—one conducting the examination, and the other listening. Each examiner, at the conclusion of each examination, expresses his opinion of same by "marks," and hands the marks to the coun-

cillor presiding at such examination. When the examination is over, the whole court assembles and adjudicates upon the marks.

Senior Class.—The examination occupies four days: 1st day, written examination on surgery, practice of medicine, medical jurisprudence, and prescriptions; 2nd day, *viva voce* examination on surgery and practice of medicine; 3rd day, clinical examination; 4th day, operative surgery.

First Day.—Written Examinations occupy four hours, thus allotted: From 10 to 12 a.m., to surgery; the number of surgical questions shall be six. From 2 to 4 p.m., to practice of medicine, medical jurisprudence, and prescriptions. Two printed questions shall be given in practice of medicine, two in medical jurisprudence, and two in prescriptions.

Second Day.—The *viva voce* examination on surgery and practice of medicine is to be conducted similarly to that of the junior class.

Third Day.—At the clinical examination, two examiners are allotted to each batch of ten candidates. No candidate is to be examined in the hospital where he has been educated. The name of the hospital where each batch of candidates is to assemble for examination is to be posted in the hall of the College, immediately before the hour of meeting there. Each candidate takes notes of a case allotted to him, is questioned upon that or some other case, and is called upon to bandage or apply some surgical appliance.

Fourth Day.—Operative Surgery: The examinations in operative surgery shall be conducted by the four surgical examiners, who shall meet previously for the purpose of comparing their questions, which are written upon cards, to be deposited in a ballotting-box, from which each candidate, as called up, is required to draw his question, and to perform the operation there indicated. Each candidate is required to perform two operations. He is questioned upon these or other operations, and is examined as to his knowledge of surgical instruments and appliances.

No candidate can present himself for examination after the first day who has not satisfied his examiners upon the previous day; but all candidates who have passed any day's examination get credit for same. When presenting themselves upon a subsequent occasion, a former candidate is only required to present himself upon that portion of the examination in which he had failed.

Midwifery.—After passing the L.R.C.S., the student is admitted to examination for the diploma in Midwifery upon producing a certificate of one course on Midwifery and Diseases of Women and Children; a certificate that he has attended a lying-in hospital for six months; and a certificate that he has conducted thirty labour cases at least.

Candidates are examined on the Organisation of the Female, the Growth and Peculiarities of the Fœtus, the Practice of Midwifery, and the Diseases of Women and Children.

The candidate pays £1 6s. for the Midwifery diploma, provided he takes it out within one month from the date of his Letters Testimonial; after that date, £2 2s.

Official information may be had on application to Mr. J. Brennen, Royal College of Surgeons, Dublin.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Regulations relative to the licence in medicine.

Examinations are held on the second Tuesday and Wednesday in each month, except August and September.

The name of every candidate, together with his schedule and the required documents, must first be submitted to the College on the first Friday in each month, and no name can be received later than the Monday previous.

Candidates who have not obtained some medical or surgical qualification must give proof of four years' study, of having passed a Preliminary Examination in Arts; and of having studied Anatomy and Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica, Botany, Medical Jurisprudence, Practice of Medicine, Pathology, Surgery, and Midwifery;

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, for twenty-seven months.

Of six months' Practical Midwifery at a lying-in hospital, or other satisfactory evidence of having attended Practical Midwifery.

Testimonials of character from two registered physicians or surgeons are also required.

A candidate who has already obtained a medical or surgical qualification in Great Britain and Ireland, or who is a Graduate in Medicine of any foreign University recognised by the College, is required to produce his degree, diploma, or certificate of registration, a certificate of Practical Midwifery, and testimonials as to character.

The examination is conducted partly by written questions, partly *viva voce*, and divided into two parts:—

First Part—Anatomy, Physiology, Botany, and Chemistry.

Second Part—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

For the Final Part, candidates are examined at the bedside in one of the Clinical Hospitals in Dublin.

Gentlemen who have passed the first portion of the examination of any University or of any of the Licensing Corporations of Great Britain and Ireland, and who have complied with the regulations of the College, are exempted from the first part of the examination.

Candidates who have been five years in practice are not required to undergo the written or clinical portions of the examination.

Regulations relative to the licence in midwifery.

Examinations for the Licence in Midwifery are held on the day after those for the Licence in Medicine, and are open to all Licentiates of the College without further qualifiation.

Candidates not being Licentiates of the College will be admitted on the following qualifications:—The Degree or Licence in Medicine or Surgery of any University or of any College in Great Britain or Ireland, with a Certificate of six months' Lectures on Midwifery, and of having attended Practical Midwifery for six months at a recognised lying-in hospital, or other evidence of having attended Practical Midwifery, together with testimonials as to character.

Fees for licences.

The Fee for the Licence in Medicine is £15 15s.

The Fee for the Midwifery Licence is £3 3s.

The Fee for the Licences in Medicine and in Midwifery, if taken out within one month, £16.

Further information will be found in our advertising columns, and blank schedules may be obtained by application personally, or by letter, to Dr, J. Magee Finny, the Registrar, College of Physicians, Kildare Street, Dublin.

THE APOTHECARIES' HALL, IRELAND.

The arts examinations

Will be held at the Hall four times in the year, viz., the third Thursday in the months of January, April, July, and October, at the hour of twelve o'clock noon.

The Examination for *the Licence* is divided into two parts:—

The First Part comprehends Chemistry, Botany, Anatomy, Physiology, Materia Medica, and Pharmacy.

The Second—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

The professional examinations

Will be held *quarterly*, on the first and second Mondays in January, April, July, and October.

The First Part, on the first Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Chemistry and Botany, Monday; Anatomy and Physiology, Tuesday; Materia Medica and Pharmacy, Wednesday.

The Second Part, or Pass Examination, on the second Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Medicine and Surgery, Monday; Midwifery and Diseases of Women and Children, Tuesday; Forensic Medicine and Hygiene, Wednesday; Clinical Examination, Thursday.

The first two hours of each day will be devoted to writing answers, and after that, two hours to an oral and practical examination.

Candidates at the examination on Anatomy are liable to be called on to perform *dissections;* and at the examination on Surgery to perform one or more *operations* on the dead subject.

Doctors of Medicine and Licentiates of a College of Physicians or Surgeons who have also spent twelve months at *Practical* Pharmacy, may obtain the Licence by undergoing an examination—the former in Pharmacy and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries are admitted *ad eundem.*

IRISH PHARMACEUTICAL SOCIETY.

THIS Corporation was created by Act of Parliament in 1875, and has just completed its second year of existence, its function being to license pharmaceutists and chemists in Ireland, hitherto solely qualified by the Apothecaries' Company. The regulations for the coming year will be as follows:—

PHARMACEUTICAL EXAMINATION.

Candidates must be twenty-one years of age, and have passed the prelim. at least one year previously, and must also have been practically engaged in compounding and dispensing for at least two years under the instruction of a pharmaceutical chemist or apothecary. Examinations on first Wednesday of January, April, July, and October.

Botany.—To recognise the principal indigenous plants used in medicine, to refer them to their natural orders, and to give the definitions and the distinctive characters of their several parts.

Materia Medica —Recognise specimens of the drugs of the Pharmacopœia, describe their characters and active principles, name sources from which obtained, and the officinal preparations into which they enter, and to detect adulterations.

General and Pharmaceutical Chemistry.—The elementary laws of chemistry and physics, including chemical equations. To recognise the chemical substances of the Pharmacopœia, to describe processes by which obtained; qualitative analysis, including the tests of the Pharmacopœia and volumetric analysis, and to submit to a practical examination in these subjects when required.

Practical Pharmacy.—To translate Latin prescriptions, to detect dangerous doses, to compound and dispense correctly. Explain the processes of making the non-chemical preparations of the Pharmacopœia, and to recognise them. Fee, £5 5s. In case of rejection, the sum of £2 2s. will be retained, and a candidate may not present himself for six months.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

SINCE our last issue an important change has been made in hospital arrangements. The system of perpetual pupils, under which a student, binding himself to one hospital, received a discount off his fees, has been abolished, and he is free to go elsewhere as he pleases. Uniformity of fees has also been established, and the fee for all hospitals is now £8 8s. for winter (six months), £5 5s. for summer (three months), or £12 12s. for nine months. This arrangement, although involving an increase of fees, is very much to be approved of.

The Clinical Hospitals of Dublin are ten in number, exclusive of the Cork Street Fever Hospital, St. Mark's Ophthalmic Hospital, the Children's Hospital in Pitt Street, and other special institutions. To some of the Clinical Hospitals Medical Schools are attached; others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the advertisement of each institution.

SCHOOL OF PHYSIC AND SIR PATRICK DUN'S HOSPITAL.—The Medical School of Trinity College is one of the largest and most important. It is especially frequented by those students who intend to take the Arts Curriculum of the University, but is freely open to, and largely availed of by other students. It is under the immediate supervision of the Rev. Professor Haughton, the Medical Registrar of the University, and the names of its Professors will be found appended to the advertisement in our journal. Two Medical Scholars are elected annually by the Board of Trinity College, at an examination held at the end of June. Each scholarship is worth £20 per annum, and is tenable for two years. The Professors of the School of Physic give three exhibitions annually, amounting altogether in value to £40, subject to conditions prescribed by the Professors themselves.

Sir Patrick Dun's is the hospital attached by Act of Parliament to the School of Physic, and officered by the Professors of that school. It was for many years a purely medical hospital, but is now a large medico-chirurgical hospital, with a Midwifery Maternity attached.

The ROYAL COLLEGE OF SURGEONS' SCHOOL is situated within the walls of the College, and is under the superintendence of the Council, who appoint the Professors. The Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have been recently much enlarged. Prizes in Anatomy and Physiology, and Surgery will be awarded at the end of the Winter Session. Junior Exhibition of £15, a Senior Exhibition of £25, and Honorary Certificates will be awarded at the end of the Winter Session.

The CITY OF DUBLIN HOSPITAL has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 130 beds, and accommodates about 1,300 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special coarse of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £30 per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

The CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its Professors are physicians and surgeons of the Mater Misericordiæ, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University itself does not grant degrees in medicine or surgery, being as yet unchartered, but the School is instrumental in the education of a large proportion of the Catholic students of Ireland. The University grants an exhibition of £20, a gold medal, value £7, and class prizes. There is no residence for students.

The hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiæ Hospital, in Eccles Street; Jervis Street Hospital; and House of Industry Hospital.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled.

The ward for "*Enfans Malades*" is an interesting feature. The hospital has over 100 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the Convalescent Home at Lindon Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan.

A Special Ward for the treatment of the Diseases of Women has been opened under the care of Dr. J. A. Byrne, Gynæcologist to the Hospital.

The MATER MISERICORDIÆ HOSPITAL is the largest of the Dublin Hospitals, and is intended to be much extended. It is situated at the northern side of the town. The new wing is specially reserved for the admission of cases of fever and other contagious diseases. A special course on these subjects is given.

There are four resident pupils appointed every six months. Good lodgings can be had very cheap close to the hospital. Prizes to the value of £30 are awarded at the end of the winter session for the best reports on the cases under treatment in the hospital.

JERVIS STREET HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Like St. Vincent's Hospital, its nursing arrangements are under the charge of a community of Sisters of Charity. The hospital, being found inadequate to the demands upon it, is in process of being rebuilt.

The LEDWICH SCHOOL was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige under the management of the Messrs. Ledwich and Mason. Its name was bestowed upon the school as a tribute of respect to the late F. H. Ledwich, who sacrificed a life in an increasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, Vincent's, and Mercer's Hospitals, and in the same street with the Adelaide Hospital and the Coombe Lying-in Hospital, and ten minutes' from the Catholic University School, the School of Physic, and the City of Dublin Hospital. No Introductory Lecture will be given at this school.

MERCER'S HOSPITAL, founded A.D. 1750, William Street. —This hospital is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are open at all hours for the reception of accidents and of acute cases. Dispensaries are held daily, and are largely attended. Special instruction is given in cutaneous and infantile diseases. From the large number of accidents which from its position come to the hospital, students are afforded ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor Surgery.

RICHMOND, WHITWORTH, and HARDWICKE HOSPITALS.—Accommodation: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds; total, 312 beds.

The hospitals are visited each morning at 9 o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, Clinical Lectures are delivered on the most important cases. Special instruction is also given on various branches of Medicine and Surgery.

The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic, aural, and dental dispensary, and the respective surgeons give instruction in these important subjects.

Eight resident Clinical Clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A House-Surgeon for the Richmond Hospital is elected biennially, and receives a salary.

The RICHMOND LUNATIC ASYLUM, containing 1,000 beds, adjoins these hospitals.

The CARMICHAEL SCHOOL is situated in North Brunswick Street.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the proprietors.

The close proximity of this school to several of the Dublin clinical institutions, and its intimate connection through its teachers with the Richmond, Whitworth, and Hardwicke Hospitals, ensures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which enables the proprietors to distribute prizes to the amount of £68 yearly; and the Scholarship, value £15 yearly, which the friends of the late Dr. Mayne founded in his name, is allotted at the termination of the session.

DR. STEEVEN'S HOSPITAL AND SCHOOL are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and therefore occupy a position of their own, far removed from the other medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

There is accommodation for residence of seven surgical and four medical residents; besides whom the resident-surgeon receives house pupils. The fees payable for the privilege of residence are twenty-one guineas, winter; fifteen guineas summer six months. Students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

The office of Clinical Registrar, salary £40, is reserved for students of the hospital.

The examination for two Midwifery Assistants is held on the last Saturday in November. Salary £30.

Candidates must be in at least their second year, have atttended Practical Midwifery in the Maternity Department, and be entered on the books of the school.

Gold medals will be awarded in each year's class.

As we have said, certain hospitals have no special affinity with any college or school. Of these are the Meath and Adelaide Hospitals.

The MEATH HOSPITAL, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 127th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the southern side of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation-stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1770; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. In 1852-3 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Wodehouse.

The ADELAIDE HOSPITAL is in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the College of Surgeons and the Universities. From the 1st of October the physicians and surgeons will visit the wards, and give instruction at the bedside, at the advertised hours.

There is a detached fever ward and wards for infants and children. Special hours are devoted to clinical instruction in the Diseases Peculiar to Women, and students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two resident pupils are selected half-yearly. Prize examinations are held at the termination of the Session. The large dispensaries afford facilities for the study of minor Surgery.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, the Westmoreland Lock Hospital, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St. Mark's Ophthalmic Hospital, two Orthopædic Hospitals, and the National Eye and Ear Infirmary.

COOMBE HOSPITAL.—This hospital has been rebuilt and refurnished, and has sixty-five beds, was founded in 1826, but it was not till 1867 that it was incorporated by Royal Charter, which enables its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by

the lower orders, and thus affords the amplest opportunities for practice. It accommodates about 600 labour cases within its walls, while those attended as externs amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females gives admission to about 80 patients annually. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as intern pupil. During that period the student attends on a given night in each week, or oftener, if circumstances permit, and takes charge in his turn of any cases that may be admitted to the labour wards, or may call for his assistance outside. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident pupil midwifery assistantships, and a paid clinical clerkship under the obstetric surgeon, are obtainable annually by competitive examination, for which all pupils who have obtained their midwifery diploma are eligible.

The Pitt Street Children's Infirmary, established 1821, is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill are the medical officers.

St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear.—This is the oldest and largest special ophthalmic hospital in Dublin, and was founded by Sir William Wilde. Instruction is given on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, from 11 to 1 o'clock, and operations are performed on Wednesdays and Saturdays from 11 to 1 o'clock. A surgeon resides in the institution, and receives a salary of £80, besides rooms, gas, coal, &c.

The Rotunda Hospital.—The well-known and time-honoured institution possesses a character as a School of Midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be, as also a great school of gynæcology. The institution consists, in fact, of two distinct hospitals — viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually, and the Hospital for the Treatment of Diseases peculiar to Women, in which some 500 patients are now annually admitted during the course of the year. The present master, Dr. Lombe Atthill, as is well known, devotes special attention to this department of the charity. There is every facility for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination.

The Clinical Clerkship, value £30 a-year, tenable for six months, is adjudged, after open competitive examination, to any pupil who has attended the full course of instruction in the hospital, but who has not obtained a registerable qualification.

Cork Street Hospital is the only special fever hospital in Dnblin, contains 120 beds, and is mainly supported by Government. One or more medical pupils are elected by the Governors for a six months' residence, for which a special certificate is given. Extern Students are also admitted for the same term. Fee, three guineas. Further particulars of Dr. Atkins, Registrar.

National Orthopædic Hospital of Ireland for the treatment of Club-foot, Contractions and Distortions of the Limbs, Spinal and all other Bodily Deformities, 7 Upper Kevin Street, Dublin.—Mr. Ormsby attends daily from 11 to 12 o'clock, and gives Clinical instruction on the intern cases.

The hospital is capable of containing 25 beds, for the reception of severe cases of deformity. There is a large dispensary for extern patients held on Tuesday, Friday, and Saturday, 11 to 12. Operations performed on Fridays. Students and practitioners are allowed to attend the Clinical instruction.

Dublin Orthopædic Hospital, 11 Usher's Island, contains 20 beds for the treatment of deformities. It is under the surgical management of Messrs. Swan and Bookey, of Steeven's Hospital. Six beds are free.

The Dental Hospital of Dublin.—This is the only hospital in Dublin solely devoted to the treatment of Diseases of the Teeth and Deformities of the Mouth, which will afford gratuitous relief to the suffering poor. It is open daily from 9 to 10 a.m.

Cork Ophthalmic and Aural Hospital has a special throat department, and is the only special institution of the sort in the south of Ireland, and is under the care of Dr. H. Macnaughton Jones. It contains twenty-six beds, and an average exterior attendance of 1,700 patients. A Resident Pupil is chosen every three months.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

School of Physic—None.
Royal College of Surgeons—Dr. Cameron, Oct. 29.
Catholic University—Prof. Byrne, Nov. 2, 3 p.m.
Dr. Steevens' Hospital and School—None.
Meath Hospital—Dr. Foot, Nov. 5, 10 a.m.
City of Dublin Hospital—None.
Sir Patrick Dun's Hospital—None.
Mercer's Hospital—None.
Richmond Hospital—Dr. Lyons, Nov. 1, 10.30 a.m.
Mater Misericordiæ Hospital—Not fixed.

Other Hospitals and Schools not fixed.

THE QUEEN'S COLLEGES.

These three important institutions are the special schools of the Queen's University, and are situated in Belfast, Galway, and Cork. They receive a large subvention from the public funds, and are provided with every facility for the education of their students. It is essential that every candidate for the medical or surgical degrees of the Queen's University shall have attended courses of lectures in Modern Languages, Natural Philosophy, and at least two medical subjects, in one of the provincial colleges, so that attendance at a Queen's College during one of the years of medical study is compulsory upon all candidates for the licences of this University.

A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information, *will be found in the Advertisements* of this issue, and full details may be had on application to—

Belfast.—Rev. Richard Oulton, B.D., Registrar.
Cork.—Alexander Jack, M.A.
Galway.—Arthur Hill Curtis, M.A., LL.D.

RELATIVE COST OF MEDICAL EDUCATION IN IRELAND.

(*Exclusive of private teaching.*)

University of Dublin M.B. and M.Ch.—1. Lectures, £55 15s.; 2. Hospitals, £43 1s.; 3. Degrees, £26—£124 16s.; expense of Degree in Arts, £83 4s. Total, £208.

Queen's University M.D. and M.Ch. (all lectures being taken in the provincial colleges.)—£62 9s.; ditto (two years' lectures and hospital taken in Dublin) say, £85.

Royal College of Surgeons and King and Queen's College of Physicians L.R.C.S.I. and L.K.Q.C.P.I., £138 7s.

Apothecaries' Hall, L.A.H., £59.

TECHNICAL EDUCATION IN IRELAND.

THE ROYAL COLLEGE OF SCIENCE.

The educational staff of this institution consists of eight professors, one demonstrator, and two laboratory assistant. It supplies, as far as practicable, a complete course of instruction in science, applicable to the industrial arts, especially those which may be classed broadly under the heads of mining, engineering, and manufactures.

The course of instruction extends over three years, each year being divided into two terms. In the first two years the instruction is general. In the last year it is specialised under the heads of mining, engineering, and manufactures.

There are four royal scholarships, of £50 yearly each, with free education, tenable for two years; two will become vacant each year. They will be given to students who shall have been a year in the College.

There are also nine royal exhibitions attached to the College, of £50 each, tenable for three years.

The session commences on the first Monday in October, and lasts until 21st June following.

The fees payable are £2 for each separate course of lectures.

For further particulars see Advertisement, or apply to F. Sidney, Esq., LL.D., Royal College of Science, Dublin.

MEDICAL EDUCATION IN SCOTLAND.

Important changes have taken place during the past year in the teaching department of the Scotch Schools, prominent among these the retirement of the venerable and accomplished professor of physiology, at the University of Glasgow, the retirement of Professor Christison, of Professor Ogilvie, of Aberdeen, and the transfer of Mr. Lister and Dr. Mathews Duncan to London. The chairs of the two first are already filled by men who promise well to maintain the fame of their predecessors, and thus sustain the reputation of the respective schools to which they are attached. The latter chairs are still vacant, but it is believed that both will soon be filled by Edinburgh candidates.

Subjoined is a list of the Scotch Schools and Examining Boards, with other relative information.

THE UNIVERSITIES.

The fees for the degrees in all four of the Scotch Universisies are the same—viz., M.B., £15 15s. (£5 5s. being payable at each of the three examinations); C.M., £5 5s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 for Government stamp.

University of Edinburgh.—This is a qualifying and teaching body, and has complete Faculties also of Theology and Law equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and Arithmetic, the elements of mathematics, and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects—viz., Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees—medical and surgical qualifications being granted—M.D., M.B., and C.M. The C.M is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other University entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-fours years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extramural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions.

University of St. Andrews.—This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities—viz., the Universities of St Andrews, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway.

University of Aberdeen.—This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The fees for graduation and the curriculum of study are nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Professor Brazier, Secretary to the Medical Faculty, should be addressed for further information.

University of Glasgow.—This is both a teaching and examining body. It confers three degrees, viz.: Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures, and two of 50 each. Two preliminary examinations must be passed, one before commencing study and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations. The hospital practice is attended chiefly at the Western Infirmary, to which several of the professors are physicians and surgeons. Numerous other medical institutions exist in the city: and the fact that hospital appointments in this city are virtually life-ones, causes a reasonable and justifiable increase in their number from time to time. The University recognise several extramural lecturers.

THE COLLEGES.

Royal College of Physicians of Edinburgh.—This, like the Sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Edinburgh, this College grants a double qualification, and registerable as such. Each applicant for professional examination must previously have passed the preliminary examination prescribed by the General Medical Council. Exemption is made in the case of Masters or Bachelors of Arts of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will be at once admitted to the second part of the examination.

The Fellowship is conferred only by election, and the candidate must at least have been a member of the College for one year previously, and have attained the age of twenty-five years.

The Membership is conferred on Licentiates of the College, or Graduates of a British or Irish University, with whose knowledge the College may be satisfied, and who has attained the age of twenty-four years.

The Licence.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

Qualification in Public Health.—The College now confers a certifieate of competency in Public Health. The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a Licentiate is £10 10s. In the case of unsuccessful candidates the fee is returned, minus £2 2s., retained to defray the expenses of examination.

Royal College of Surgeons, Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school. Candidates already qualified are admitted on certain exceptional conditions.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Education.—Candidates commencing professional study must have been engaged, during four years after the preliminary general education, in professional study, which shall include not less than four winter sessions, or three winter and two summer sessions' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two, the one oral, the other written.

The first examination embraces Anatomy, Physiology, and Chemistry. The second examination embraces Surgery and Surgical Anatomy; also Medicine, Midwifery, Materia Medica, and Medical Jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians or Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour, and he has to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The License.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of Physicians and Surgeons.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh, by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, after one series of examinations, a double qualification, two diplomas being given and registerable under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. R.C.S. Edin., or Lic. Roy. Coll, of Phys. Edin. and Lic. Fac. Phys. and Surg. Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians take exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in surgery; while departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by Section XIX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

School of Medicine, Edinburgh.—The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

In accordance with the statutes of the University of Edinburgh, any four of the medical classes required for graduation, or two complete *anni medici*, may be studied at this school, each of which may be constituted by attendance on two of the six-months' courses, or on one of these, and two three-months' courses. It is always provided, however, that the fee for any class taken for graduation in the University of Edinburgh shall be the same as that charged by the University for the corresponding class.

The whole of the education required for graduation at the University of London may be taken at this school. The minimum cost of the education of this School of Medicine for the double qualification of Physician and Surgeon from the Royal Colleges of Physicians and Surgeons, including the fees for the joint examination, is £90 4s., which is payable by yearly instalments during the period of study; and the minimum cost for the single qualification of either Physician or Surgeon, including fees for examination, is £80.

Royal Infirmary, Edinburgh.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and ordinary physicians and surgeons to the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £10; the annual fee, £5 5s.; half-yearly, £3 3s.; quaterly, £1 11s. 6d. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Glasgow Royal Infirmary School of Medicine.—A full medical curriculum may be attended at this newly-instituted school. The Winter Session opens on Tuesday, the 30th October. The fees for each class are: for first course, £2 2s.; second and perpetual, £1 1s.; and students who have attended a first course elsewhere will be admitted to the second course on the same terms as if they had commenced their studies at this school. The fees for Anatomy are, including lectures and demonstrations, and practical anatomy, first Winter Session, £4 4s.; Summer Session, £1 1s.; second Winter, £4 4s.; afterwards £1 1s. for session.

Anderson's University, Glasgow.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution, as already mentioned, are exceedingly moderate. Extensive opportunities for dissection are offered, under the guidance of the very talented lecturer on anatomy.

Students are admitted to the practice of the Western Infirmary, close to the University, which has about 200 beds, and an excellent staff. Clinical lectures are delivered by the professors at this institution, and at the Royal Infirmary, students having the option of choosing any two whose lectures he will attend.

In connection with this College, there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

DATES AND HOURS OF THE INTRODUCTORY LECTURES AT THE SCOTCH MEDICAL SCHOOLS.

University of Edinburgh—October 30, 2 p.m.—The Principal.
University of Glasgow—None. Session commences Oct. 30.
University of Aberdeen—None. Session commences Oct. 31.
School of Medicine, Edinburgh—Oct. 30, 11 a.m.—Dr. John Duncan.
Anderson's University (Glasgow)—None. Session commences Oct. 30.
Glasgow Royal Infirmary School of Medicine—Session commences Oct. 30.

INDEX TO THE ADVERTISEMENTS OF MEDICAL COLLEGES, SCHOOLS, HOSPITALS, &c., &c., IN THIS NUMBER.

ENGLISH.

Bethlem Hospital 21*d*
Charing-Cross Hospital Medical School 24
City of London Hospital for Diseases of the Chest .. 24
Guy's Hospital 23
Hospital for Sick Children .. 22
King's College, London .. 22
London Hosp. Medical College 22
London School of Dental Surgery 25
London School of Homœopathy 22
London School of Medicine for Women 23
Middlesex Hospital 22
Owen's College (Manchester Royal) School of Medicine 25
Queen's College, Birmingham 25
Royal College of Physicians of London 21*d*
Royal School of Mines .. 21*d*
Royal Veterinary College .. 25
Seamen's Hospital 23
St. Bartholomews Hospital .. 21*d*
St. George's Hospital Medical School 22
St. Mary's Hospital Medical School 22
South London School of Pharmacy 25
School of Medicine, Surgery 21*c*
University College, London .. 23
University College Bristol .. 25
Westminster Hospital Medical School 24

IRISH.

Adelaide Hospital 33
Catholic University School of Medicine 34
Carmichael School of Medicine 33
City of Dublin Hospital .. 29
Coombe Lying-in Hospital .. 32
Dr Steevens' Hospital and Medical College 27
Jervis Street Hospital 34
King and Queen's College of Physicians 34
Ledwich School of Surgery .. 28
Mater Misericordiæ Hospital.. 32
Meath Hospital and County Dublin Infirmary 33
Mercer's Hospital 27
National Orthopædic Hospital of Ireland 33
Queen's University in Ireland 35
Queen's College, Galway .. 35
Queen's College, Cork 26
Richmond, Whitworth, and Hardwicke Hospitals .. 30
Rotunda Lying-in Hospital .. 28
Royal College of Science for Ireland 26
Royal College of Surgeons in Ireland 30
Sir Patrick Dun's Hospital .. 31
St. Vincent's Hospital.. .. 26
St. Mark's Ophthalmic Hospital 27
Stewart Institution 27
University of Dublin 31

SCOTCH.

Anderson's University, Glasgow 36
Faculty of Physicians and Surgeons of Glasgow 36
Glasgow Royal Infirmary Medical School 36
Glasgow Veterinary College .. 36
New Veterinary College, Edinburgh.. 36
Royal College of Physicians, Edinburgh 33
School of Medicine, Edinburgh 37
University of Edinburgh .. 37
University of Glasgow 36

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 26, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

The Harveian Oration, 1877, Delivered before the Royal College of Physicians. By Edward H. Sieveking, M.D., F.R.C.P., Physician Extraordinary to the Queen; Physician in Ordinary to the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, &c. 251

On Syphilis as it Affects the Brain and Nervous System. By Thomas Stretch Dowse, M.D., F.R.C.P. Edin., late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest 253

Observations on Renal Affections in Children. By W. H. Day, M.D., M.R.C.P. Lond., Physician to the Samaritan Hospital for Women and Children 256

CLINICAL RECORDS.

Mercer's Hospital, Dublin. — Under the Care of Mr. O'Grady 257

LEADING ARTICLES.

The Indian Famine 261
Medical Reform.—II. 262
Middle-Class Asylums for the Insane.. 264

NOTES ON CURRENT TOPICS.

Army Hospital Corps Warrant 265
Food and Infant Mortality 265
Pharmaceutic Trade Deceptions 266
Physiology of the Sugar in the Blood 266
The Hospital Saturday Collection 267
Keighley and the Vaccination Question .. 267
Dr. Conneau 267

PAGE

The Health and Sanitary Condition of the Russian Army 267
The Prevention of Bathing Fatalities 268
The War and Operative Surgery..... 268
Physicians' Prescriptions 268
Vesicating Property of the Ranunculus .. 268
Power of Magnetism 268
Podophyllin 268
Mushroom Poisoning 268

OBITUARY.

Stephen Franklyn Bridge, M.D., F.R.C.S. 269
John Mollan, M.D. 269

CORRESPONDENCE.

Hydrophobia 270

Notices to Correspondents, &c. 271
Vacancies 271
Births 271
Marriage 271
Deaths 271

Original Communications.

THE HARVEIAN ORATION—1877.

DELIVERED BEFORE

THE ROYAL COLLEGE OF PHYSICIANS.

By Edward H. Sieveking, M.D., F.R.C.P.,

Physician-Extraordinary to the Queen; Physician-in Ordinary to the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, &c.

In no department of medical science has careful study offered to the inquirer of late years more promise of reward than in the domain of the nervous system. We have, indeed, been told, but recently in this hall, by one of its most successful cultivators, how much of uncertainty yet surrounds our knowledge of disease of the brain; and yet, whether we dwell upon the physiology of the cerebro-spinal system, the chemical changes which it controls, the localisation of function, the relation of nutrition and nerve-force, or the minute pathology of the brain and spinal cord, it is impossible not to be struck by the progress made by labourers of the present and most recent periods. In this field alone, of all the wide regions of medical science, we find no evidence that our Harvey instituted any special inquiries and observations. In his manuscript lectures on anatomy, the brain and spinal cord are treated in the most summary manner; and although his works afford proofs of his pathological knowledge, of his acquirements and practice in surgery, and of his acquaintance with and performance of operations in obstetrics, we search in vain for a sign that he even appreciated the importance of the nervous system. The significance of this part of our fabric has, indeed, been scarcely recognised until the present century; and even now, great as have been the achievements of illustrious students, many of whom we claim as associates of this College, we only appear to see the dawn of the full effulgence of knowledge. Truly, whether we look to the results already secured, or to the promise they offer of greater light, we cannot refuse the claim of the labourers in this department of medical science to be considered as genuine fellow-labourers of Harvey; conscientiousness, perseverance, concentration and clearness of thought, are the characteristics of many of our contemporaries, whom, in an assembly like the present, it would be unnecessary to recall by name. But they, like the collaborators in other realms of medicine, have materially contributed towards rendering this present time deserving of the title of the Harveian era.

Few things are more encouraging to the medical man, who reads the works of Harvey with attention, than to find that his faith in the value of treatment was in no wise impaired by his studies; on the contrary, he frequently illustrates the value of his physiological discoveries by showing the direct application to be made of them to the arrest and control of disease. The more we study the works that have survived him, the more intense becomes the admiration for the great mind that achieved them; and the greater our regret that barbarous hands destroyed other products of his labour, which we are justified in inferring to have been of the greatest value. As the reputation he enjoyed among his contemporaries has been confirmed by the continuous applause of his successors, we cannot doubt that his powers, brought to bear upon the investigation of disease and its treatment, the results of which were embodied in his (lost) "Medical Annotations," would also have largely advanced the healing art. With his help, it is not unlikely that our control of morbid processes might be greater than it is at present; and that we might already claim a greater precision in this department of our calling than our advances in diagnosis, in the chemistry of the body, and in the knowledge of drugs, can yet justify. Earnest as the

work is that is being done in this field of science, it is scarcely commensurate with the results gained in other sections of the domain ; though here, too, the Harveian spirit is abroad, and humanity is already reaping benefits which even Harvey could not have dreamt of.

But if we may not justly assert that we have as yet acquired the precision in our control over morbid processes that the general advance of medical knowledge would appear to demand, we may claim for our knowledge of what is summed up under the modern term of State medicine a high position among the sciences that are directly conducive to the welfare of mankind.

In the application of medicine and the allied sciences to the prevention of disease, the present century may claim precedence of rank before any earlier periods in human civilisation. During the last forty years, each decennium has been characterised by an ever-growing appreciation of the great truths of sanitary science. From the days of Health of Towns Reports by Edwin Chadwick, to the later days of Parkes and Simon, medical men have continuously and unselfishlywaged war against the vested interests of filth and zymosis. Nor have these efforts been futile, if increased salubrity and a higher average duration of life may be regarded as tests of success. Nowhere have these tests yielded more satisfactory results than in our naval and military forces ; and seeing how much has been achieved, it does not appear out of place to express a hope that our Governments may always take the precautions that are necessary to insure to medical men, in their official capacities, such power and position that their representations may receive due support. I have already had occasion to dwell upon the reports of the (late) Medical Officer of the Privy Council. The work of which he has been the ruling spirit constitutes a memorial, which will remain an honour to himself and his colleagues, as it is to the time and people for which he laboured. It was with grief that the medical profession heard of Mr. Simon's resignation, and the pain was intensified by the report that his office was to be abolished. In the Supplementary Reports, which Mr. Simon has brought out since quitting his post, we are promised that some of the investigations, commenced under his supervision, shall be continued ; may we hope with the same zeal, earnestness, and success as before. It would be difficult to express adequately the sense the profession entertain of the value and significance of all that has been achieved by the Medical Department of the Privy Council ; but I am sure that we all endorse the sentiments that are so well conveyed in the following passage, which I take from Mr. Simon's last Report : "As for the general value and promise of that kind of work in its bearing on the progress of medicine, I entertain the strongest conviction that, in regard of all antagonism to disease, whether with preventive or curative measures, and whether by official or private hands, medicine's best prospects of increase and success are inseparable from such studies of exact science ; and that, in proportion as the pathological insight becomes more clear, the growth of practical power will surely follow."

It would be tedious to dwell here upon details with which my audience is as well, or better, acquainted than I am ; the more so, as the time is too short even remotely to do justice to the memory of past or to the labours of present workers. But it is well to bear in mind that, in this field also, we may quote Harvey as an authority for the due appreciation of those elements of health, which it is the object of State medicine to foster and secure, and which he feelingly dwells upon in his account of Parr, whose body he examined after death by command of His Majesty. Here, as elsewhere in his writings, Harvey indicates much that he doubtless enlarged upon more fully in those works which, unfortunately for medical science, were destroyed in the revolutionary war.

No one can say how much more rapidly medicine would have advanced, had not ruthless hands been laid upon those works of Harvey, of which only the titles have been brought down to us. But any one who has learnt to revere Harvey in what we possess of him, and has become familiar with his marvellous industry, his logical mind, and his powers of observation, cannot but feel that everything that he committed to paper was worth preserving, and was certain to impart knowledge of great value to those not possessed of the same qualities.

In the brief remarks that I have ventured to offer to you, I have dwelt upon the modern manifestations of the Harveian spirit in scientific reseach. But Harvey has left us other features in his character worthy of imitation. Time does not serve to speak of more than the one that especially recommends itself to the fellows and members of this College, for it was the *liberality* of Harvey, by which the resources of the College have so largely benefited. His munificence provided the former library and museum ; he endowed the College with his patrimonial estate of Burmarsh ; and left to it his "books, household stuff, pictures, and apparel ;" his "best Persia long carpet ;" his "blue embroyedyed cushion, one pair of brass and irons, with fire-shovell and tongues of brasse, for the ornament of the meeting-room." This example has not been left without imitators in the present Fellows of the College, who, in their self-denial and generosity, have of late years repeatedly shown themselves to be not unworthy recipients of Harvey's gifts. It affords me particular pleasure to announce publicly, for the first time, the special act of liberality of a recent distinguished Harveian orator, Dr. Arthur Farre, who, in his oration so eloquently and appropriately analysed Harvey's merits in connection with the subject of generation. Dr. Farre has within a few days presented to the College, with his portrait, a most valuable library of ancient and modern works, which you may observe, conspicuous by their elegant binding, in the shelves above. It is the most important donation of the kind that our Corporation has received since that of the Marquis of Dorchester, a former Fellow, in 1680 ; and one that doubtless affords peculiar gratification to our distinguished Harveian librarian, Dr. Monk, in whose name, as in that of the well-wishers of this ancient body, I am sure I may challenge all associates to give or bequeath to it similar "pignora amoris," that each donor may deserve, in the vernacular, the record bestowed upon Harvey in the minutes of the extraordinary comitia of July 28th, 1666 : "Fastis nostris honorifice semper commemorandus." The grateful thanks of the College are certainly due to Dr. Farre for his gift ; and it affords me particular pleasure to take the opportunity of tendering him from this place our acknowledgments, and our heartfelt wishes for his health and happiness.

In bringing my address to a conclusion, I beg to offer you, Mr. President, and the Assembly, many apologies for the very imperfect manner in which I have dealt with the topics which I have ventured to touch upon. No one can be more sensible of my inadequacy to fulfill the task which you, sir, with too indulgent trust, have imposed upon me. But though I crave your merciful consideration for my effort, I cannot but admit that I owe you, sir, a debt of gratitude for having imposed upon me what has indeed been a labour of love, that again of poring over Harvey's works and studying those of his contemporaries. Every page that I have read has only served to convince me, more and more, of the magnitude of the obligations that this College and all generations of medical men who have lived, or will live, after Harvey, are under to him. Would that I could hope to have added the smallest tribute worthy of so great and good a man to the many offerings that his grateful successors have paid to his memory. But, while conscious of my own unworthiness to dilate on so great a theme, I have no fear that for want of better advocacy, the power of the Harveian spirit will cease to prevail in English medicine, while so many illustrious workers as grace the present roll of the Royal College of Physicians are evidences of its continued influence.

Though I may not have proved what none but futur

physicians may fitly endorse, I cling to the belief that in no period of the past has this College been so fully embued with a consciousness of its high calling, and a desire adequately to fulfill its important duties, as in the present; and that the many labourers in the fields that Harvey cultivated, justify a humble admirer of the many distinguished contemporaries, with which it is my honour to be acquainted, in designating the present age as especially deserving of the title of the Harveian era of medicine.

It is for the younger generation of the present, and for those who are to follow, to see that the Harveian spirit suffers no abatement. Let them walk in Harvey's footsteps, and they will certainly receive their reward in the acquisition of profounder knowledge; in the freer recognition of the value and aims of medical science by their fellow-men; and, above all, by the assurance of greater power and control over the dark influences that still chequer life and hamper man's onward march to a more elevated and spiritual existence.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By Thomas Stretch Dowse, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 167.)

Syphilis once acquired maintains a tendency in the body to every morbid change that comes under the head of active hyperæmia, inflammation, and inflammatory growths. A robust, healthy man is inoculated with the syphilitic virus, and in a very short time he becomes a physiological and pathological curiosity; his whole being undergoes a change. In fact, he is transformed into a living mass of disease. His body becomes enfeebled, his nervous system weakened, and his intellectual powers impaired. The saliva, and every other secretion of his body can, if inoculated into other living healthy tissue, produce a diseased and unhealthy inflammatory action, and if he gives origin to his species the result will be a want of normal development in the offspring at once suggestive and deplorable. On the other hand he may contract syphilis, and the poison from some constitutional or other cause may not produce that active change which is made manifest by skin symptoms, ulcerations of the throat, and periosteal nocturnal pains. But in after years his health will suddenly give way, his digestive powers become faulty, he will lose his especial aptitude, it may be either for business or pleasurable pursuits, he falters in his gait, becomes confused in conversation, and has attacks of minor epileptic seizures, which, yielding to treatment, he is then told by his medical man that he is as well as ever he was in his life. But the sequel unfolds the tale. I do not think there can be any doubt concerning this by no means unimportant pathological condition, which ought to be carefully borne in mind, and of which we shall have more to say when referring to diagnosis. The inflammations resulting from the morbific agency of the virus of syphilis are distinguished by their own especial and peculiar characteristic features, and are evidenced by their localisation, their distribution, and their course. We might more appropriately than in any other forms of inflammation, designate them as disturbances of nutrition. Mr. Hutchinson says "that so peculiar are the products of syphilis that one is almost inclined to speak of new growths rather than inflammation. From beginning to end, from the chancre to the latest tertiary gumma, the tendency to cell growths is most remarkable, and the production of a solid palpable mass, often very firm, is a characteristic feature." The gumma is a specific product of syphilis, and according to Virchow may be either hyperplastic or heteroplastic. Its descriptive features are well represented by Rindfleisch. He says, "its specific anatomical character does not reside in any marked deviation of the gummatous tissue from the familiar types of inflammatory growth, but rather in the circumscription of a more or less spheroidal nodule in the midst of a larger deposit of newly formed embryonic tissue, a nodule which differs from the embryonic tissues round it in the farther course of its metamorphoses.

For while the latter undergo conversion into fibroid tissue, forming a cicatrix characterised by a tendency to extreme contraction, the former retaining the circular form of its cells, and occasionally producing an anastomotic network of corpuscles, materially undergo a necroid transformation of its intercellular substance. The cells grow fatty, their place is taken by round or stellate aggregations of fat granules, which appear to be capable of lasting as such for long periods of time. The final result is a yellowish white-rounded nodule of a soft and elastic consistency, embedded in a deposit of newly-formed connective tissue. This is the specific tumour of syphilis, the "Tophus or gumma Syphiliticum." *We constantly observe in some cases these syphiloma to have peculiar and essential properties*, namely, rapid development, and equally rapid absorption, either with or without medication, and non-tendency to suppuration. Now the essential gross pathological features of the nervous system include:—

a. The inflammatory thickening of the membranes of the brain, spinal cord, and nerves. This thickening may originate in the lining of the oseous system, with which these structures come into contact.

b. The invasions of the neuroglia, or connective tissue, by a diffuse form or gummatous infiltration, which might be the result primarily of disease of the circulatory system, or alterations of the fluids circulating within the vascular channels of the nervous tissue. The latter condition gives rise to albumino-fibroid changes—more especially in the white nerve substance, and is often associated with a low form of inflammation of the membranes.

c. The appearance of syphilomatous masses, which often occur singly, but may be numerous. Their seat may be over the surface of the hemispheres, and I have usually found them in the upper convolutions of the anterior lobes, or they may occur at the base. At any rate they are to be seen almost invariably at the cortex, and closely united with the membranes. They extend into the surrounding tissue, which is generally found to be softened, hypervascular, and of a faint yellow colour. When examined they present the appearances which have been previously noted, the nerve cells and vessels giving evidence under the microscope of the usual degenerations consequent upon vascular occlusion.

In reference to syphilitic disease of the vessels of the brain, Dr. Huebner, of Leipzig, has published some very interesting and important results of his investigations, which are original. He divides these into three stages. The first details the anatomical appearances; the second the organisation of the new formations; and the third treats of the degeneration of these formations. In the first the peculiar feature appears to be the aggregation of small cells or nuclei, which are observed lying under the normal lining layer of epithelium; and between it and the membrana fenestra the tumour continues to grow, arranging itself around the lumen narrowing it, but itself becoming compressed to form an eccentric layer, so that it is long before complete obliteration occurs, and thrombosis is rare on account of the obstruction. He goes on, however, to state that in the third stage of the affection the artery may be completely occluded by the nuclear proliferation, the cells disappear from the inner layers of the new formation. The cells of the muscular coat atrophy and disappear, and in place of the circular fibres there is only a network of elastic fibres enclosing detritus—even this becomes absorbed, and in the place of the artery is left a slender fibrous thread, which is torn by the slightest manipulation. Such a condition as this, by interfering with the normal tension of the vessels, alters in a great measure the proper functional activity of the

brain, and by retarding the blood supply causes defective nutrition, and oxygenation, as well as probable retentions of waste products in the lymphatic spaces. It is very easy to understand that the existence of this pathological change may give rise to all forms of impairment of brain power, and Dr. Hubner draws his own clinical conclusions which certainly deserve very favourable consideration.

Admitting that we have three definite stages of syphilis, which follow each other in their mysterious actions upon the human body, it is a question of some pathological interest to ascertain whether it affects the nervous system in any other than that which is known as the tertiary gummatous, or stage of sequelæ. We have sufficient evidence to prove that anomalies can exist in the manifestations of these so-called periods or stages, and for this reason, and this alone, I maintain that it is impossible to be geometrically precise in our statements, but this much can be affirmed, that a true gumma of the brain has never been found co-existent with true syphilitic roseola. Yet on the other hand, I have found hyperplasia and adhesion of the membranes in five cases where I have had the good fortune to obtain *post-mortem* examinations whilst the eruption has been freely diffused over the surface of the body. From these cases, and others which I have seen in my own practice, I am willing to support a doctrine, that a syphilitic inflammation (hyperplasia) does often exist in the membranes of the brain during the second stage of syphilis. That gummata are not found in the brain during this period, but that they co-exist with the true tertiary stage; although, be it remembered, that gummata in the liver, spleen, heart, and testes, have been found in the secondary stage, and duly recorded by many observers.

It is impossible for us to say with any degree of certainty that can be of practical value, or, at the least, of scientific importance, at what period after inoculation lesions of the nervous system, if they occur at all, may with some probability be anticipated. Independent altogether of the weight of pathological evidence in favour of syphilitic disease of the membranes of the brain in the secondary stage, we are to some extent supported inferentially by the objective signs which we know do exist, not unfrequently in structures which are of somewhat similar histological texture, markedly those of the eye, the iris, the hyaloid, the retina, and the choroid. The same changes occur in the tunica vaginalis, testes, and the serous envelope of the liver.

Mr. Hutchinson says, he suspects that the little tumours seen in the iris and choroid are analagous in all respects to gummata, but I think this is questionable. Dr. Hughlings Jackson and Dr. Buzzard have each recorded cases of paralysis, which have originated at the same time with the secondary stage of syphilis, and which they consider to be caused by the agency of the syphilitic virus, but I believe the credit of first pointing out the association of nervous affections with the early stages of syphilis is due (so Zeissl states) to Dr. Knoire of Homburg.‖

The following abridged notes are taken from my case-book, and in my opinion are illustrative of syphilitic lesions of the membranes of the brain during the secondary stage of syphilis.

Case I.—A. G., æt. 19, was admitted into the Central London Sick Asylum, on Nov. 3, 1875, and died on the 10th of the same month. She was a prostitute, and had contracted syphilis about two months previous to her admission. The body was covered with syphilitic roseola, and in addition the extremities were so painful that she could not bear anything to touch them. There was muscular hyperalgia, and cutanous hyperæsthesia, but the dull aching pains, with feelings of heaviness in the limbs, always aggravated intensely towards night, were exceedingly typical. The attack commenced gradually, and not suddenly, with rigor, as in ordinary cerebro-spinal meningitis; there was marked prostration, and inability to keep the head erect. The pain in the back of the head, and down the spine was agonising, and the slightest movement of the body, but especially the head, produced the utmost torture. *There was no rigidity of the muscles of the neck, or tonic spasm to draw the head out of the median line.* There was palsy of the external rectus of both eyeballs, and slight ptosis of each side; the pupils were widely dilated, but there was no intolerance of light, and what seemed peculiar, the temperature never rose above 100. Urine sp. gr. 1,010, free from blood or albumen. Twenty-four hours before her death the pulse rose to 160, but the temperature was *normal.*

At the *post-mortem* examination, upon the removal of the brain, it was found that the membranes covering the pons, the anterior part of the medulla, and the inferior vermiform process of the cerebellum, were converted into a gelatinous-looking mass of fibro-corpuscular material of low organisation, but beyond this localised change the membranes and substance of the brain were of normal appearance, save a commencing softening of those parts contiguous to the inflammatory changes.

Case II.—M. A., æt. 27, a stout vivacious-looking woman of dark complexion, was admitted into the Central London Sick Asylum on the evening of the 10th of June, 1875. She stated that she was of intemperate habits, and that she had been leading an irregular life for many years. About two months before she came under my care she contracted syphilis, and when I first saw her was covered with a syphilitic roseola, and the throat was much ulcerated. She complained of intense aching pains, and feelings of heaviness in all the limbs, which became aggravated towards night. She was quite unable to walk. Her legs first became (as she expressed it) excessively weak and shaky, and in a short time the lower limbs were numb and almost immovable. On the following day the upper limbs became similarly affected, and the thoracic muscles were involved so that a deep inspiration was impossible. There was cutaneous hyperæsthesia of the whole body, and severe muscular hyperalgia, beside dull aching pains confined almost entirely to the occipital region, and transient dimness of vision with diplopia. The intellect was generally clear, but at times there was a passing mental confusion. No spasm or rigidity of the muscles of the neck, no intolerance of light, but at times there was persistent vomiting. The temperature ranged in this case from 99 to 104, but was notably variable. The sensibility of the lower limbs was fugitive, erratic, and obscure. At one minute she seemed to appreciate the sense of touch, and almost directly after it disappeared. Her condition remained the same as described until the 4th of July. At this time the pulse and respirations increased in frequency, there were spasmodic twitchings of the limbs and facial muscles, the paralysis of the intercostal and thoracic muscles markedly increased. A low form of muttering delirium set in, and she died on the 7th of July.

At the *post-mortem* examination on the removal of the calvarium the dura mater was found to be healthy, but over the convolutions of the hemispheres the arachnoid and pia mater were seen to be partially adherent. I say partially, because they could be dissected from each other with some degree of force, and appeared to be united by an ill-organized inflammatory exudation.

At the base of the brain the condition of the membranes was somewhat different to that over the hemispheres. Here, as in the case before noted, was a mass of fibro-corpuscular material of a softish colloidal appearance, which, to my mind, was evidently the result of a specific inflammatory change.

Case III.—I find the following case headed in my note book:—

Syphilitic Epilepsy—Albumino-fibroid Syphilitic Changes—Albuminuria — Convergent Squint — Pseudo-right Hemiplegia—more of Sensation than of Motion.

The interest of the case consists in its being essentially syphilitic. The roseolar eruption over the body was fading, becoming copper-coloured and desquamating. There were several boggy circumscribed swellings over the scalp, and the hair came off plentifully. She had several epileptic seizures, and at times her reason was slightly affected.

M. A., æt. 26, admitted into the Central London Sick Asylum, September 14th, 1876. She stated that she had contracted syphilis four months previous to her admission, and that she had rash and sore throat about three months after. Before this her health was excellent. There was no history of fits. At this time her appearance was peculiar. She had a heavy expression of countenance, the face looked bloated, and the skin was of a dusky, earthy colour. When spoken to she became confused, and articulation was hesitating and jactatory; there was no giddiness; her sight would become dim, things would look double, and showers of stars appeared to fall before the eyes.

On ophthalmoscopic examination the right disc was found to be fairly clear, but the vessels were enlarged, and tortuous and dark spots of extravasation covered the choroid. The left disc was hazy, arteries small, veins large and sinuous. There were petechial extravasations of the choroid, a marked convergent squint, and migratory ptosis. Complains of occasional dull aching pain at the back of the head; vomiting, but not obstinate. She remarked that she felt strange. There is an irritation around the waist, extending down the legs, as though something was creeping over the skin; fancies that she has committed some crime, and that she wants to do something dreadful.

After she had been in the building a fortnight she had three epileptic seizures, with loss of consciousness, and they came on suddenly, without any apparent warning. The first was ushered in with moaning, the second with screaming, and the third without either. In each fit the convulsive movements were confined to the right extremities and left facial muscles. After the fits there was marked want of feeling in the right half of the body, but no especial impairment of motion. The urine was scanty and albuminous.

The treatment consisted in the administration of iodide of potassium, extract of jaborandi, and compound powder of scammony. At the end of a month she discharged herself from the building, saying that she felt quite well.

All the objective signs of paralysis had disappeared, as well as the subjective symptoms of which she complained. A week afterward I heard of her death, and the following is an account of the *post-mortem* examination:—

A well-nourished body, free from scars; the muscular tissue of good healthy colour. The skull was removed with difficulty, on account of the adhesions between it and the dura mater, especially over the frontal lobes, but rather more so on the left than on the right side; there the inner table of the skull was uneven and eroded, and some rather firm adhesions existed between the dura mater and the other membranes at this part. But other adhesions existed between the pia mater and the arachnoid which were not of so firm a character. At the base of the brain, and especially over the pons and the medulla, there were signs of old meningitis. The brain tissue was quite free from any inflammatory growth, was compact, and gave a feeling of hardness rather than otherwise. The motor ganglia were carefully examined, but no disease could be detected. It was observed, however, that the vessels at the base were extremely pale, and remained gaping when cut through.

Their walls had a semi-translucent, hyaloid appearance. The nerves had a pinkish tinge. Upon opening the thorax the right lung was found to be bound down to the chest wall by pleuritic adhesions. The lung itself was not consolidated in the usual acceptation of the term, and although it floated upon water, yet it gave evidence of a partial obliteration of the air-cells with fibroid proliferation. The general colour of the lung was a dark purplish red, but here and there were patches of a bright red, showing recent inflammation. The bronchial tubes and vessels were especially dilated, and the former were translucent and patulous, like the vessels of the brain.

Left Lung.—Here the structure was very different to that of the right, it crepitated freely between the fingers, except at the lowermost part of basal lobe, where was seen the same sort of creeping inflammatory change that was noted in the right lung.

Upon opening the pericardium, it was found to be without fluid, but over the cardiac surface there was a layer of thick, gluey, sticky, hyperplastic material, evidently the result of the specific inflammation. The heart was small and fat, the muscular tissue of good colour. The valves and endocardium were healthy. The abdominal viscera gave evidence of lardaceous changes. The liver was larger than normal, and when cut into it was observed that in the right lobe there were several isolated patches (some six or seven) of a very much lighter colour than the surrounding texture, which was likewise very pale.

The spleen was so granular, soft, and pultacious, that it could scarcely be removed from the body. The kidneys were amyloid. There can be no doubt that the changes here noted were the result of a specific syphilitic inflammation. It was one of those cases where the secondary stage is rapidly merging into the tertiary, and when this is the case, judging from my own experience, serious visceral complications rapidly and surely follow.

Case IV.—The following is an abstract from the notes of a case which I brought before the notice of the Medical Society of London in 1873.

M. C—, æt. 26, a stout healthy looking woman, the youngest of eight children, all of whom are dead. Has been leading an irregular life, and for the past three months has given herself up to intemperate habits. Two months before her present illness, she became infected with the syphilitic poison resulting in ulceration of the throat, secondary eruption, and dull aching pains of the lower limbs. On Feb. 16th, 1873, the legs became heavy, numb, and immovable, and in a few days the arms became similarly affected. When admitted into the Central London Sick Asylum under my care, there was more or less paralysis of all the extremities, with muscular hyperalgia and cutaneous hyperæsthesia.

There was dull aching pain in the occipital region. The intellect was clear, countenance cheerful, voice husky, and some deafness with each ear. She complained of pain upon pressure over the spinous processes of the lower cervical and upper dorsal vertebræ, extending over the scapulæ.

The further clinical notes, which were then given up to the time of her death, are of interest only as far as the pathological changes were concerned.

At the *post-mortem* examination, the dura mater was found to be healthy, and upon removing the brain and its membranes it weighed 43 oz. The sub-arachnoid space was full of fluid, yet over the surface of the hemispheres there was no inflammatory change.

Upon exposing the base of the brain to view it gave at once the characteristic smell and appearance of gangrene. Over the under-surface of the anterior lobes, as well as over the middle and posterior, the arachnoid membrane was thickened and of a semi-opaque appearance, but in the immediately central line over the parts forming the floor of the third ventricle, and on either side in connection with the middle lobes, pons variola, crura, and medulla oblongata, it was thickened, opaque, fibrillated, and matted together with the pia mater.

Over the surface of the lobes of the cerebellum, on each side of the medulla, the membranes were stinking and of a dirty green colour. Upon their removal the brain substance was found to be softened to the depth of a quarter of an inch, and presented the same characteristic features. The right and left crûs were considerably disorganised. The arteries forming the circle of Willis, as well as the anterior inferior cerebellar arteries, were firmly bound down by inflammation.

The cord with its membranes, when removed, weighed 15 drachms. Upon slitting up and reflecting the dura mater its surface was found coated with a layer of lymphoid copuscular material. It presented, like the brain, a stinking odour and a greenish colour. The arachnoid and pia mater could not be separated; they were adherent to the substance of the cord.

These four cases I have noticed here because they are undoubtedly instances of localised syphilitic inflammation of the nervous system recurring during the secondary stage. The pathology proves this beyond question, or doubt. Other cases, also, in the second stage, which in my practice have yielded to treatment, will be found detailed under the heading of "Diagnosis," as well as specific neuralgias.

OBSERVATIONS ON RENAL AFFECTIONS IN CHILDREN. (a)

By W. H. Day, M.D., M.R.C.P. Lond.,
Physician to the Samaritan Hospital for Women and Children.

The renal affections of children are less frequent than many of the ailments to which early life is liable, but there hangs about them an obscurity which in a physiological point of view is perplexing, and in a clinical one difficult to reconcile with our knowledge of disease, and of the active functions which the kidneys possess when health is continuously maintained.

In order to understand the ailments to which the kidney is liable it may not be wasted time to glance at the renal apparatus in health, and to see how the different structures are concerned in the elimination of morbid elements from the blood.

Beale and Johnson say the water is first eliminated from the blood, and the urine salts are gradually added as the water passes down the tubules. Ludwig, Brunton and others entertain the view that the water of the blood holding the different salts in solution is first squeezed out in a very diluted form, and that absorption of water goes on through the epithelial lining of the tubules, the urine thus becoming more concentrated as it passes down the tubules. The former assert that the function of the epithelial cells is to excrete urine salts, while the latter assert that their true function is to absorb water.

There are two facts which stand in a very significant relation to these views—one that after copious draughts of water the epithelial cells do not exert themselves in absorbing water freely, so the urine is copious, and of low specific gravity, while during thirst the epithelial cells absorb water more actively, and the urine is scanty and contains salts. The other fact is that in cirrhosis of the kidney, where the tubules are denuded of epithelium, the urine is copious, and of low specific gravity.

The importance of this subject practically is the question as to whether the urine when first squeezed into the glomeruli is albuminous or not. According to the view of Ludwig and others, it is primarily albuminous in a faint degree, and that the albumen is reabsorbed along with much of the water by the epithelial cells of the tubes. According to the other view, albumen is thrown out along with the urine salts in disease of the urinary tubules. The question has not yet been settled, but the view of Ludwig seems more feasible and consistent with the known fact, that albumen appears in the urine when the tubules are diseased.

On the assumption that the epithelial cells normally reabsorb albumen as well as water, we can readily understand how in certain conditions albumen is present in the urine. When the tubules are the subject of inflammation they lose their power to reabsorb albumen, consequently albuminuria is constantly found in tubular nephritis, as we see commonly after scarlet fever. We can therefore understand how temporary derangement of the epithelial lining of the tubules *may* be followed by the appearance of albumen in the water. Such a condition may exist without the kidneys being necessarily organically diseased. In cases of albuminuria, then, the question arises whether the passage of albumen in the water is due to conditions of temporary derangement or to structural disease of the kidneys.

(a) Read before the British Medical Association at Manchester, Aug. 1877.

Albuminuria in young subjects is generally attributed to scarlatina at some time or other. The attack may have been mild, with scarcely enough, if any, eruption to attract notice, but the poison has fallen upon the kidneys, and produced hyperæmia, or even inflammatory changes in the urinary tubules.

It is enough for my present purpose to consider the subject in two forms :—1. Temporary Albuminuria. 2. Permanent Albuminuria.

To illustrate my observations I will record two cases which I have long and carefully observed, the one arising from the scarlatinal poison, the other from cold and neglect.

The following case of temporary albuminuria is one of great interest ; it is typical of a class frequently met with after scarlatina. When the eruption has faded away and the child has resumed his ordinary habits, there is nothing to call attention to the kidneys, and so the matter is overlooked till some obscure symptoms of ill-health invite attention to the urinary secretion.

J. D., æt. 10, a pale, thin boy, came under my care at the Samaritan Hospital, as an out-patient, on Sept. 9, 1875. A month previously he had a sharp attack of scarlatina ; the rash was bright, but the throat only slightly inflamed. Just before he fell ill, his sister was laid up with the same complaint, but she soon recovered. About ten days before I saw him the glands of his neck had begun to swell, and during the last four days of that period his eyelids had been puffy, he had been sick every morning, legs not swollen, but skin desquamating in large scales, and the hands slightly peeling. He wandered much at night, and snored heavily, which was chiefly due to enlarged tonsils, and some slight follicular inflammation of the throat. His appetite had now failed him, and he was disinclined for any kind of food. He had continuous frontal headache, and a hacking cough, but the chest was quite healthy. He passed in my presence some turbid acid urine. On boiling, three-fourths of the specimen fell to the bottom of the test tube as a thick flocculent deposit. The addition of nitric acid rendered the specimen dark, but did not disturb the general arrangement of the albumen.

He was ordered a milk diet exclusively, and to be kept in bed. A poultice was applied to the loins, ten grains of compound jalap powder given every morning, and a mixture of acetate of potash and tincture of digitalis three times a day. A warm bath every night.

13th.—The bowels had acted freely, and his appetite was much better; his spirits and appearance had improved, and he slept quietly and without dreaming. The urine increased in quantity, twenty ounces having been passed from 10 p.m. yesterday, till 9 a.m. this morning.

16th.—He passed a pint of clear urine at 7·30 a.m., and 5 oz. of similar urine at 11 a.m. As a rule, he scarcely voided any during the day, mostly at night and in the morning ; sp. gr. 1016, clear, acid ; there was merely a slight flocculent deposit dissipated by heat—prolonged boiling threw down a copious deposit.

He looked brighter and better, all puffiness having disappeared from the eyes, but he had lost much flesh since the fever ; tongue quite clean ; the bowels acting freely twice a day. Since the bath the desquamation of the skin was rapidly diminishing. A drachm of the compound tincture of bark was added to each dose of the mixture.

20th.—For the last few days he had passed twice the quantity of urine he had on his first visit. Sp. gr. 1018, reaction acid, and rather smoky hue. On standing four hours in a deep narrow glass, it threw down a flocculent deposit, which under the microscope revealed a good many blood corpuscles, some lithic acid, a few epithelial cells, but no casts of the uriniferous tubes. He ate well—he seemed never satisfied.

Urine passed from

Sept. 20 8 p.m., till 21 8 p.m., 48 ozs. (slighly darker).
,, 21 ,, 22 ,, 60 ozs.
,, 22 ,, 23 9 a.m., 6 ozs. pale, slightly clouded, sp. gr. 1010 acid, no deposit, nearly un-

affected by boiling, except on the addition of nitric acid, which produced a slight amount of haziness.

27th.—He was intensely pallid, the features shrunken, the temples hollow, but all dropsy had gone. Since the 23rd, he had passed as much as 40 ozs. of urine in the 24 hours, but the average quantity had not exceeded 20 ozs. He micturated after breakfast, then in the middle of the day, and then again at bed time. He was never disturbed at night.

An analysis of the urine showed that it was rather frothy and smoky, sp. gr., 1,016, reaction acid, rendered clear on slight heat; boiling cleared it at first (phosphates), but soon a flocculent precipitate was discernible through the urine, which nitric acid increased.

Oct. 6th—The urine was then of acid reaction, sp. gr. 1020; slightly cloudy on heat, and faint flocculi seen on the addition of nitric acid. From this time I lost sight of the patient for nearly three months.

Dec. 24th.—After some difficulty I found this boy again, his temples had filled out, he looked perfectly well, and went regularly to school. As far as could be ascertained he made water three times a day, and on an average from eight to nine ounces at a time, and he was never disturbed at night.

The urine passed was whitish and turbid, reaction acid, sp. gr. 1026, clear on heat, without a trace of albumen. Three days later it was of a pale straw colour, and in all respects normal.

Such a case as this brings forcibly before us the part which active and passive congestion play in diseases of the kidney.

Congestion of the kidneys is one of the most important disorders to which these organs are liable. It is a common attendant on many of the ordinary ailments of children, passing away with the recovery of the patient, and leaving neither inconvenience nor structural change behind it. Two kinds of congestion exist :—1, Active; 2, Passive. In the *first* more blood is determined to the organs, and in the *second* there is an obstruction to the return of blood from them.

Now it is well known that in measles and scarlet fever, as well as in many inflammatory diseases, there is a determination of blood to the internal organs, and congestion of the kidneys is of common occurrence. In measles it is often slight: it is notably more marked in scarlet fever, with considerable blood, casts of uriniferous tubes, and epithelial cells, so that the urine is albuminous; and this is a point I shall more particularly consider when I come to speak of a state of congestion of the kidney brought on, not by the scarlatinal poison, but by exposure, bad living, impure air, and the strumous habit.

The *passive* form, so far as it relates to children, is most common in mitral regurgitation, emphysema, enlarged spleen, or other abdominal tumours pressing on the vena cava.

Experimental research has long demonstrated the fact that a ligature placed round the renal vein obstructing the return of blood, causes the kidney to increase in volume, and the urine to contain albumen, casts of the uriniferous tubes, and renal epithelium. Hence the liability in inflammatory disorders and checked cutaneous action for the kidneys to become congested like other organs, and so to create a disturbance in the intricate and nicely adapted circulation through the Malpighian tufts and plexus of capillaries which surround the uriniferous tubes.

(To be continued.)

THE collections in aid of the Indian Famine Fund amounted at the time of our going to press to nearly a quarter of a million sterling. To this nearly all the towns in the kingdom have contributed, the whole being remitted through the hands of the Lord Mayor of London to the Central Committee in India.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN. (a)

(Under the care of Mr. O'GRADY.)

AT the end of August a group of important and interesting cases occupied the surgical beds, amongst which were noted three examples of joint excision in knee, shoulder, and wrist. The first was in the person of a girl, æt. 17, the subject of chronic knee disease, which had long been under treatment. Operative interference being eventually necessitated, excision was practised on the 20th of August. Though the cut surface of neither femur nor tibia was what was to be desired, it was determined to attempt the preservation of the limb, which was put up, "fixed" with dorsal splint, and plaster of Paris bandage, suitable lateral openings being left in the application of this. Reactionary hæmorrhage (Esmarch's bandage had been used) required the apparatus and wound to be opened some hours after the operation; the bleeding caused by "weeping" from a cavity which had been gouged in the tibia was exceedingly difficult to staunch, and only eventually stopped by filling the osseous cavity with rolled up balls of carbolised catgut retained tightly in by pressing the sawn surfaces of the bones firmly together. When re-putting up the limb the box-splint with falling sides was used. The entire amount of blood thus lost was not many ounces—certainly under six. For some days sickness of stomach was intense, the utmost prostration, attended by temporary loss of eyesight accompanying and following it. This state of depression was gradually rallied from. Against the end of the month the wound was looking well, and the apparent prognosis becoming very hopeful.

A highly instructive case of blenorrhagic arthritis of knee was also under observation. It occurred in a young woman, 20 years of age, had developed suddenly five weeks after the appearance of the vaginal discharge, ran an extremely rapid course, and for a time gravely endangered both life and limb. There was constant and excruciating pain, severe night startings, accompanied by profound constitutional disturbance. Eventually, the more formidable symptoms yielded, the health improved, and there now seems fair prospect of recovery, with a more or less stiff joint.

Another "knee" of special interest is that of an eminently hysterical woman who has been suffering for nearly six years; there is undoubted, and it is to be feared progressing, disease of the lower end, accompanied by considerable thickening for some distance up of its shaft of the femur, and probably of the proximal extremity of the tibia also.

The shoulder excision for caries of three years' standing was on a young man, æt. 25, nearly three inches of head and shaft of humerus being removed together with a good deal of carious bone "gouged" from around the articular surface of the scapula. The limb was put up on a rectangular internal metal splint with axillary crutch. Thus far (excision on the 22nd) the progress of this case has been all that could be desired.

The resection of wrist was a most unpromising one, the subject being a wretched boy, æt. 7, affected also with strumous disease of the right eye. Various treatments, constitutional, local, and operative had been ineffectually tried, prior to the excision (on 13th August). Free lateral incisions allowed removal of the entire diseased carpus and gouging of the ends of the radius and ulna, which were also affected, as well as the taking away of the proximal extremities of all the metacarpal bones. It would be quite premature yet to venture on any favour

(a) Unless where it is stated that the patient still continued under treatment, the cases alluded to in this summary were amongst those discharged between the middle of July and end of August.

able opinion as to result, though, thus far, the local progress both of eye and limb towards repair has exceeded any expectations which could have been reasonably entertained at the time.

Another case of bad disease of wrist-joint occurred in a woman, whose age was given as 47, but who looked much older, said to be the consequence of a sprain received many weeks before. The hand detected extensive grating, and by the probe introduced through sinuses on both the internal and external sides of the joint, the radial and ulnar articular surfaces were felt to be extensively affected. The parts were gotten into a good position and secured to a dorsal splint. Pain now ceased and reparative action began. Owing to pressure on the beds the woman could not be retained in the hospital, and after some days was made an out-patient, there being every prospect of speedy recovery with a useful limb.

A striking example of the application of joint resection to conservative surgery had but lately been under observation in the person of a man, æt. 36, admitted on the 30th of March for compound fracture with dislocation of the left astragalus, the result of a fall on railway metals. The bone was immediately excised—a matter of some difficulty on account of the extreme degree of comminution with the limb put up fixed. When he left the hospital (11th August) two small sinuses were still open, though scarce any discharge, not more than a drop or two, and some days none at all come from them, the man being in good health and beginning to make use of the limb with every prospect of the best result.

Another severe injury also implicating the ankle was in the house simultaneously with the foregoing case in the person of a student, æt. 23, admitted for broken fibula. The accident occurred in a street row. Diffuse inflammatory mischief of extreme severity followed, involving leg and thigh, and accompanied by sloughing of the integuments in various localities about the foot and ankle. One of the sloughs of large size, on separating, exposed the lower portion of the fibula for some inches. After a while the parts took on reparative action kindly; cicatrisation being effected, and the patient leaving the hospital, after a stay of a couple of months, on the 7th August, for the country with a limb which promised eventually to be an unimpaired one.

Another case of extensive integumental destruction here, the result of direct mechanical injury, presented in a child, 2½ years old, whose foot had been caught under the wheel of a tram-car, between it and the rail. The largest slough on separating exposed the deeper structures, including portions of the two outer metatarsal bones on the upper and outer part of the foot, whilst there were other sloughs of more limited extent on inner side and sole of foot. The resulting ulcers were of an unhealthy type, and for a time the case bore an unpromising aspect. Repair, however, gradually began, and the infant, still under observation as an extern patient, is fairly progressing towards recovery. (*a*)

In a little boy, 8 years old, acute gangrene supervened on compound fracture of great, second, and third toes of left foot, consequent on a roller passing and crushing these digits; they were amputated on the third day after the accident, at the meta-carpo-phalangeal range of articulations. An erysipeloid attack retarded recovery, which otherwise progressed satisfactorily, and resulted in a foot of undiminished usefulness.

Amongst the fractures of the lower extremity were two of exceptional interest. In the one case a man, æt. 23, had fallen from a two-storey window and received complicated damages about the left knee, the tibia being fractured transversely through the head, whilst the lesion in the femur was comminuted and implicated the joint. There were also injuries of the head and face. Prompt union took place in the tibia, whilst in the femur it was delayed, necessitating the retention of the patient under treatment in the hospital from the commencement of June till the end of August, when he was discharged, having a well-consolidated limb, and with not more than two-thirds of an inch shortening. In the other case, both bones of the right leg of a man, æt. 41, were broken obliquely at one ankle, through or somewhat below, in immediate proximity to the seat of a former fracture which had occurred five years previously, and which had united, the patient said, with much deformity and shortening. Consolidation was rapid, the patient being able to leave hospital in a little more than three weeks, well pleased to have much less deformity and a longer limb than had resulted from the former accident.

Amongst the injuries of the upper extremity requiring admission was one of finger avulsion in a girl, æt. 17, a machinist, who had the middle digit of the left hand torn off by printing machinery. Several inches of both flexor tendons came with it, the extensor tendon breaking off close. The bone yielded about the centre of the proximal phalanx, the remaining bit being extensively comminuted. Disarticulation was done at the joint. Severe inflammatory mischief of the hand and forearm followed, necessitating a stay in hospital of nearly three weeks, when the girl was able to attend as an out-patient, the parts slowly progressing towards recovery, it being some weeks more before they were soundly healed.

In another case, that of a man, æt. 40, the right index had to be removed—also at the metacarpo-phalangeal articulation—for severe paronychia with acute necrosis, resulting from the prick of a thorn a few weeks previously. The stump speedily healed.

A troublesome case of recurrent hæmorrhage and diffuse inflammatory mischief of hand and forearm, which necessitated a lengthened detention in the hospital, occurred in a blind man who had accidentally thrust his hand through a pane of glass, severely lacerating the palm, wrist, and root of thumb. At first, pressure along the course of the radial and ulnar arteries seemed to have effectively controlled the bleeding; this had been dispensed with some days, when free hæmorrhage suddenly took place from the wound over the radial. An acupressure pin was passed under this vessel, just above the wound. At the time the hand and forearm were in a state of considerable disorganisation from sloughing cellulitis. The pin was removed before the termination of the third day; there was no further hæmorrhage, but convalescence was slow, though, subsequently, in result, quite satisfactory.

The femur, tibia, and lower jaw were each operated on for necrosis, as well as the calcis for caries. In the first case the lower portion of the left thigh-bone was affected on its posterior aspect. Two large sequestræ were removed after freely incising the principal sinus which led directly on them. More diseased bone was felt to be present, but it was not considered judicious to attempt anything further at the time. The patient, a peculiarly unhealthy-looking man, æt. 40, a tailor by trade, was much relieved by the operation.

The necrosed tibia occurred in the right bone of a markedly strumous girl, æt. 17, who also had caries of the left calcis. The diseased parts in both localities being fully exposed, caustic potash was thoroughly applied, being bored into the diseased cancellous tissue of the calcis. The girl still continues under observation.

The necrosed jaw was in a fine healthy-looking boy, 4 years old. It had begun with toothache, after which swellings formed about eight months previously. A free incision connecting two sinuses, enabled extensive sequestra, comprising nearly all the left side of the inferior maxilla, to be removed. The child did kindly, and was able to leave the hospital in a few days and attend as an out-patient. Probably, at a future day, there will be necessity for further operative interference with this case.

The upper jaw also required partial removal for an aggravated naso-pharyngeal polypoid growth, attended with considerable protrusion of left eye (of three years' standing,

(*a*) The improvement was continuous, the limb steadily cicatrising since discharge from the hospital.

in a lady, æt. 60) attached to both the roof of the nose and to the inner wall of the antrum—these attachments having been verified through a preliminary incision along the side of the nose; this was extended above and then outwards beneath the orbit, its lower extremity being prolonged through the upper lip. The flap thus made was raised and thrown out, and the anterior part of the left superior maxilla, with part of the outer wall of the nose, was removed, leaving intact the orbital and oral portions; this enabled the attachments to be fully got at, completely separated, and the actual cautery to be subsequently thoroughly applied thereto. The portion which came away with the rest of the growth of the polypoid mass had caused the absorption of, and broken through the posterior part of, the floor of the orbit, thus giving rise to the protrusion of the left eye. The length of the wound was united by hare-lip and entomology pins (a single point of carbolised cat-gut suture being used at the free border of the lip), with the twisted and crossed sutures. Some of the pins were withdrawn on the third, the rest on the fourth day. The twisted suture silk came off on the sixth, when the entire length of the wound was seen to be soundly healed, the line of incision being scarcely perceptible. This, as well as the two preceding cases, still continue under observation at the hospital.

Further, illustrative of the surgery of the face, was a case of double hare-lip; two of cancer of the same organ; two enucleations of the eye; and two tumours on the side of the face also presented. The hare-lip was a bad one, occurring in a lad of 18, and complicated with cleft palate. The central integumental portion was short and scant, the proximal edges of right and left segments of lip corresponding to it, and being very shallow where they formed the external sides of the fissure, but thus slanting downwards and outwards into a very deep upper lip. To remedy, as far as possible, this condition the limited parings (split by the knife) of each side of the lip were spared, everted, and united by hare-lip pin and suture so as to deepen the central line of the lip. All that could be expected was thus gained, and after the parts had soundly healed a secondary operation was had recourse to, so as by a free horizontal incision to enable the newly-made centre of the lip to be brought down. The result thus obtained was most satisfactory. The patient promised to return at a future day to have the cleft palate operated on. (*a*)

One cancer-lip occurred in an old man over 70 years of age, from whom the entire lower lip, from angle to angle of mouth, and extending down to the chin, had to be taken away by an extensive V operation. The parts, after free separation of cheeks from subjacent parts, came nicely together, except at the top, and were united by hare-lip pin and twisted sutures. The lower portion adhered, the upper space enlarged somewhat, the result being a considerable gap, which then cicatrised over healthily. His condition might have been much improved on as to appearance; but, under special circumstances connected with the case, further interference was not pressed for.

The other case of cancer-lip occurred in a man of 60, and occupied the left angle of the mouth, from which locality a cancer growth had, the patient said, been removed four years previously. The operation was performed in the usual way by the V incision; the wound being united by hare-lip pin, and did well.

Both cases of eye enucleation were for injury. In the first a policeman, æt. 34, had, as the result of a severe blow, the eye burst posteriorly and externally to the cornea. The iris, for two-thirds of its attachment, being also detached. In addition to the injury there was extensive contusion with laceration of the soft parts. The globe was removed in the usual manner; troublesome inflammation and suppuration of the lachrymal gland, consequent on impaction of a bit of stick, followed and retarded convalescence, which, in all other respects, was rapid.

(*a*) The cleft-palate alluded to in the clinical summary in our issue of July 25th was operated on again in August, but only partial success attended this second operation, the result being a mall opening much the same as that endeavoured to be closed.

The other case of eye removal occurred in a pale delicate-looking lad, 14 years old. According to the statement given, the injury necessitating the extirpation, was of a specially unusual nature. The eye, which had been the seat of long-standing staphyloma with bad corneal opacity, was said to have been burst by a pinch between the finger and thumb of a playmate; the rent was extensive, the humours had been discharged, and the cavity filled with clotted blood. The damaged eye, which was the seat of severe suffering, was removed as usual, the patient doing well after the operation, and leaving the house in a few days. In both this and the preceding case, the motions of the resulting "stumps" were thoroughly satisfactory. Another case of severe eye-injury, the result of a blow from a stone, attended with excessive chemosis and threatened loss of corneal vitality, ended well, free and repeated snipping of the engorged conjunctiva being necessary.

One of the growths on the side of the face was mainly fluid; it occurred in an elderly man, an out-patient, and sweep by trade, who said that a "soot cancer" had been removed from the right side of his face several months back by a surgeon since deceased. A large scar was visible crossing the face in about the line and direction of Stenon's duct. A dense but fluctuating tumour as large as an ordinary apple occupied part of the parotid region, and encroached considerably on the cheek. On tapping the growth it gave exit to a slightly blood-stained fluid, apparently saliva. When the cyst was emptied a concave, cup-shaped, firm mass, due apparently to developing cancerous formation, was left to form the base of the growth, the relaxed integument falling into it and giving the appearance of a considerable depression. After some time, when the sac had partially refilled, a fine probe introduced through the orifice of the duct in the mouth, was carried along it, penetrating the fluid cyst; this was subsequently replaced by a sea-tangle tent. The result not being satisfactory, a drainage tube was passed along the dilated canal, one end being drawn through an aperture made in the cheek, the other remaining in the mouth. This was worn for some time, and when removed a fistulous opening remained, which effectually prevented any re-distention, and was the means of great relief.

In the second case of facial tumour the growth, a solid one, exhibited some points of special interest. The patient was a man, æt. 61, who had a prominent tumour of some size, situated on the upper part of the right cheek; this was ulcerated on the surface, and in appearance, feel, and history strongly suggestive of its being malignant, a point, however, there was diversity of opinion amongst those who had seen the case. Removal proved the deep portion to be firmly adherent, dipping under and involving the bone so as to require the under surface of the malar and adjacent process of superior-maxillary bones to be somewhat freely gouged away. The patient made a good recovery, and was discharged from the hospital at his own desire five weeks subsequent to the operation, the surface still unhealed, being less than the size of a sixpence, and steadily cicatrising. A short time subsequent to his return there was an opportunity of hearing that this small portion was slowly healing. (*a*)

An exceptionally healthy-looking young man, æt. 22, presented an interesting example of exostosis of left tibia, situated on inner side of bone near its head. Though not very large (after removal, size of a good walnut) the pain it caused when walking or standing quite prevented his following his occupation as a tram conductor. Having been freely exposed, the periosteum being thoroughly reflected by the rasparatory, the dense shell of bone was cut round with the chisel, and the whole growth then easily sliced off with this instrument. The progress of the case was most favourable.

One case of breast amputation and one of bronchotomy remained under observation at the close of the month. The

(*a*) It would appear from a later account received since this was in print that there is now (Sept. 20th) commencing glandular engagement.

subject of the first was a woman, æt. 40, with a scirrhus, as big as a good-sized apple, of left heart. This was operated on on the 23rd July, the entire breast being removed. For many days after there was but little apparent action of any kind in the wound—the woman being weak and prostrate. After this, without obvious cause, repair commenced, and henceforth progressed satisfactorily and steadily, the wound against the end of August being nearly cicatrised; the woman able to go about, and in good health, her purposed departure from the hospital being merely a matter of some days.

The bronchotomy case was admitted on the morning of the 27th of August, and operated on immediately. Six days previously the little creature, a girl 3 years' old, had swallowed a spoonful of egg, in which there happened to be a bit of the shell. Difficult and croupy breathing are said to have begun immediately, the infant being since in a state of much and increasing distress. The finger introduced by the mouth, at first recognised the presence of a thin hard substance projecting from the larynx; but the gag slipping the finger had, owing to the severe biting of the child, to be removed before this could be successfully grasped by a forceps, and when it was re-introduced, the foreign body could not again be found. The urgency of the case did not admit of protracted examination. A somewhat swelled condition of the neck, with an exceptionally large and engorged isthmus to the thyroid, added to the difficulties of the operation, which was done under chloroform, the air tube being opened through the place of the cricoid and upper rings of the trachea; a full gush of air entered, and the child respired freely, whilst the edges of the wound were held apart by double hooks, a probe was inserted, first passed (the left index finger being in the mouth and meeting it) upwards, recognising a generally swollen condition of the parts, but no foreign body; then downwards with like negative result. It could not be said whether possibly the sudden rush of air when the trachea was perforated had not carried the bit of shell into the mouth, and hence its non-discovery through being swallowed or otherwise. On the insertion of the ordinary silver double trachea tube, the child breathed freely and fell asleep; after the first two days the tube first used was exchanged for one with a slit on its upper surface. The child did well from the first, but dyspnœa returning on closing the orifice it continued for nearly three weeks to require the presence of the tube.

Two cases of lateral castration occurred, the patients being operated on within a few days of one another; in the first the right organ was removed from a healthy man 40 years of age, for strumous disease. The cord was transfixed with a pin and the vessels tied separately; the patient left the hospital well in less than three weeks. In the second case tetanus unfortunately supervened, and ended fatally; here the patient was aged 55, and was the subject of weak heart. The left testicle had been the seat of chronic disease for 30 years, of late becoming more painful and troublesome, besides showing a tendency to increase more rapidly in size, which now equalled that of a cocoa nut (without husk), in shape somewhat resembling a large Spanish onion. After exposure and partial separation of the parts, the cord, which was involved for some distance up the canal, was drawn down and transfixed by a long needle, divided, and four vessels separately tied, as a general weeping still continued from its surface; two half hitches of silk were then thrown over the point of the needle, round the anterior and posterior segments, and twisted round the handle; this perfectly commanded the bleeding, they were loosened in a few hours without any return of it. The needle was withdrawn next morning, a few drops of blood coming, which the application of turpentine at once arrested. The local progress of the wound to repair was exceptionally rapid, it was almost entirely healed at the time of the man's death. On the seventh day sore throat was complained of; this condition the patient said he was used to, when he allowed his bowels to get costive. There was neither on this, nor till the termination of the next day, any tetanic expression nor muscular rigidity, when both appeared; the former recognisable but not well marked, the latter in the sternal portions of the sterno-mastoids. Difficulty of swallowing now became a marked symptom. The affection ran a very rapid course, patient dying in a convulsive fit ten days and a-quarter after the operation. Doubtless the sudden wind-up of the case was in large degree due to his weak heart. The treatment was mainly subcutaneous injection of eserine, and had apparently no effect.

Of two cases of stone in the bladder, the patient in one was a man, aged 52, the subject also of enlarged prostate. He passed a small calculus after being sounded a couple of times and its presence recognised, got relief and left the house, still with a considerable amount of cystitis. The other patient was a man, aged 31, in whom a stone existed of some size, and the patient was now in bad general health, and much depressed in spirits, though suffering greatly insisted on leaving the hospital to see his people before undergoing further treatment. Also illustrative of the pathology of the genito-urinary system was the case of a girl, aged 22, in whom a marked abdominal pulsation simulated aneurismal affection; there were also co-existent hysterical and dyspeptic symptoms; the condition was found to be dependent on subacute endometritis, and was much relieved by topical treatment.

Two cases of fistulous communication with the gut occurred: a fistula in ano, and one in the right groin. The subject of the former was a man, aged 56, of reduced circumstances, and who some years previously had been badly paralysed. The external opening was situated anterior to the anal orifice, the internal being three-quarters of an inch within it; the sinus, a peculiarly large and capacious one, was slit with the curved bistoury; it healed readily, the patient taking his discharge in a fortnight, the mucous lining of the old fistula now forming a considerable portion of the anal circumference. He had perfect command over his evacuations.

A woman, æt. 42, was the subject of the fæcal fistula. She presented with the symptoms of acute abscess in the right groin, a slough being already formed on the surface. This was allowed to separate spontaneously, the opening being somewhat internal to the centre of the groin and gave exit to "wind," fæces, and occasionally gushes of bilious material. No probe or flexible catheter could be introduced into the gut. The treatment was mainly tonic—local support and compression with suitable pads and bandages. After a stay of nearly three weeks in hospital she left by her own desire, greatly improved, and able to a great degree to control and regulate what passed, now usually merely "wind," the fæces nearly altogether pursuing their normal route.

An important case of subclavian aneurism, and one of aneurismal varix were amongst the patients who continue under observation. The former affection is in a quarryman, aged 37, the disease on the right side occupying the third and part of the second stages of the artery. There is marked atrophy of the corresponding forearm and hand. The man's sufferings were formerly extremely severe, but so much relief followed rest, local use of ice, with internal tonic and sedative treatment, that further interference has been declined. The aneurismal varix occupied the right temporal region and side or head of a healthy man, aged 27, and resulted from a scalp wound received some years before. In extent the affection exceeded that of the palm of a large hand. The main blood supply is from below, where a temporal the size of an ordinary cedar lead pencil can be felt entering; there are also at least four other anastomosing points around the circumferential margin. It is intended to try the effect of tying the large temporal branch, and applying pressure over the course of others and the surface generally, (*a*) and should this fail, then to adopt a more radical mode of dealing with the vascular mass.

(*a*) This was carried into effect on the 4th of September, the large and tortuous vessel being tied with cat-gut; pressure has been kept up since by corked pads. The wound healed in a few

days, and the improvement of the case thus far (Sept. 21st) has been marked, being fully equal to what could have been looked for, though it would as yet be premature to regard that further operative interference may not be necessary.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 26, 1877.

THE INDIAN FAMINE.

OUR readers no doubt, in conjunction with the public, generally fail to realise from the accounts placed before them by the daily papers, the appalling state of destitution and starvation now obtaining in parts of our great Eastern dependency. A general *résumé* of the state of affairs will therefore be presumably acceptable. The south-western portion of the Bombay Presidency, the southern Mahratta country, the Deccan, Mysore, and almost the whole of the Madras Presidency constitute the area affected by the famine; but it is the last-mentioned district where the most extreme want and suffering now exist and are likely to continue for many months. Out of a population of over 30 millions affected, Madras has sorrowfully to claim some 18 millions; and it is in this district where the greatest want is to be found, and concerning which we shall generally confine our observations. Here alone nearly 2 millions of people are dependent upon State aid; of these, about one-half are employed by Government upon relief works, while an equivalent number, many of whom, being too aged, infirm, or youthful for manual labour are left to the beneficent and charitable exertions of those endeavouring to minister to their wants. Of this self-helpless population, about three-quarters of a million are in receipt of gratuitous relief on the part of the Government. Taking the labouring and non-labouring recipients of State assistance, about 10 per cent. of the affected population are at present being cared for. In some districts the privation is so general that no less than 30 per cent. are being relieved. In spite of the utmost exertions of Government servants, exertions of men of steel, the most harrassing accounts of physical suffering daily reach us. Thousands famishing from want, unclothed, and houseless pervading the famine districts are reduced to the most dreadful straits to preserve existence; undoubted cases of actual cannibalism, in the shape of devouring the emaciated bodies of previous victims, have been recorded. So fiercely has the devastating scourge raged, that over half a million of people in Mysore and Madras alone have succumbed, and it is morally certain that this number is now being largely extended, and will continue to do so before fresh crops can be gathered and distress released. Nor can the calamity be gauged by the immediate and direct sacrifice of human life and the loss in money to the State during the period of actual famine. The effects of the physical privations undergone by the survivors will be felt for many years to come in increased death-rates. Ravaging epidemics may very probably decimate districts where enfeebled constitutions render their advent favourable. Energy and efficiency will be impaired for future operations. The loss of goods and possessions, including that of the live stock which constitute the draught-power of the country and the incubus of overwhelming debts, will, together, render the disaster as complete as can be conceived at the present day. It will require closer financing upon the part of the Government to avoid at such a juncture the undue taxation of an impoverished people. For the cause of the great visitation we have not far to look. A series of deficient or even absent monsoon rains in the various districts for over eighteen months, has rendered cultivation impossible. The south-west monsoon of 1876 which should have commenced about May of that year, was in many quarters a failure as to rain, and much scarcity was, in consequence, anticipated, which it was hoped would be tided over by the rain of the coming north-east monsoon, due in October. This also failed, when the outlook became very dark indeed, and provision was made for the relief of the now sorely-pinched people till the rains of the spring monsoon of 1877 should replenish the empty garner and restore the long hoped for sufficiency. But no! All calculations and hopes were dissipated when May, June and July passed over without the usual downpour, and the terrible fact was then realised that the August crops so anxiously looked for would never be gathered at all, or very sparingly in some districts. Government has now, therefore, staring it in the face the Herculean task of providing for the support and sustenance of probably, three millions of people till the end of January or early in February next, when it is hoped and may confidently be believed that an abundant north-east monsoon will put an end to the terrible suffering now existing. Such a continued failure of periodical rains as recorded, is unknown in Southern India. Government cannot be blamed for not foreseeing the calamity. It had done as much as could fairly be expected to meet the difficulties which it was reasonably believed the August crops would dissipate. The stores of grain in the country were exhausted last month, now immense supplies are being imported along the different seaboards and conveyed by rail to the affected districts as rapidly as facilities will permit. The

railways are almost unequal to the task before them, and the difficulty of conveying the relief from the railways to the outlying villages is extreme, owing to the greater part of the bullocks, which are the sole means of draught in certain districts, having succumbed to the absence of pasturage consequent on the drought. The task of judicious distribution of food when it does arrive at the various centres of destitution is no light one. In the established relief camps, where the poor are ministered to under direct European supervision, no doubt applicants will receive charitable attention, but it is in the remote and thinly-populated village, where infirmity, sickness and inherent pride, prevent attendance at the charity dispensing depots, that the harrowing effects of the famine will be most felt. These sufferers if not looked out, will surely be left unprovided for. The Hindoo mind is so eminently fatalistic, that in general it receives suffering and reverses with stoical indifference, believing that the "bad time" which all must be prepared for, has arrived and that the acts of the Creator should not be thwarted by any individual efforts; the result being that the more conservative and uneducated will simply await their fate, whatever it may be. The European agency, available for relief work, is unfortunately, but too limited to exercise much more than a general supervision over operations. To native subordinates must of necessity be left the duty of seeking out and ministering to individual suffering and native agency means, but too often, peculation, bribery and corruption. The waste and wholesale dishonesty, however, which characterised the Bengal famine of three years since, will not be found during the present crisis. The severity of that now raging is incomparable with that of 1874, for it is a fact, that more die in one day in the presidency town of Madras, than did during the whole period of the Bengal famine upon which such true sympathy was wasted. The Hindoos are an innately charitable race, and where such extreme necessity arises for the disposal of relief the element of dishonesty will be merely nominal. About one-half or more of the charity dispensed by Government is expended upon works of future utility. The sums spent in this direction will, however, far from represent the value of the work executed, as compared with what might be done with the same expenditure under ordinary circumstances. No one but those who have had experience of the working of large gangs of Indian coolies can appreciate the extreme difficulty, or rather impossibility, of getting a full and honest day's work out of each individual. Where it is by any means possible for a man to shirk his work he will most surely do so; and on relief works, where the resources of supervision are strained to the utmost, the workman has the fullest opportunity for satisfying his indolence. The relief cooly is also depressed and unfit for any laborious toil from insufficient sustenance. The result is that Government does not benefit from more than fifty per cent. of what it expends upon relief works; but even calculating at this rate the amount of work that can be done by a million of hands working some six months it will be seen what a vast result will accrue before it is found possible to abandon the present organisation. New roads, railways, and irrigation works will be forwarded throughout the districts most requiring them; and this is the solitary good which the very ill wind of famine will blow to the country. It will be asked what prospect there is of a repetition of this great catastrophe? and what steps should be taken to avoid a future one? A calamity as great as the present one need not, we believe, be feared again for ages to come, unless, indeed, the character of the climate suddenly alters; and unless such a convulsion of nature does arise, such climatic disappointments as have taken place during the last eighteen months can hardly again occur. One or even two monsoons may fail in succession; but such continuous failures are next to impossible. Famine, less severe and widespread, will, however, of a certainty occur; and it behoves Government to look such contingencies fairly in the face. Liberal and extensive irrigation projects must now be taken in hand. The welfare of the country must have precedence of all other considerations. Schemes which would preserve whole districts from all the horrors which parts of Madras are now experiencing must not be abandoned because financially they might not directly pay. Millions of tons of water which are now running to waste into the sea might be led into storage reservoirs, to be the means of irrigating thousands of square miles of a parched, and therefore unproductive, country. Numerous such projects as these have been matured long since, but the promoters have been met with the reply that it would be doubtful if a financial profit would accrue from the undertaking, and the matter is thus shelved. Till Government adopt a more liberal policy than its present one in the construction of works facilitating irrigation, as well as of increased internal communications, periodical famines of more or less severity will surely continue to devastate the land. Much, indeed, has been done in this direction, but now much more is required. The assumption of the Imperial title on the part of her Majesty the Queen, and the recent visit of the Prince of Wales to India would seem to indicate that truer interest is being taken by this country than heretofore in our great Eastern colony. Let us hope that the outcome will be something more practical than the flourishing of gorgeous pageants, gushing expressions of friendship and goodwill, and the undignified and detrimental pandering to native prejudices which has recently characterised the Indian Government.

MEDICAL REFORM.—II.

(*Continued from Sept. 12th, page 216.*)

It would no doubt be of the greatest possible assistance to the student if the suggestions of Professors Quain and Huxley could be practically carried out, for the reasons they have adduced in support of their views are incontestible.

Returning again to our subject, and to the special question of surgical monopoly, every veteran reformer knows that the College of Surgeons has always been a stumbling-block in the way of medical education, and it has only been by persistent agitation that the general practitioners of England have secured their present privileges and attained their present rank and position. As regards its position towards one of the most important departments of medicine, even at

the present time, we need only refer to the Address lately delivered by Dr. Barnes in the Obstetrical Section of the British Medical Association. Pure surgical direction must then be no longer tolerated: as an important part of our educationary necessities, it must always be valued, but it is only a part, and by no means the most important one.

But have we not the Medical Council, which is supposed to have considered the question of preliminary and general medical education? Remembering the constitution of that body, that it numbers and has numbered amongst it some of the most highly educated, intellectual, and practical minds in our profession, it is with a feeling of regret and of positive pain that we have to impeach its actions. Has the Medical Council shown itself capable of grasping with medical education in the past? Are the records of its proceedings a source of pride to us? Has the profession gained by it, considered even in the narrowest and lowest estimate of class interest and medical protection? The universal voice of the profession has been raised against the great waste of money in its machinery, and if by some imperial ukase or *coup de legerdemain* the Medical Council was dissolved to-morrow, its existence would be neither regretted nor missed; for when its history comes to be written, it will be almost comprised in the one word "failure." Individually each member is distinguished in his branch of his profession; individually each member might devise a scheme for medical reform entitled to some degree of respect and consideration; but it seems, as a collective body, it lost all grasp of mind, and that it shared a form of progressive pernicious atrophy common to all corporations. Its policy has certainly been one of masterly inactivity; but, perhaps, some excuse may be made for the representatives, for as they are sent to defend the vested and rival interests of various corporate bodies, they lose their individuality and become simple *automata*. As an instance of individual power to thoroughly grasp the spirit of education, we may point to the views expressed by Dr. Stokes, and we must candidly confess that the Irish members of the Medical Council seem to be distinguished by a greater breadth of view and by a higher appreciation of the necessity of preliminary *cultus* than either the English or Scotch representatives. Dr. Stokes has recognised the necessity of the higher education we are speaking of, and had he not been swamped by opposing elements, we believe preliminary education would long since have been settled. Dr. Stokes knows that the acts of the Medical Council have been exposed to depreciating observations, owing to its efforts not being devoted sufficiently to general education; to its adminstration of an imperfect law imperfectly, and also to the fact that though it had no coercive power in the matter of education, it had not rightly used the moral power it possessed.

How much it might have done, if not for medical protection, at least for internal reform, may be seen when we consider the work achieved by a small organised body of active and earnest reformers, without the social prestige of the Medical Council, without its moral influence, and without its funds. We have lent the ægis of our protection to the Medical Defence Association, because we saw in it the commencement of an agitation which would prove not only of advantage to the profession, but to the public; that it was an indication of progress from the fact that it directed its attention to the sweeping away of abuses within our own ranks; whilst at the same time we look forward to the time when its necessity will be no longer required, not in an ideal future, but in a practical consummation of our expectations.

We have said that the British Medical Association was adopting a policy of retrogression when it had made up its mind deliberately to descend from the triumphant car of the medical patriot, and to accept the less distinguished position of the trades' unionists; that the correction of the 40th section of the Medical Act was a most desirable object, but that after all it had a closer connection with the pockets than the hearts of medical men, and that if the British Medical Association laid claim to the possession of a soul for science, and was ambitious for medical purity and the elevation of the profession, it ought to aim higher than the crushing out of those who compete for medical fees. When that distinguished Irish physician, Dr. Stokes, occupied the presidential chair, he gave utterance to some valedictory words which should be printed on the frontispage of the *Association Journal*, and as they bear so much on the internal reform we have so much insisted on, and as they embody the spirit of our remarks on education, our readers will profit by their perusal.

After recognising that there were great wrongs to be redressed in our profession, Dr. Stokes said, "But these evils being admitted, how are they to be lessened if not removed? Is it by public agitation and remonstrance addressed to deafened or unwilling ears? Is it by the demand for class legislation? Or is it by the efforts of one and all to place medicine in the hierarchy of the sciences—in the vanguard of human progress, eliminating every influence that can lower it, every day more and more developing the professional principle, while we foster all things that relate to its moral, literary, and scientific character? When this becomes our rule of action, then begins the real reform of all those things at which we fret and chafe; then will medicine have its due weight in the councils of the country. There is no royal road to this consummation. On the one hand, the liberal education of the public must advance, and the introduction of the physical sciences into the arts-courses of the universities has given the death-blow to empiricism; and, on the other, that of ourselves must extend its foundation, and we must trust far less to the special than to the general training of the mind.

"When medicine is in a position to command respect be sure that its rewards will be proportionately increased and its status elevated. In the history of the human race three objects of man's solicitude may be indicated—first, that of divinity; next, that of law or government; and as man often seems to love gold more than life, the last is medicine. But with the progress of society a juster balance will obtain, conditionally that we work in the right direction and make ourselves worthy to take a share in its government, not by coercive curricula of special education, not by overloaded examinations in special knowledge, which are, in comparison to a large

mental training, almost valueless, but by seeing to the moral and religious cultivation and the general intellectual advancement of the student.

"Doubtless such a revolution—which, could men only read the signs of the times, is slowly though surely coming—will lessen the number of a certain order of candidates for licence to practise. Doubtless, also, while the funds of special corporations will be diminished, university education will be extended; and the whole character of medicine will be changed, greatly to the advantage of its social position in the country and the interests of science and the public at large."

These words were spoken in 1868; the higher education of the country has extended, and we may say "the hour has come," but where is the man to evolve order from chaos?

We have dealt with the first part of the programme, reserving for further articles our opinions on pure medical education, medical qualifications, and necessarily, the legislative clauses that would have to be enacted both to confer privileges and to protect those who may comply with the requirements of a new Medical Act.

MIDDLE-CLASS ASYLUMS FOR THE INSANE.

The name of Dr. Connolly will ever be associated with the amelioration of the conditions of the insane. And it is one of the most pleasant retrospects of our profession to visit a modern Pauper Lunatic Asylum, and then turn to the descriptions in his pages of the Asylums of his day. He tells us "that at no very distant period lunatic asylums were but prisons of the very worst description; small openings in the walls, unglazed, or whether glazed or not, guarded with strong iron bars, narrow corridors, dark cells, desolate courts, where no tree, or shrub, nor flower, nor blade of grass grew—solitariness or companionship so indiscriminate as to be worse than solitude. Terrible attendants armed with whips (sometimes in France), accompanied by savage dogs, and free to impose manacles and chains and stripes at their own brutal will; uncleanliness, semi-starvation, the garotte, and unpunished murders.

"There were no gardens for exercise or recreation, no amusements nor cheerful occupation, no books to read, no newspapers or pictures, no excursions, no animating change or varieties of any kind, and no scientific medical treatment. No chapel bell assembled the patients for prayer or suspended the fierce and dreadful thoughts and curses of their dungeons." The treatment was of the rudest description, human perversity devised means for the torture of the unfortunate inmates. The vicious, the criminal, and the insane were huddled indiscriminately together, and chains, manacles, strait-waistcoats, dark cells, the swing and the surprise bath were the curative agents.

The poor patients were sent almost into a living tomb never again to mingle in the world, but to rot and die forgotten and uncared for.

The following Virgilian description of another place might be well applied to these dens:—

> Vestibulum ante ipsum primis que in fauc.bus orci
> Luctis et ultricis posnere cubilia curæ,
> Pallentes que habitant morbi tristisque senectus,
> Et metus et malisnada Fames, ac turpus Egestas,
> Terribilis visu formæ.

In striking contrast we have now even for the poorest classes buildings well constructed and spacious, with corridors cheerful, and adorned with paintings, statues, flowers, with wards well ventilated and clean; whilst the food is of an excellent description, the nurses kind and intelligent, and restraint is absolutely abolished. There are grounds handsomely laid out for the patients to exercise in, amusements, book, newspapers, periodicals, religious consolations, and every comfort which modern medical science can contribute, with the object of restoring the patients back to their friends and society.

But besides the credit due to Dr. Connolly for his ardent advocacy of the non-restraint system, which has been further perfected by those who have followed in his footsteps, he deserves a still further meed of praise for his efforts to establish middle-class asylums for the insane. In 1845 he developed a scheme to provide accommodation for this special class, and made a powerful appeal to the profession and the public on their behalf. He then said "I believe there are few practitioners who are not occasionally at a loss respecting the disposal of an insane person whose family is much above the condition of pauperism, and yet not so rich as to bear the expenses attendant on sending an afflicted relative to a good private asylum."

It is a matter of surprise that even in our own day the same want exists; that though we have progressed so much in our provisions for certain classes of the community, though we have far transcended the wildest dreams of Dr. Connolly in some respects, we have still, in order to thoroughly complete our lunacy system and to crown our work, to carry out in this respect the suggestions of that enlightened reformer. In every county in England such institutions ought to be in existence, but unfortunately the public mind is not always ready to receive the influence of truth, even though it may be self-evident, or to immediately adopt reforms, however seemingly imperative and necessary. A certain amount of silent education has to be undergone before nobler impulses are stirred, before the philanthropy and charity deeply implanted in the English breast bear worthy fruit; but we have sufficient monuments of the generosity of our countrymen for the relief of suffering already in existence, to offer us a reasonable guarantee and hope, that when another appeal is made, and another channel opened out both for private and public beneficence, it will be nobly and warmly responded to.

The largest county in England yet wants a middle-class asylum to complete its list of benevolent establishments, and as Yorkshire has hitherto been noted for its largeness of heart in supplying the necessary funds for the alleviation of distress in other forms, it seems to us this want only requires to be adequately known to secure a remedy. In connection with insanity, Yorkshire has played a distinguished part; the York asylums being noted for this early adoption of the non-restraint system, whilst their pauper asylums of the present day reflect credit on the administrators of poor-law medical relief.

We cannot do better than transcribe the words of another modern earnest reformer in matters affecting lunacy on this subject, and we almost wonder, remembering his character for energy and perseverance in any

cause he took in hand, that he left Yorkshire without completing his scheme.

Dr. Crichton Browne, a few years since, revived this subject, and proposed the erection of a middle-class asylum for West Yorkshire, and in a very forcible letter, published in the *Leeds Mercury*, said: "The want of a middle-class asylum is sufficiently indicated by the presence, in the wards of our pauper asylums, of a considerable proportion of patients who, though nominally paupers, properly belong to the middle classes. In these wards are to be found clergymen, officers, doctors, well-educated clerks, artists, and men of business, governesses, the wives and daughters of professional men, and many others who have been accustomed to culture and refinement, in painful association with the untutored, and coarse ill-bred labouring classes, and even with criminals, tramps, and prostitutes.

"And under existing circumstances, such uncongenial combination is inevitable. To the professional and middle classes, to most of those who have to 'mix brains' with business, madness means impoverishment, if not penury, and brings with it the twofold curse of restricted means and enlarged requirements.

"For not merely is income diminished, but treatment is required. So the friends and relations of persons suffering from madness in the middle classes have to seek for an hospital where safety and treatment may be obtained at a moderate cost proportionate to the curtailed resources of the afflicted family. But such a search must, in many instances, conduct finally to the county pauper asylum. Practically, there is a great gap between public pauper asylums in which the charge for maintenance, clothing, and medicine is about 9s. or 10s. per week, and the private asylums in which the rate of board is not less than £100 a year.

"No intermediate establishments exist, and thus it is that the insane of the middle classes, who cannot afford to pay anything like a £100 a year, gravitate into our pauper asylums."

Dr. Brown also points out the injurious effects of this association with a lower order of mind, and the consequent greater difficulty in effecting a cure.

We can add very little to show the necessity of carrying out his suggestion; and as the conclusion of his letter has a practical bearing on how this might be done, as insanity, according to the returns, is largely on the increase in Yorkshire, and as the present time is a favourable one for introducing it again to the notice of Yorkshire philanthropists, we give it *in extenso*:—

"Some of those noble impulses which are always stirring in Yorkshire will surely concentrate in this charitable work, than which none more full of promise can be devised. The splendid munificence of one individual has provided a middle-class asylum for Middlesex at a cost of £100,000, and it cannot be Utopian to anticipate that the combined generosity of a few of those who are endowed with wealth in this district will secure about a fourth of that sum, which is all that would be requisite, to establish a middle-class asylum commensurate with the wants of the West Riding.

"Once fairly launched and properly organised, such an institution would be self-supporting. No appeals for subscriptions would harass its patrons. It would pursue a course of uninterrupted and beneficent usefulness, and would be recognised as a commercial success as well as a boon and blessing to some of the most grievously afflicted of our race."

Notes on Current Topics.

Army Hospital Corps Warrant.

FEW regulations issued from the War Office have been received with such marked approval by the profession as this one conferring upon military surgeons, and most properly, the command of their own hospitals and subordinates, a privilege we have no fear will be abused by those to whom this new power has been in the history of the Army Medical Department for the first time committed. The combatant branches will naturally criticise any errors or omissions, and we can only trust that these will be few and far between. It behoves our medical brethren to exercise their new power with firmness, temper, and discretion, in order that so important, and no doubt hardly fought-for concession, may be retained to the Corps for all time. "As it is desirable to keep up in all ranks of the army a proper feeling and high sense of honour by which the correct and willing discharge of duty will be best ensured, officers of every rank should be impressed," says the Queen's regulations, "with the advantage which they, individually, their own corps, and the service at large, will derive from the adoption towards the non-commissioned officer and soldier of a system of command and treatment which should ensure their respect."

Food and Infant Mortality.

WE have more than once drawn attention to some of the causes of infant mortality in this country; but if a knowledge of these causes is to be extended to the class of people among whom this mortality is greatest, it must be through other channels than those afforded by the medical journals, or the columns of the daily newspapers. Lectures are one and a very useful means of communication between the minds of the scientific, or the more-educated, and the minds of the more ignorant classes of the community, and, therefore, the lecture which Dr. Ogle recently delivered on "Food" to a Birmingham audience is one of those popular addresses of which we cannot have too many. He, of course, alluded to the enormous mortality of children under a twelvemonth old, and to several other facts with which most medical men are familiar; but it is only our intention now to mention one or two which are very apt to be overlooked. Ignorance, want of cleanliness, and neglect will account for a large number of the deaths which occur among children. Medical men, who know all about the proper feeding of infants, are not so frequently consulted on the subject as they should be. The very persons who are the most ignorant of, and at the same time the most interested in, these matters are often the most indifferent to them. Some members of the profession, however, do themselves neglect too much the subject of infant dietetics, and are more ready to cure than to prevent the evils resulting

from improper or insufficient nourishment. "It is to be regretted," remarks a lay contemporary, "that a few simple hints on the proper feeding of infants, especially on the easiest and safest way of giving them substitutes for their own natural nourishment, are not imparted to the poor." The suggestion is not a bad one, and one to which our excellent National Health Society might give, if has not already given, some of its valuable attention. A part of the work done by this Society is to distribute among the labouring classes tracts or leaflets on various subjects of sanitary importance, and we have no doubt that infant feeding has or will soon be a subject on which they will endeavour to instruct those poor people who stand most in need of their assistance.

The mistake is often made of imputing the mischief resulting from improper feeding to anything but the right cause. Diarrhœa is said to be owing to "bad drainage," or to the heat of the weather, when after all it has arisen from the nature and quantity of the food. Convulsions are imputed to teething, when clearing out the bowels and regulating the diet will at once remove these symptoms.

Again, it is too often forgotten that there is *over* feeding as well as *under* feeding, and *improper* feeding of infants. We have seen children of two years old have as much to eat as would be sufficient for a strong working man; and it is a common thing to hear mothers say that the baby, who has perhaps only one or two teeth in its head, "has a bit of whatever happens to be going." Such was the case with a child about whom we were lately consulted. He had suffered for some time from laryngismus stridulus, and had been treated unsuccessfully with bromide of potassium, and various other remedies. Two or three physicians had seen him, but strange to say, none of them thought of inquiring into and regulating the diet of the child. This had been of the grossest and most incongruous nature, and soon after a lighter and more suitable diet was prescribed the little patient completely recovered.

Pharmaceutic Trade Deceptions.

It is satisfactory to be made aware that there is a section of English chemists whose conscience does not permit them to drive the trade in adulteration and deception which the English Pharmaceutical Society and its *Journal* have taken under their protection. In the last issue of that periodical we find a letter of "A Druggist of nearly half-a-century" on the "Castor-Oil Pill" controversy. He says:—

"Is it not time that this piece of deception was done away? Its advocates say that the public are not deceived. I know better—they are. There can be no question that the originator of these pills intended the public to believe the pills were actually what they were called. I have set my face against them from the first, and when applied to for them have assured my customers that the efficacy of the so-called pills was not produced by any castor-oil they contained; that it was as impossible to put me into a pint pot, as to put sufficient castor oil into two or three pills to purge. On such occasions I have seen my customers with a contemptuous glance—as much as to say, 'you are not up to your business'—turn round and walk off, I suppose to another druggist more willing to lend himself to the deception.

"There is not another business which can be so entirely carried on in an honest and honourable way as ours; why should we lend ourselves to barefaced fraud, when there is really no temptation to do so?"

Although the *Pharmaceutical Journal* prints this letter it professes not to see the distinction which an honest mind draws between a misnomer which involves no fraud on the consumer, and a misnomer which is specially invented for the purpose of deception. The mouthpiece of the English Pharmaceutical Society professes not to understand that to call an article citrate of magnesia when it contains not an atom of magnesia, milk of sulphur when it is more than half plaster of Paris, or castor-oil pills without a trace of castor oil, is no more a crime than to speak of dragon's blood and soda water in respect of articles which contain no blood and no soda. We don't give our contemporary credit for the degree of obtuseness under which it shelters its looseness of principle. Cannot our own contemporary understand the difference between a trader selling quartz crystal as a diamond and for the price of a diamond, and selling it as an Irish diamond at the price of cut glass? The pretence of unconsciousness will not do.

Physiology of the Sugar in the Blood.

In a pamphlet on this subject Dr. Pavy draws attention to the difference between his own and Dr. Bernard's estimate of the quantity of sugar that is present in the blood under various conditions. The amount of sugar naturally existing in the blood of the sheep and bullock is, speaking roundly, half per 1,000, or one part in 2,000; and in the dog three-quarters per 1,000, or one-and-a-half parts in 2,000. There is a remarkable uniformity, looking at the results as a whole, in the constitution of the different samples. In Bernard's observations there is a striking want of uniformity, and he places his lowest limit at one per 1,000, and says that in the normal state the amount of sugar varies from one to three per 1,000.

With regard to the comparative state of venous and arterial blood, Bernard's observations tended to show that an extensive disappearance of sugar takes place whilst the blood is passing from the arterial to the venous system, which, if it were true would undoubtedly imply that a sufficient destruction of sugar occurs to harmonise with his glycogenic theory. On the other hand, Dr. Pavy's observations supply contradictory evidence. By taking certain precautions in collecting the blood, and adopting a more reliable method of analysis, he considers that his experiments (which we cannot here particularise) show that "it is not clearly apparent that any decided difference exists in the amount of sugar contained respectively in arterial and venous blood." Again with regard to the spontaneous change ensuing in the blood after removal from the system, while Bernard represents the sugar-destruction to progress very rapidly within twenty-four hours after the removal of the blood, Dr. Pavy finds this destruction to be gradual and not so great as Bernard considers it to be under the above circumstances. Dr. Pavy relies upon the gravimetric application of the copper test as being far more trustworthy than the volumetric system of analysis employed by Bernard. "As the results of Bernard's analysis are fallacious, his inferences must be looked upon as correspondingly in error, and the cause of truth demands that what he has recently set forth should be withdrawn from physiological literature."

The Hospital Saturday Collection.

THE collection this year on behalf of this Fund, is but another evidence of how little the working classes care to do, by way of assisting the medical charities which are established and maintained for their benefit. Last Saturday three weeks, every prominent corner in the streets of London was occupied by a table and box, presided over by a lady, who sat the weary day through for the miserable aggregate of £835, which included also the collection at the principal factories and workshops of the metropolis. Of this amount £685 12s. 5d. was contained in the street boxes and lodged at Messrs. Hoares' Bank. It was made up as follows :—gold, £60 ; silver, £461 18s. 5d.; and copper, £163 14s. The boxes placed on the steam boats brought in £31 17s. Those put by Messrs. Spiers and Pond on the counters of their various refreshment establishments realised £26 13s. 6d. The remainder was made up in boxes at Covent Garden Opera House, the Holborn Restaurant, sundry hospitals, &c., &c. Out of this sum the £60 in gold, must of course be deducted as not being working mens' contributions, and as we took the trouble to watch a box in a very prominent position for some time, and noticed that three out of every four of the depositors were not working men at all, we fear this miserable collection represents a great deal more than the combined gratitude of the masses. We believe that a good many collections from private firms have yet to come in, which we hope may swell these hundreds to as many thousands ; but if this street collection is to be considered as a thank-offering for division amongst the hospitals and dispensaries of the metropolis, the authorities would, we are convinced, rather sacrifice their claims to participate, than that so many charitably-disposed ladies should again risk the perils of a day's exposure in the London streets.

Keighley and the Vaccination Question.

A VERY anomalous state of things seems to have been going on at Keighley with regard to the vaccination question. At the meeting of the Board of Guardians held last Wednesday, a letter was read from the Local Government Board, and enclosing correspondence which had been published in the Keighley papers. It appeared that Mr. H. Shuttleworth was appointed vaccination officer on June 27, and on July 20 he wrote to Mrs. Hume Rothery, offering to write articles for the *Anti-Compulsory Vaccination Reporter*, and also offering to distribute leaflets when making his professional visits. It further transpired that Mr. Shuttleworth was a member of the Anti-Vaccination League, and had two children not vaccinated. It was resolved to inform the Local Government Board that his children were not vaccinated, and also to ask them to cancel his appointment.

It is to be hoped that the Board will not hesitate a moment to comply with this request, and to dispense with the services of such a treacherous officer. It is quite enough to contend with open opposition, but to put up with an enemy in the camp is, we should think, enough to try the patience of any government board.

Dr. Conneau.

HENRI CONNEAU, the confidential adviser and friend of the family of the late Emperor Napoleon, has lately died at Corsica of a disease of long standing. He was born at Milan in 1803, of French parents, and his life may be said to have been devoted to one family. His first connection with the Napoleons was as secretary to King Louis of Holland ; afterwards his care was devoted to the Queen Hortense, whom he attended with anxious watchfulness until her death ; lastly he was attached to Prince Louis Napoleon, of whose good and ill fortune he was a partaker. His conduct in prison at Ham, and the part he took in the escape of the Prince, formed a historic episode honourable to the medical profession. On the establishment of the Second Empire, Dr. Conneau was named *medecin-en-chef* to the Emperor. He was twice elected to the Corps Legislatif, and was afterwards made a Senator and decorated with the Grand Cross of the Legion of Honour. He filled also, during the Emperor's *régime*, the office of Almoner for the charities of the Civil List, and each year 1,200,000 francs passed through his hands for this purpose. Dr. Conneau was noted for his simplicity and modesty of character, and his hatred of pomposity or ostentation. He rejected long ago the proposal of his zealous friends—*i.e.*, to revive for his behoof the old law of the Academy of Medicine, which constituted the first surgeon of the king *ex officio* president of that body. He was much regretted by the whole profession in Paris.

The Health and Sanitary Condition of the Russian Army.

JUDGING from the accounts given by the foreign correspondents of the daily papers, the health and sanitary condition of the Russian army seems to be in a very deplorable state. We remarked a few weeks ago, that if autumn came and found the Russians still the unsuccessful invaders of Turkey, bad weather and repeated disasters would soon tell upon the health of the troops. One correspondent, writing from Czernovitz, says, that not only has their army utterly broken down, but also their ambulance system ; which exhibits deplorable deficiency in locomotive capacity, surgical and medical skill, and personal devotion. Of amputation cases only three per cent. are saved. Thousands of Russian wounded have died from sheer want of the most elementary attendance. Two thousand men were carried to Radonicza, near the Emperor's headquarters, having been 46 hours without food or drink, and with undressed wounds. They arrived at nine p.m. There was no one to receive them, and they had to remain all night in carts as they arrived. When his informant, an American surgeon of eminence, left Radonicza the next morning at eleven o'clock, not one man had yet had his wounds dressed. Another correspondent writing from Vienna says that the bad weather has not yet set in, but the nights are cold and damp, and the men sleep in the open air. Their food is not bad, but the water is execrable, hence the alarming increase of typhus and dysentery. The sanitary condition of an army in the field has seldom, if ever, been worse. The account I have before me says that all serious wounds and 75 per cent. amongst the cases of amputation prove fatal.

The Prevention of Bathing Fatalities.

A WEEK or two since we commented upon the fact that at our English bathing stations there was no provision made for rescuing persons from drowning, as is the case at most of the Continental watering-places. At the same time we suggested that small boats with attendants should be placed near the bathers, ready for any emergency. These remarks were principally intended for Scarborough, where the bathing is exceptionally dangerous, and where a life had been sacrificed a few days previously. Much excitement was caused in the neighbourhood by the occurrence, and there was a talk in the Town Council of providing a boat for future service. It seems, however, to have ended in talk, for last week another fatal case of drowning occurred at the same spot, and now there is a loud *furore* against the authorities, and one gentleman has even come forward and offered to provide boat, boatmen, and appliances free of cost for five years, rather than these preventible fatalities shall be continually happening. It is quite possible that the authorities of Scarborough will refuse this gentleman's liberality; public bodies, somehow, object to be outdone in works of philanthropy, evidently preferring to illustrate the old fable of "The Dog in the Manger" to that more sensible adage of "Take the Bull by the Horns."

The War and Operative Surgery.

THAT there is a fine opportunity for gaining experience in military surgery is evident from a letter which has just been received by the Stafford House Committee, from Dr. John Weller, dated Philippopolis. "I am engaged," he writes, "in transport service for the army of Suleiman Pasha. The work is very hard. We brought 213 men from Kezanlik, and found over 3,000 wounded there. I am working with Dr. Stoker, who speaks Turkish well. The wounded at the Pass are in a fearful state. Kezanlik is full of dead and dying. We are treated very well by the Turks. I start for Kezanlik tomorrow for more wounded. . . . . There is, I believe, an idea that the war will not last another six weeks. Anyhow, as yet there is a mass of work, and an English surgeon 'is worth his weight in gold.' The men are not only neglected as regards food and medicine, but their wounds are alive with worms. They are fine fellows and splendid patients."

Physicians' Prescriptions.

PHYSICIANS complain that their prescriptions are not only used by their patients, but handed round oftentimes amongst a large circle of friends, and in many instances handed down from generation to generation as a kind of heir-loom. This custom has its attendant dangers, and in the case of poisons might be productive of bad results, to remedy which it is proposed in Germany to institute a law prohibiting chemists to make up any prescription containing strong remedies—as drastics, emmenagogues, sedatives, &c.—unless the prescription is again countersigned by the medical man who originally gave it.

Vesicating Property of the Ranunculus.

IN case of emergency, wishing to produce a blister, and having no cerate of Spanish fly, any member of the *Ranunculaceæ* will do the work, and will not produce strangury. This acridity is present only in the green state of the plant. Cooking destroys the active principle. Children being attracted by the bright yellow of the butter cup, have been enticed to eat and swallow some of the flowers, and several instances are known, by rural doctors, where quite violent irritating effects have been produced.

Power of Magnetism.

AT a recent meeting of the Academy of Natural Sciences of New Orleans, a letter was read from Dr. Van Zandt, describing his execution of a common domestic spider by the mere proximity of the arms of a horseshoe magnet. This experiment was the text for some original views further upon the polarity of the living human body, with a concluding reference to the therapeutical importance of the subject. The subject is one of much interest, and deserves careful study.

Podophyllin.

PROFESSOR ROTHROCK states that one fact in regard to the May apple is often overlooked, and that is, that the leaves are just as active as the root. If the leaves are cooked, and eaten as a pot-herb, very violent and dangerous symptoms may be produced. The same fact holds true of *bloodroot*, the leaves being as active as the root.

Mushroom Poisoning.

LAST week, at Rostrevor, a boy, aged twelve years, eat a quantity of toad-stools, thinking they were mushrooms. He suddenly became ill, a doctor was sent for, but he died the same night. An inquest was held.

BRADLAUGH, of "Fruits of Philosophy" notoriety, threatens the reading public with a further addition to the pages of obscene literature. His pamphlet was filthy enough, and no doubt has done a good deal already towards debasing the minds of the young. His next instalment is to be a publication of the trial before the Lord Chief Justice, in pamphlet form, and as the allusions and remarks in cross-examination were too filthy for publication in the newspapers, he thinks the public should not be deprived of the luxury of reading them, and so he has determined to dish up the unsavoury morsels at a cheap rate. Unfortunately, the law is powerless to prevent the purveyor of immorality from carrying out this design, provided he only publishes, what took place in public, without comments of his own.

THE coming season promises to be more active in the medico-scientific publishing world than many of its predecessors. If we take the announcements of the leading houses, the profession and students will have a tremendous array of new works to select from. Messrs. J. and A. Churchill promise over forty new works and new editions, the titles of which will be seen on reference to their well known red-letter list. Messrs. Baillière, Longmans, Macmillan, Smith Elder, &c., &c., also announce several new works and new editions.

At the Social Science Congress held at Aberdeen last week, there were very few subjects of medical interest discussed, although there was a fair sprinkling of the profession present. Dr. Hardwicke, one of the Middlesex coroners, opened a discussion on the "Best mode of providing suitable accommodation for the labouring classes, and of utilising open spaces in town;" and Dr. Paul, of Aberdeen, and Dr. Jamieson, of Peterhead, read papers on "The improvement of the sanitary condition of populations engaged in the coast fisheries of the United Kingdom; and Dr. Stevenson Macadam, one on the "Contamination of water in domestic cisterns."

Last week Dr. Oppenheim, Professor of Chemistry in the German University of Westphalia, committed suicide with prussic acid in a lodging house at St. Leonard's, where he had been staying with his wife for a few days. On the morning of Sunday week the wife died of rapid consumption, and the husband, inconsolable at his loss, poisoned himself over her dead body within a couple of hours.

A terrible famine is now desolating the north of China and the Corea, and the inhabitants are dying by thousands. The famine is principally due to a host of grasshoppers which has ravaged the plantations for 200 miles inland, and the plague has come to aggravate the horrors of the famine.

An Italian doctor (A. Hilir Selli) records in the *Rivista Sperimentale di Freniatria* some important experiments, which tend to the conclusion that coffee is a powerful antidote to strychnia. Otherwise fatal doses of the poison were administered to rabbits in strong infusion of coffee with but slight effect.

Surgeon-Major Albert Gore, of the Army Medical Department, at present in medical charge of the Military Prison, Dublin, has been placed under orders to embark for service in Bengal as soon as passage accommodation can be provided for him.

A metallic thermometer has been constructed by M. Tresneschini, of Paris, and it is so very sensitive that the action of the needle is instantaneous. It consists essentially of the use of the expansive properties of a small leaf of platinised silver.

The Queen has appointed George Husband Baird MacLeod, M.D., Regius Professor of Surgery, University of Glasgow, to be one of the Surgeons in Ordinary to her Majesty in Scotland, in the room of Professor Joseph Lister, resigned.

Mr. Richard Apjohn, M.A. Cantab., Prælector of Chemistry at Caius College, Cambridge, Public Analyst for the borough and county of Cambridge, the Isle of Ely, and county of Huntingdon, died last week at the Midland Hotel.

A Toulouse pharmacien has recently been sentenced to one month's imprisonment, and his wife to three day's imprisonment, for having prepared a draught with arsenious acid instead of phosphate of lime. The mistake cost the life of the patient.

The Autumn Congress of the Sanitary Institute of Great Britain will be held at Leamington from October 3 to October 6, under the presidency of B. W. Richardson, M.D., LL.D., F.R.S.

An epidemic of typhoid, affecting twenty families in the west-end of Edinburgh, and already fatal to several persons, is traced by Dr. Littlejohn to a dairy in which a person was suffering from the fever.

Obituary.

STEPHEN FRANKLYN BRIDGE, M.D., F.R.C.S.

It is with deep regret we have to record the death of Dr. Stephen Franklyn Bridge, which took place at his residence in Wellington, Shropshire, on the 12th inst. Dr. Bridge was born on the 16th June, 1790, at Old Court, Wellington, where his father, Dr. Franklyn Sealy Bridge, resided. He was literally the "oldest inhabitant" in Wellington, having lived there during the whole of his lifetime—nearly 88 years. He was educated at Tiverton School, and studied for his profession at St. Bartholomew's Hospital, London. In 1812 Dr. Bridge commenced his professional duties in Wellington, and continued until five or six years ago, thus completing a term of sixty years in full practice. On the 10th of November, 1829, he married, and of the six children he had by this marriage three still live to mourn his loss. During the course of his long practice Dr. Bridge was the medical attendant of almost every inhabitant of the town and immediate neighbourhood. He was the most charitable and liberal man we ever met with, and he was always as ready to attend upon the poor as upon those of higher mark. Indeed, for years, thousands of patients were carefully treated by him without the slightest expectation or desire for remuneration. During the last few years Dr. Bridge has been, on account of his age, somewhat of an invalid, and it was feared that his relatives and friends might be called upon to mourn his departure. In July last, with some members of his family, he spent a short time at his favourite watering place, Teignmouth, but since his return he has gradually sinking, until he quietly passed away on Wednesday week. Dr. Bridge lived and died beloved and revered by all who knew him. His body was followed to the grave by an immense concourse of mourners and spectators, including the most distinguished inhabitants of the town. The local papers are full of the story of his life, and all who knew him seem to have been as much grieved as if they had themselves lost one of their dearest relatives.

JOHN MOLLAN, M.D.,

Whose death we record this day at the advanced age of 86, was the oldest Member of the Faculty resident in Dublin. Though he had been compelled some years since to retire from the active duties of his profession, by the infirmities incidental to advancing years, he enjoyed at one time a very extensive practice, both in the field of general medicine, and more particularly in the department of mental disease, which his connection with the Richmond Lunatic Asylum gave him such opportunities of becoming practically acquainted with. His ample experience, and his matured judgment, made him a very high authority in cases of this sort, and his opinion and advice were eagerly sought after by his professional brethren as well as by the public. Of an active turn of mind he was singularly unobtrusive in disposition, but most conscientious in the discharge of any duty he undertook. Deeply interested in everything connected with the advancement of the healing art, he spared no pains to keep himself well up to the discoveries of later years, and to take advantage of

every fresh light which the progress of physiology and pathology might throw upon the treatment of disease. He was a careful observer, a patient investigator, and a cautious practitioner. Other men of his time undoubtedly occupied a more prominent position before the public, but no one discharged the duties of his office more diligently, more faithfully, or with greater benefit to his patients whether, rich or poor, than he did. He held the very highest place in the esteem of his brethren for everything that was upright, straightforward, and honourable, and there was no one they would more readily have selected as an example for imitation in this respect by the younger members of the body.

Beneath a somewhat cold exterior he concealed a warm and affectionate heart; while he was rather reserved in his intercourse with strangers, he never forgot the courtesy due from one gentleman to another; and his friendships, once formed, were firm and lasting. To the poor, with whom he was constantly brought in contact, he was uniformly kind and considerate, and many of them, who had no claim on his bounty beyond the casual intercourse of his connection with institutions for their relief, were recipients of his generosity in various ways, and to an extent that was never even suspected. He was at once an accomplished physician, an educated gentleman, a sincere and humble Christian.

Born in Newry or its neighbourhood, where his family had been resident for more than a century, after graduating in medicine in Edinburgh he settled in Dublin somewhere about the year 1816, and received his first appointment as physician to the General Dispensary in Fleet Street, at that time, and for many years afterwards, the principal source of extern medical relief for the poor. This office he continued to hold up to about the year 1827.

During the great epidemic of fever in 1822 he was sent by the Government Board of Health, along with four other physicians, to the town of Galway, to assist the medical men of the district in meeting the ravages of that fearful scourge. His companions on that occasion were all men of mark, and rose to the highest eminence in their profession. It is only necessary to mention their names: the late Professor Graves, Dr. Benson of Fitzwilliam Square, Dr. Cuming of Armagh, and Dr. Birch, subsequently of London. It is remarkable that of this small band of five, so many as three should have survived for the long period of fifty-five years, and that in the enjoyment of wonderful activity and health both of body and mind.

In 1834 he was appointed physician to the Whitworth Fever Hospital, on the bank of the Royal Canal, and in 1836 he received the further appointment of physician to the Richmond Lunatic Asylum, which position he held for a period of twenty-two years.

He was admitted a Licentiate of the King and Queen's College of Physicians in 1819, and elected a Fellow of that body in 1839, having previously obtained the honorary degree of Doctor of Medicine from the University of Dublin. He succeeded the late Dr. Robert Collins in 1847 as treasurer to the College, a post which he retained until 1855, when he was unanimously advanced to the dignity of President. This latter office he filled for two years, according to the then established usages of the body.

He took an active part in the formation of the Royal Medical Benevolent Fund, which has rendered such valuable assistance to members of the profession when in distress, as well as to their widows and orphans, and he acted for many years as one of the trustees of the fund.

He was of an eminently charitable disposition, and he gave freely and largely, according to his means, to every call of a benevolent nature, whether public or private, that commended itself to his judgment.

In politics he was a decided and consistent Conservative, but while firm in the mainenance of his own opinion, he never gave offence to those who differed from him by any intolerance of manner or of language. No personal consideration ever induced him to waver from what he believed to be the path of duty, and he lost, on one occasion, an appointment of high position and great value, simply because he did not happen to be a supporter of the Government then in power.

He retained all the clearness of his mental faculties to the last, as the writer of these lines can testify, having had the privilege of being with him shortly before his death; and in the full consciousness of the change that was near at hand, he was enabled to look forward with intelligent composure to the advent of the last enemy, sustained by the promises which support and comfort the Christian in his dying hour.

Correspondence.

HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with very great interest the many letters that have appeared in this journal lately, on the above named subject. I quite agree with the writer of the letter signed "A Surgeon" that we ought by this time to arrive at something definite as regards the exact cause of the disease, particularly so considering the numerous schools of pathology that exist in the present day.

All agree as regards the very fatal result of the disease. Dr. Gamgee says, it is a disease from which probably no-one ever recovered. Romberg says, when rabies becomes developed we know of no remedy which will prevent the fatal issue, the cases which are recorded of a different result are untrustworthy, as they do not bear the test of strict criticism.

Such testimonies I freely admit are not promising, but still I think something might be gained in the present time when attention is being directed to the subject, owing to the excitement that has been caused lately by the melancholy of Mr. James Brown, veterinary surgeon. Some would have us believe that there is no such disease as hydrophobia, believing it to be merely a symptom of an extreme and aggravated form of mania. Others again believe, that it is a specific disease affecting the salivary glands and characterised by the development in a very early stage of minute pustules or vesicles, near the tip and sides of the tongue close to the frænum, called by Marochetti, an Entasian surgeon, lyssa. If these lyssii or specific vesicles are detected in time and freely cauterised, all further signs of the malady are thus completely arrested.

It has been further urged, that there are two varieties of the disease. (1) The mental form of hydrophobia. (2). And the true form, or rabies caused by direct inoculation, the former variety amenable to treatment; the latter admitting of none, and ending in no way but in death. Another feature concerning the affection, admitting it is a disease, is the great uncertainty as regards the time that may elapse before a person may be attacked after the reception of the poison or the reception of the mental impression. Supposing there is any truth in the belief that there is a mental form of hydrophobia *per se*.

This variation of time must be a matter of great difficulty to the theorist, for we find it placed on record that the peculiar train of nervous symptoms, characteristic of the disease has been known to set in as soon as a few hours after a bite of a rabid animal, and it has taken as long as twelve years in another case to develop the same symptoms.

To continue such theoretical questions further, in my opinion, would be useless, and would merely envelop the subject in still greater obscurity; but with a view to elucidate the many difficulties in the way, and to gather some advantages from the experience of those surgeons who have seen cases of hydrophobia, I would briefly ask them to confine their remarks when writing to the three following questions:—

1st. What is hydrophobia? does it really exist?

2nd. What causes or prevents it?

3rd. When developed, what treatments appear to be the most rational?

I may mention I have seen a case of hydrophobia, and from the appearance and sufferings of that case I have no wish to see another. It occurred in a man, aged about 35, who was admitted into the Meath Hospital on the morning of the 27th of October, 1869, under the care of Mr. White. On admission the man appeared to be very nervous, but stated that four months previously he was bitten on the hand by a dog that was supposed to be mad, and which was shot immediately afterwards. The wound on his hand was freely cauterised, and it healed perfectly without any further trouble, until two days before admission. When at breakfast he felt a difficulty in drinking his tea; he said he was afraid of the fluid; said it caused "stoppage of breath;" and slight spasmodic action of the muscles set in, which continued more or less until his death, which occurred on the evening of the second day after admission. The specific treatment adopted was an injection of 1-30th of a grain of atropine over the pectoral muscle. This was afterwards increased to 1-12th of a grain. All, however, to no purpose. The spasms were frightful; the face assumed a wild, anxious look, and the patient appeared to be suffering indescribable torments. He

muttered continually that he was dying of thirst, but on drink being offered he shuddered at the idea, which sometimes threw him into a violent spasm, causing him to gasp for breath. He was also continually hawking up scanty and tenacious mucus through his dry and parched throat, giving rise to a sound not unlike the harsh bark of a dog. I performed the *post-mortem* twelve hours after death, and there was nothing very extraordinary observed about the body. A heavy smell, however, was noticeable, when decomposition was rapidly setting in. Rigor mortis well, and strongly marked. The brain and upper part of spinal cord examined, and were slightly congested on the surface, nothing more. The lungs were also greatly congested. The larynx and pharynx were then carefully examined. The surface of the epiglottis, and the interior of the larynx were of a dark greenish yellow colour, and appeared almost as if in a state of gangrene. The pharynx was of an intensely dark colour, and many of the mucous follicles enlarged and distended with fluid. The calyci form papillæ, and the base of tongue, were greatly enlarged, and the tongue was dry and rough, and slightly swollen. The full report of this case was read by Mr. Robert P. White, at a meeting of the Surgical Society of Ireland, and published in this Journal on the 2nd Feb., 1870. There were two other features in this case which I may mention in conclusion—that while the disease lasted his urine was loaded with albumen, and the cicatrix of the bite on the hand was slightly raised and became very painful to the touch.

I am, Sir, yours faithfully,

LAMBERT H. ORMSBY, F.R.C.S.,
Surgeon to Meath Hospital, Dublin.

Sept. 22nd, 1877.

NOTICES TO CORRESPONDENTS.

MR. BOOTH.—We have caused inquiries to be made at the principal instrument-makers, and cannot find that the instrument is kept in stock in this country. Dr. Verneuil, of Paris, would probably give you the necessary information.

A. R. B.—The class of works have decided advantages for students, the principal one being as a refresher to the memory. You must, however, avoid the common error of trusting alone to the superficial knowledge which they, from their size, can only possess.

DR. E. WILLIAMS.—Dr. McGrigor Croft was, we believe, the first to introduce the oil into this country.

DIPSOMANIAC ASYLUMS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I should be much obliged to any of your readers who could inform me of any place in the United Kingdom where dipsomaniacs are treated.

Yours,
F.R.C.S.

[*.* There is one recently opened at The Limes, Mortlake, Surrey. Our correspondent will find particulars of this Institution on reference to page XXIc. in our advertising columns of Sept. 19th.—ED.]

ALPHA.—An L.R.C.S. calls himself "surgeon," and on the same principle an L.R.C.P. a "physician." There is difference of opinion on its legality and good taste. But all this wrangling about titles show the necessity of a change, and you will find our views expressed in our articles on Medical Reform.

A QUERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Can you or your readers give me any information of a form of speculum in use in 1699, for I find in an old author the following passage in reference to ulcers of the womb and vagina: "The naked eye or a *womb-glass* discovers 'em."

Is there any specimen of this instrument in existence?

Yours, &c.,
Sept. 20, 1877. OBSTETRICS.

DR. BROADBENT is thanked.

DR. WRIGHT HUTCHINSON'S "Notes of Cases of Induction of Premature Labour and Rupture of Perineum" shall appear in an early number.

DR. O'FLANAGAN, Houghton-le-Spring.—"Case of Intussusception" in an early number.

DR. WYATT.—Not possible, at least for the next six months.

DR. D.—We have put ourselves in communication with Dr. Prevost, of Geneva, who will doubtless supply the necessary information.

IRISH PRACTITIONERS IN ENGLAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I regret to have to disagree with you, but I consider workhouse appointments quite within the scope of Irishmen to attain, as I know of several instances, and also I think English poor-law appointments and dispensaries are very suitable to my countrymen.

An Irish medical man will succeed in England on certain conditions and not very difficult ones.

1st. By maintaining his own self-respect, by toleration in matters political, social, and religious.

2. By temperance, which is a *sine qua non*. There are, I know, a few men, especially in London, who try to conceal their pedigree, but it always comes out either in the name or in the accidental pronunciation of a word. It reminds me of the well-known simile of the ostrich shoving its head into the sand to conceal its body. In the provinces we are above such wretched, degrading meanness, and we experience from our English *confrères* the greatest possible courtesy based, as I have said, on mutual respect for each others opinions. I saw some mention about the formation of a Society of Irish graduates in England. Has it been carried out? You are generally so accurate on everything concerning Irishmen, and keep me so well *au courant* with what is transpiring in the Dublin schools of medicine (for it should be interesting to every Irishman in England to know what his old professors are doing), that I feel all the more regret for differing with you.

Yours faithfully,
Sept. 18, 1877. AN IRISH PRACTITIONER IN ENGLAND.

HISTORICUS.—Your letter is unavoidably held over.

DR. DOLAN, of Halifax, Yorks, has published a pamphlet for distribution amongst the poor of large towns, the title of which, "On the Duty of Citizens in the Prevention of Diseases of an Infectious Nature," fully describes the excellent object the author has in view, who, we understand, is anxious to supply, through his publishers, Messrs. Burns and Oates, of Paternoster Row, London, sanitary authorities and other public bodies with large numbers of the pamphlets for distribution at cost price, in order to aid the work of sanitation in large towns.

DR. B. R. MORRIS.—Your letter shall appear in our next if possible.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Vest-Pocket Gray, or Anatomist's Vade Mecum. By C. H. Leonard, M.D. London: Baillière, Tindall, and Cox.

Preventive Medicine in Relation to Public Health. By Alfred Carpenter, M.D. London: Simpkin, Marshall, and Co.

On the Prognosis in Valvular Diseases of the Heart. By T. B. Peacock, M.D. London: J. and A. Churchill.

Fowne's Manual of Chemistry. 12th Edition. Edited by Hy. Watts, B.A. London: J. and A. Churchill.

Observations on the Treatment of Phthisis. By W. Gleitsmann, M.D.

Proceedings of the Medical Society of King's County.

Rest for Women during Menstruation. By Mary P. Jacobi, M.D. London: Smith, Elder, and Co.

The Examiner in Anatomy. By A. T. Norton, F.R.C.S. London: Smith, Elder, and Co.

The Laws of Life and Alcohol. By T. P. Lucas, L.R.C.P. London: Tweedie and Co.

Bentley and Trimen's Medicinal Plants. Part XXIV.

The Relations Existing between Eczema and Psoriasis. By B. Campbell, M.D.

VACANCIES.

Baltinglass Union, Rathvilly Dispensary.—Medical Officer. Salary, £120. Election, Oct. 8.

Bradford General Infirmary.—Resident Surgeon. Applications, with testimonials, to the Chairman of the Weekly Committee, on or before the 27th inst.

Brighton Lying-in Institution.—House Surgeon. Salary, £120, with apartments. Applicants must address the Secretary, West Street, Brighton.

East Suffolk Hospital.—House Surgeon. Salary, £100, with board and residence. Applications to the Secretary at the Hospital, Ipswich.

Edinburgh, School of Medicine.—Lectureship on Physiology. Full particulars of Dr. Macadam, at the School.

Enniscorthy Union, Oulart Dispensary and Fever Hospital.—Medical Officer. Salary, £115, with house. Election, Oct. 9.

Galway Union, Oranmore Dispensary.—Medical Officer. Salary, £100. Election, Oct. 8.

Kanturk Union, Newmarket Dispensary.—Medical Officer. Salary, £110. Oct. 2.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70 per annum, with board and residence. Applications to be addressed to the Chairman.

Rotherham Hospital.—House Surgeon. Salary, £100, with board and residence. Applications to the Hon. Sec., at the Hospital.

University of Aberdeen.—Four Examinerships in Medicine. Honorarium of £30 is attached to each post. Further particulars of the Secretary.

Westport Union, Louisburgh Dispensary.—Medical Officer. Salary, £100. Election, Oct. 1.

Births.

ROLLESTON.—Sept. 15, at Oxford, the wife of George Rolleston, M.D., Professor of Anatomy and Physiology, of a son.

SKIMMING.—Sept. 20, at Tudor Lodge, East Molesey, the wife of Robt. Skimming, M.D., F.R.C.S.E., of a daughter.

SOUTHEY.—Sept. 17, at Harley Street, the wife of Reginald Southey, M.D., of a daughter.

STEWART.—Sept. 15, at Glasslough, co. Monaghan, the wife of Dr. Stewart, of a daughter.

Marriage.

HAINWORTH—TUCKWOOD.—Sept. 19, at St. Thomas's, Camden Town, N.W., John Hainworth, F.R.C.S., to Emma, daughter of the late Mr. Tuckwood.

Deaths.

BURY.—On Sept. 15, at Bray, co. Wicklow, George Bury, M.R.C.S.E.

JONES.—On Sept. 13, at Blenheim Crescent, Notting Hill, John Jones, M.R.C.P.L., aged 69.

MOLLAN.—On Sept. 17, at Dublin, John Mollan, M.D., M.R.I.A., aged 87.

TANNER.—On Sept. 11, lost in the ship *Avalanche*, off Portland, Robert Tanner, M.D., of Ledbury, Herefordshire, aged 39; also his son, John Tanner, aged 12; and servant, John Bishop, aged 18.

TETLEY.—On Sept. 18, at Belmont, Torre, Torquay, James Tetley, M.D., aged 67.

TO WILLIAM WATERS, M.D.

WE, the Inhabitants of the Carbury Dispensary District, and of the neighbourhood, wishing to record our sense of the obligations which we owe to you for the unremitting skill and attention you have always shown, not only to ourselves, but to the poor under your charge, beg you will accept the accompanying Testimonial from us, with every good wish for yourself and your family, and hoping that your useful life will be prolonged for many years amongst us, we subscribe ourselves, on behalf of your friends,

Yours affectionately,

CHARLES COLLY PALMER,
HENRY JOHNSON, CLK.,
HENRY DUNNE, P.P.,
FREDERICK J. HAMILTON,
HENRY WILLIAMS,
PATRICK DUGGAN.

Derintown, Carbury,
17th Sept., 1877.

DEAR FRIENDS,—I return you my sincere and grateful thanks for your very kind and flattering address, and the generous and munificent testimonial you have this day presented me with.

I had not the slightest idea that such a thing was contemplated till a very short time since. It is most gratifying to me to know that my humble endeavours to do my duty to you, the public, and the sick under my care have met with your approval, and gained for me your friendship and esteem.

If it be the will of the Almighty that I should be spared to live and work in your midst, I trust, with his help assisting me, no act or conduct of mine shall ever cause any of you to regret the friendship and kindness you have this day and always bestowed on me.

In conclusion, I thank you most sincerely for your kind wishes for the welfare and happiness of my family and myself,

And remain, dear friends,
Your faithful and ever obliged friend,
WILLIAM WATERS, L.K. & Q.C.P.I., M.R.C.S.E.,
Medical Officer, Carbury Dispensary.

THE LONDON HOSPITAL and MEDICAL COLLEGE,
MILE END, E.

HOSPITAL STAFF.

Consulting Physician—Dr. Herbert Davies.
Consulting Surgeons—Mr. Luke, F.R.S., Mr. Curling, F.R.S.
Physicians—Dr. Andrew Clark, Dr. Ramskill, Dr. Langdon Down, Dr. Hughlings Jackson, Dr. Sutton, Dr. Fenwick.
Assistant Physicians—Dr. Stephen Mackenzie, Dr. Sansom, Dr. Charlewood Turner.
Surgeons—Mr. Hutchinson, Mr. Maunder, Mr. Cooper, Mr. Rivington, Mr. James Adams. Mr. W. Tay, Mr. McCarthy.
Assistant Surgeon—Mr. Reeves.
Obstetric Physician—Dr. Palfrey.
Assistant Physician—Dr. Herman.
Aural Surgeon—Mr. W. A. Gardner Brown.
Surgeon Dentist—Mr. A. W. Barrett.

LECTURERS.

Medicine—Dr. Sutton and Dr. Fenwick.
Surgery—Mr. Couper.
Operative Surgery—Mr. Maunder.
Anatomy—Mr. Rivington.
Practical Anatomy—Dr. Wilson.
Physiology and Practical Histology—Mr. McCarthy.
Chemistry—Dr. C. Meymott Tidy.
Comparative Anatomy—Dr. E. B. Aveling.
Pathology—Dr. Sutton and Dr. S. Mackenzie.
Midwifery—Dr. Palfrey.
Toxicology - Mr. J. E. D. Rodgers.
Medical Jurisprudence - Dr C. M. Tidy.
Materia Medica—Dr. Prosser James.
Botany—Mr. J. G. Baker.
Diseases of the Eye—Mr. J. Couper.
Diseases of the Throat—Dr. Morell Mackenzie.
Diseases of the Ear—Mr. J. Gardner Brown.
Anatomy and Pathology of the Teeth—Mr. A. W. Barrett.

The Session 1877-8 will commence on MONDAY, OCTOBER 1st, 1877, when a Conversazione will be held at 8 p.m.

Fees for Lectures and Hospital Practice, 90 guineas if paid in one sum or 100 guineas in three instalments. The Hospital contains 800 beds. The number of In-patients during 1876 was 6,846, Out-patients 45,681. The Resident and other Hospital appointments are free to full students. The Resident appointments consist of five House Physiciancies, four House Surgeoncies, one Accoucheur. Also two Dresserships, and two Maternity Assistantships.

Two Entrance Science Scholarships, value £60 and £40, and two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September. To new students entries on or before September 20th.

A Scholarship, value £26, in Human Anatomy, to first years' students.

A Scholarship, value £25, in Anatomy, Physiology, and Chemistry, to second years' students.

A Scholarship, value £20, in Clinical Medicine.

A Scholarship, value £20, in Clinical Surgery.

A Scholarship, value £20, in Clinical Obstetrics.

The Duckworth Nelson Prize, value £10 (biennially) in Clinical Medicine and Surgery.

Prizes, value £60, Dressers of Out-patients in Minor Surgery.

The London Hospital is now in direct communication by Rail and Tram with all parts of the Metropolis.

For Prospectus and Particulars apply personally or by letter to
R. KERSHAW, Secretary, Mile End, London.

UNIVERSITY COLLEGE, BRISTOL.—MEDICAL SCHOOL.

The WINTER SESSION will commence on MONDAY, October 1st. Prospectuses may be obtained on application to
GEORGE F. BURDER, M.D., Hon. Sec.
Medical School, Old Park, Bristol, August, 1877.

THE MIDDLESEX HOSPITAL MEDICAL COLLEGE.

The WINTER SESSION will open on MONDAY, OCTOBER 1st, with an Introductory Address, at 3 p.m., by Mr. ARTHUR HENSMAN.

Two Entrance Scholarships, of the annual value of £25 and £20 respectively, will be competed for on Oct. 1st and following days.

For prospectuses or further information apply to the Dean or the Resident Medical Officer, at the Hospital.

ANDREW CLARK, Dean.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The WINTER SESSION will commence on MONDAY, 1st OCTOBER, with an Introductory Address by Mr. PICK, at 4 p.m., in the Hospital.

The system of Clinical Teaching has been arranged so as to afford every student personal instruction in the wards from the Physicians and Surgeons themselves.

The courses of Lectures on Physiology and Surgery have been remodelled in conformity with the new regulations of the College of Surgeons.

Special departments have been organised for practical instruction in Midwifery, Ophthalmic Practice, Skin Diseases, and Dentistry. Lectures on Public Health are given by the Lecturer on Medicine.

Pathology, Morbid Anatomy, Psychological Medicine, and Comparative Anatomy are taught in distinct courses.

Instruction is given in all the special modes of medical and surgical investigation.

The following paid offices are offered for competition annually—viz., Obstetric Assistant, Curator of the Museum, Demonstrator of Anatomy, Medical and Surgical Registrars.

The House-Physicians and House-Surgeons are selected by merit from among the Perpetual Pupils without payment, board and lodging in the Hospital being provided at the expense of the Governors.

The Wm. Brown Exhibitions of £100 per annum, tenable for two years, and £40 per annum, tenable for three years; the Brackenbury Prizes of £35 each annually, are awarded, along with various other prizes, by competition among the students.

The prospectuses may be obtained by application to the Secretary at the Hospital, and any further information will be given by Dr. Barclay, Treasurer, or Dr Wadham, Dean of the Medical School, either personally or by letter.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL,
Albert Embankment.

The SESSION 1877 and 1878 will commence on OCTOBER 1st.

Two Entrance Science Scholarships of £60 and £40 will be awarded after an examination in Botany, Chemistry, Physics, and Zoology; the standard of attainments being precisely the same as for the Preliminary Scientific of the University of London.

All Students entering for first year are eligible to compete.

Special Classes for the Preliminary Scientific and 1st M.B. of University of London are held.

For particulars apply to Dr. Gillespie, at the Hospital.

ST. THOMAS HOSPITAL, ALBERT EMBANKMENT, WESMINSTER BRIDGE, S.E.

The SESSION 1877-78 will commence on MONDAY, OCTOBER 1st, when an address will be delivered by Mr. WAGSTAFFE at 4 p.m.

Gentlemen are informed that the Admission Fees to Practice and Lectures may be paid in one of three ways, entitling students to unlimited attendance. 1st.—Payment of One Hundred Pounds on entrance. 2nd.—Payment of One Hundred Guineas in two moieties, one half on entrance, and remainder at beginning of next session. 3rd.—Payment by three annual instalments of 40, 40, and 30 guineas.

The Fee for Dental Students is, for the two years, £45 in one payment, or by instalments of £40 the first and £10 the second year. Special entries may be made to any lectures or hospital practice, and a modified scale of fees is arranged for students entering the second or subsequent years. There are special classes for the 1st M.B. and Preliminary Scientific of the University of London, and private classes for Matriculation and other examinations, comprising Anatomy, Botany, Chemistry, Comparative Anatomy, Materia Medica, Natural Philosophy, and Physiology. Gentlemen can attend the above classes without becoming students of the Hospital. Qualified practitioners are admitted to Hospital Practice, Lectures, and Library on payment of 10 guineas for unlimited attendance.

The alteration of the hours for visiting the wards to 2 p.m. will be found a great convenience to students residing at a distance.

PRIZES AND APPOINTMENTS.

Two Entrance Science Scholarships of £60 and £40 will be awarded to first year's students in October after an examination in Botany, Chemistry, Physics, and Zoology.

First Year's Prizes. *Winter.*—The William Tite Scholarship of £30. College Prizes, £20 and £10. *Summer.*—College Prizes of £15, £10, and £5.

Second Year's Prizes. *Winter.*—The Musgrove Scholarship of 40 guineas tenable for two years, and College Prizes of £20 and £10. *Summer.*—College Prizes of £15, £10, and £5.

Third Year's Prizes. £20, £15, and £10.

There are also awarded the following Silver and Gold Medals, &c., viz, the "Cheselden," the "Mead," the "Solly" Medal and Prize, the Treasurer's Gold Medal, and the "Grainger" Prize. Two House Physicians and two Assistant House Physicians, two House Surgeons and two Assistant House Surgeons, and the Resident Accoucheur are selected from students holding qualifications.

An Ophthalmic Assistant, with a salary of £50, is also appointed.

Clinical Clerks and Dressers to in- and out-patients are selected from gentlemen attending the Hospital.

Two Registrars, at a honorarium of £40 each, are chosen from 3rd or 4th years' students. There are also numerous minor appointments of Anatomical Assistants, Prosectors, Obstetric Clerk, &c., open to students without charge.

W. M. ORD, M.B., Dean.
J. W. GILLESPIE, M.D., Secretary.

Any further information will be given by Dr. Gillespie on application.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 3, 1877.

CONTENTS.

PAGE

On Ends and Means in Medical Studies. An Address Delivered at St. Thomas's Hospital at the Opening of the Winter Session, 1877-78, on Monday, October 1. By W. Warwick Wagstaffe, B.A., F.R.C.S., Assistant-Surgeon and Lecturer on Anatomy at the Hospital 273

Abstract of Introductory Address Delivered at St. George's Hospital, October 1st, 1877. By T. Pickering Pick, F.R.C.S. 277

Abstract of Introductory Address Delivered at Middlesex Hospital, October 1, 1877. By Arthur Hensman, L.R.C.P., M.R.C.S. 278

CLINICAL RECORDS.

Basic Cerebro-Spinal Meningitis "Acute Softening."—Under the Care of Thomas Stretch Dowse, M.D., F.R.C.P. Edin. .. 278

PAGE

Case of Intussusception.—Under the Care of James O'Flanagan, L.R.C.P. Edin. .. 279

TRANSACTIONS OF SOCIETIES.

The Association for the Advancement of Science in France 280

LEADING ARTICLES.

Pleuro-Monic Meat as Human Food .. 281

The Post-Mortem Examination of Mrs. Harriet Staunton..... 282

Medical Reform.—III. 283

NOTES ON CURRENT TOPICS.

The Registration of Sickness 284

The Human Hand..... 285

The Winter Session in the Medical Schools 285

When Not to Give Iron 286

Ether Drinking 286

PAGE

Law for Druggists and Law for Doctors—A Contrast 287

Almondised Oil 287

Alleged Poisoning by Tobacco Oil 287

Arsenic in Wall-Paper and Green Tarlatan 287

French Anthropological Exhibition 287

CORRESPONDENCE.

Hydrophobia—Its Traditions and Superstitions..... 288

The Contagious Diseases Acts..... 289

LITERATURE.

Sanitary Engineering 290

Mechanical Ingenuity 291

Notices to Correspondents, &c. 292

Vacancies 292

Appointments 292

Marriages 292

Deaths 292

ON ENDS AND MEANS IN MEDICAL STUDIES.

An Address delivered at St. Thomas's Hospital at the Opening of the Winter Session, 1877-78, on Monday, October 1st.

By W. Warwick Wagstaffe, B.A., F.R.C.S.,

Assistant Surgeon and Lecturer on Anatomy at the Hospital.

After a reference to the recent deaths of Sir Francis Hicks (Treasurer), Mr. R. G. Whitfield (Medical Secretary), and an allusion to the importance of a cordial relationship between hospitals and medical schools, Mr. Wagstaffe said :—

Now, Gentlemen, I turn to the more special duty which this occasion imposes upon me. We are met here to-day to inaugurate another session in this medical school. The past has lived and gone. It is the present and the future with which we have most to do, which we have to live and to make, and what are these to be ?

Gentlemen, it is upon you who are students, and upon us teachers, who are students of only a few years' greater growth, that the answer to this question depends.

I will not weary you who are here as freshmen to-day with instructions which I think ought to be given by each professor to his class. I will only say to you, Go to your teachers for advice when you are in doubt—for advice as to books, materials, and how best to use them. And you will find one and all of us ready and willing to give you what help lies in our power. I am urging this upon you, gentlemen, who are now coming amongst us for the first time, because you are beginning a career which may be a success or a failure, and may be converted from a failure into a success by your not hesitating to take counsel in time.

Remember, too, that as you begin so you will probably end. If you begin well you will probably end well. If you begin badly the chances are ten to one you will end badly. A man's student life is doubtless, in this respect, an index of his moral life, and as sudden conversions are not to be reckoned upon as natural phenomena in the one they cannot with safety be looked forward to in the other. A man coming to town finds very likely that he is his own master to a very unusual extent, and he fully intends to do the right thing, and work when the time comes ; but meanwhile, he means to have his fling and enjoy himself. This is all pretty enough in theory, but it is uncommonly hard in practice. The world is so full of grooves that we cannot help going along one or other of them, and once in it is very hard to get out. If, then, you start in the self-indulgent groove it is so deep a one that very little less than a sort of a moral earthquake will turn you out of it—and moral earthquakes are neither very common nor very pleasant.

The beginning is more than half the battle. Break the ice of your work at once, and you will find refreshing water constantly flowing underneath and bringing with it new and strange things, and new and strange power—the more wonderful the more unknown before.

Gentlemen, some of you are entering to-day upon the study of your profession, some are continuing that study, some are about to apply that study, and I hope faithfully extend it in other fields than this—in the great world outside this little one.

In either case you stand upon the margin of a great river, so to speak, into which you are about to plunge, some of you for the first time, and you must either sink or swim in it. Your equipment, I take it, is your own personal character, your past education, and your bodily health. Now what are your chances of succeeding after you have made your plunge ?

The first condition of success in anything that we do or mean to do is, that we understand clearly the result we want to produce. The house-builder does not gather a mass of bricks and timber and mortar, and trust that somehow a house will shape itself out of its materials. You don't imagine that the facts, real and imaginary, which you are about to accumulate, or have been accumulating, will shape themselves into wisdom or even into a means of gaining a livelihood, unless they have been collected with forethought and arranged in a workmanlike manner. Well, this forethought or foresight means only that we shall see what we are striving for, what is the result we want to produce, what is the object for which we are

working. Before us we have a heap of facts unlimited in number, simply isolated, unconnected facts until we connect them, and it is from this open heap which Nature lays out for us that we may pick and choose and appropriate. If we see clearly what is the object we want to obtain, we shall select our materials accordingly, and have some idea what to do with them afterwards.

What, then, is our aim to be?

To many, as students, having the incubus of examinations hanging heavily upon them, the accumulation of knowledge for the purpose of satisfying examiners is perhaps the first object which urges them, because examinations are positive facts, and stare the student in the face for many a long year. But such an object is surely far short of the truth. Knowledge, not wisdom, would then be our goal, and

> Knowledge and wisdom far from being one,
> Are ofttimes most dissimilar. Knowledge dwells
> In heads replete with thoughts of other men,
> Wisdom in minds attentive to their own.

It is this mistaken object, this oversight of the difference between knowledge and wisdom, which leads to cramming, and this we ought to keep especially clear of in our medical education, for medicine is essentially a practical profession. To relieve and prevent by our knowledge is our daily duty, and each step of knowledge gained in our science should mean so much more material knowledge capable of being at once applied and realised. We don't want to become men of much learning only—mere walking dictionaries of our science—wise books indeed; but

> "Wise books for half the truths they hold
> Are, after all, but honoured tombs."

Another object which next rises to view in considering this question, What are we striving after? is that of gaining a livelihood, or more, of making a fortune. The first, a very decided possibility; the second, not quite a chimera, but one of those very remote contingencies which it is well not to lay too much stress on.

I don't think one ought to lose sight of this object of independence, for it is, after all, a very practical one. That you will have to get your living by your profession is true for most of you. A modern philosopher says, "First and foremost a man has to earn his living, and all the ologies in the world will not of themselves enable him to earn it. You say, let us have light; yes, we want light, but it must be light which will help us to work and find food and clothes and lodgings for ourselves."

Well, this is perfectly true, but is it the whole truth? If it were so, our work might be narrowed within a very small compass, and we might rest satisfied with a prize far less hard to struggle for than I think we are really striving after. I don't mean to urge that the great historian I have quoted meant this to be a man's whole aim. I only wish to point out to you that it is a legitimate object to seek for, but not the only or even the chief one. Allow it to be the first in order of necessity, but do not let it work against the other and main objects of your striving.

An independence and an honourable position in the social scale are within your reach, and more so now than ever. Perhaps in no profession has status so much improved as in ours during the past century; and with this improvement in social position, the modes of living, both in student time and afterwards, have wonderfully altered. Time was when those whose studies added nothing to the material wealth of the country were taught to be content to be poor. They were a burden upon others, and the burden was made as light as possible. Fancy our modern medical student tramping from university to university, from Paris to Padua, from Padua to Florence with all his worldly goods on his back and begging his way along the road! "The laws against mendicancy in all countries were suspended in favour of scholars, and formal licences were issued to them to ask alms."

And now-a-days times are changed, and we are changed with them, and our profession occupies even a satisfactory position of attitude in the social scale, for science is fashionable in this Victorian age. Only in the last number but one of a medical journal you may find the notice of a pathological thesis by a royal Duke who is M.D.; and a review of the physiological work of a lady who is also M.D. These make one think that medical science is indeed becoming popular. Physiology must be fashionable when, in a novel now appearing and creating some sensation—written, as it is, by one of the most gifted of word-painters living—we find the author stating, without a word of explanation, that at a particular time, in the course of their journey: "Then the vagus nerve had to be appeased, for it was a long time since we left the coffee-room." I suppose this is the newest way of saying they were hungry. Surely the public reading the *Examiner* must be a very learned public, and very medically inclined.

Well, you need not fear in the present day about gaining your livelihood. Show only that you know your professional work and the world is open to you, far more than ever lawyer, divine, or scholar finds it. And you can live and go on learning. You can earn your livelihood and yet pursue science, seeking that highest of possible ends which is neither knowledge alone nor wealth, nor the means of sensual enjoyment.

And now what is the highest aim which you can have in the study of your profession, whether in your student life, or when afterwards you are studying it daily in its practical work? I believe the one thing that will make us honest in our work, that will make us careful, persevering, and courageous observers, that will make us do our duty to our profession, our fellow-creatures, and ourselves is, to take as our aim, in all our work, simply "Truth."

Magna est veritas et prevalebit.

This necessitates in your work the proof of a statement, if it be proveable, before accepting it. It means that you shall use to your uttermost the senses you possess, and not be led blindfolded, a weak dependent, when you ought to be free and independent. It means that your lives as well as your aspirations shall be a Truth, that you shall hate a sham, and scorn the littleness which strives to hide ignorance under a cloak of big-sounding but meaningless garbage—littleness, too, which is self-sufficiency and the fear of others' opinion.

Gentlemen, if, as I have said, the first condition of success in anything that we do, or mean to do, is to understand clearly what result we are aiming at, the second is that we see, or strive to see, how we are most likely to do it; what qualities we especially require, or what means we must especially adopt. This is the practical bearing of the question. Without this practical outcome we might be dreamers only, and, satisfied with the beauty of what we behold as our goal, might forget to look how we thread our way towards it, might waste our lives in a vain search for an impossible perfection, and while worshipping an ideal virtue forget that there are realities we have to deal with. It was this blindness to realities which led in ages long back to that monastic system of seclusion whose evils culminated in the Middle Ages, when among men of otherwise noble mind and character religious thought became more pleasant than godly action, and in the words of one, the best and manliest of English moral teachers but lately passed away, and who, if he had been spared, would probably have been addressing you from this place some time or other:—"And a monastic world grew up all over the East of such vastness that in Egypt it was said to rival in numbers the lay population, producing, with an enormous decrease in the actual amount of moral evil, an equally great enervation." A positive loss of vigour, a positive loss of usefulness.

Who does not recognise the same thing in individuals as Charles Kingsley here speaks of in regard to nations? Froude says in one of his essays:—"I knew a student once from whose tongue dropped the sublimest of sentiments; who was never weary of discoursing on beauty and truth and lofty motives; who seemed to be longing for some gulf to jump into like the Roman Curtius; some fine opening into which to plunge

and devote himself for the benefit of mankind ; yet he was running all the while into debt and squandering in idle luxuries the money which his father was sparing out of a narrow income, dreaming of martyrdom, and unable to sacrifice a single pleasure." This is a maximum perhaps of self deceit, but self-deceit is often very pleasant, and grows with self-indulgence, but so does the dropsy which proverbially follows it. "Crescit indulgens sibi dirus hydrops."

There are many qualities which it seems to me are wanted, or which it is useful to possess in your work ; your work meaning not only that of your student life, but also that which you afterwards begin when so-called student time is over. But of these many, there are one or two of the greatest importance and these include many of the minor ones.

First I would place *Honesty*. Honesty in your work, part of that truth to yourselves which Polonius with all his political time-serving said wisely was the source of truth to others. When a man determines to read so many pages before he goes off to play or bed, and reads his twenty pages without having understood anything in them, and his mind has travelled miles away from what was before him, but still he has done his twenty pages, I congratulate him upon his good resolution, but I cannot congratulate him upon his honesty. He has deceived himself. When a man dissecting the thorax is told by an ardent but misguided friend that the chest usually contains the heart, stomach, and kidneys, and though he has the means of verifying or refuting the statement, at once accepts it without further inquiry, I would congratulate him upon his powers of believing, but not upon his honesty.

When a man finds it put down in his text-book that black is white, or that the serratus magnus acts usually as a muscle of inspiration, or that the acromio thoracic artery usually arises from the first part of the axillary, and having the means at hand of verifying these statements, does not take the trouble to test their accuracy, I cannot compliment him upon his honesty. A man may believe what is only an unreality, from too great faith in authority, or from too little power of observing, or he may believe from over-faith in his own syllogistic power. He may be convinced, like Byron's grand vizier :—

> "That the moon is flat and round,
> And also certain that the earth is square,
> Because he's travelled 40 miles, and found
> No sign of its being circular anywhere."

But such a man is hardly to be congratulated upon his honesty. By honesty I mean that each man should use the means he has to prove the truth of a stated fact or an opinion before he accepts it. Goodness knows that a thousand and one facts and opinions are given you to swallow as students, which you will have to disgorge as older men, and which, nevertheless, you must accept at first because the proof of this is not within your reach. But there are ten thousand and one facts which are laid before you which you can prove the truth or the falsity of if you like to use the senses you are gifted with. If the student of anatomy accepts, without being impolite enough to require proof, the statements he finds, or fancies he finds, in his text-book, if he declines to use his eyes, except through a cloud of tobacco smoke, or if he prefers to dissect in kid gloves, or to dissect by deputy, facts, even if they be true, will not stick to his memory very long, for they are not gained by honest work.

And just as with anatomical, so also with other facts, which you have to take note of. Your observations of the conditions of patients, whether they are to be written down and submitted to others, or whether they are unwritten and for your own use, must be honest, or they will be worse than useless. I am not referring, of course, to positive falsification with an intent to mislead. That is out of the question, but there is a negative falsification from absence of attainable knowledge, which if not so great a sin, has a far more widespread and pernicious influence, for it acts constantly and gives a colouring to everything it touches. Incomplete or mis-statements, false theories, half-truths, due to the want of honest observations and judgment, are after all more pernicious than whole untruths, for they do not attract attention so much. They rise like Northern lights, quietly, and with little obvious colouring, flash upwards and glow more vividly, with new and self-born hues, till meeting other beams whose starting likened theirs, they blend to form a new and fiercer light, which stands on unreality, a mock sun. From faulty premises come faulty conclusions ; make sure of your facts that they are true, and hold it dishonest to yourselves, to accept facts simply on authority, if they are proveable by means of your own senses.

And if honesty is one of the virtues whose presence is essential in our search after truth, no less is care. It would be difficult to say when care or carefulness ends and honesty begins. Caution in what appears to be truth, and is yet not truth, is the virtue I mean here, and in pursuing your inquiries into the phenomena which make up nature, you will often need this virtue. Many may be the mares'-nests you may discover without this, and many may be the hours saved with it. A truth has to be looked at on all sides, has to be tested in a variety of ways, before it is established ; and if I wanted to give you a home example of what care in scientific inquiry is, I would ask you to read in our own Hospital Reports how the truth of new and important facts is religiously verified in every possible way before being given to the world by my most esteemed master and friend, Mr. Rainey.

Caution seems one of the most necessary virtues now-a-days in scientific research, for so easy is it to rush into print, that the temptation to make premature disclosures of what we think are real discoveries, or to publish what we think are unique cases, is often too much for us ; and too late we find we had done better to have waited. We have only worried the world. Our discovery, or our unique case is a myth, or has been known ages ago. If we are unscrupulous, we are perhaps glad to have made a little storm in the teacup of literature ; if we are honest men we are rather ashamed of ourselves, and curse our carelessness.

It would, indeed, be a blessing to all of us, if there were more caution exercised before so-called facts were published ; but, it would be a still greater blessing if the same virtue could check the exuberant growth of published opinions and shadowy incomprehensible theories, which assail us daily in our scientific literature. Quantity not quality is the order of the day, and such is the array of rapidly succeeding journals, new books, and pamphlets, that we are almost driven to select between trying to skim all of them, and becoming mere literary sewers, through whom much refuse and very little valuable passes, and little or nothing sticks—between this and leaving them all alone in despair.

However, I should be wrong if I recommended either course. I would, however, urge you to specially avoid becoming the literary sewer. Sewers are apt to be offensive, and a man full of authorities, but with no knowledge got by observation, is apt to be offensive too. One cannot say he is useless. But a sewer is not useless. One can only regret his ambition has not been a higher one.

There is another quality I want you to include in your equipment in search of truth, and just as it was somewhat difficult to draw a line between honesty and care, so it will be difficult to separate care from perseverance. I am speaking to you as men, beginning your studies or going out into the world to make use of them and continue them. And if one quality is to be set more store on than another in the search after truth, I think that quality is perseverance.

We are not all born with equal abilities, with brains equally impressible, but what Dr. Arnold said of boys is equally true of men, that the difference between one and another consists not so much in talent as in energy. If that energy be spasmodic but little good results ; if that energy be steady it will win the race in the long run ; and truth is the goal. The greatest scientific men have been not the brilliant geniuses whose lamp shone

early, but rather those who having an object in view have steadily persevered, and generally in face of difficulties. There are few biographies more stirring and instructive than one which has recently appeared of an obscure shoemaker, named Thomas Edward, who has become a naturalist of some renown, and whose example of perseverance will probably long be quoted. It is worth while to read his life if only to see what perseverance really is, what pleasure there is in the search after knowledge in things within the reach of all. He says himself, "I thought you knew—yes I am sure you knew that anyone having the mind and the will need not stick fast even in this world. True, he may not shine so greatly as if he were better polished and better educated, but he need not sink in the mire. You may wonder very likely at what I have been able to do, being only a poor sonter, with no one to help me and but few to encourage me in my labours. The only answer I can give to such wonderers, is that I had the *will* to do the little that I have accomplished." What his little was, I leave you to learn by a perusal of the book. He adds afterwards:—

"But it is not the things I have done that vexes me so much as the things I have not done." And this man, for his perseverance in the search after truth, goes down to posterity a brighter light than if he had made his fortune by shoemaking, and has lived a happier and more useful life.

Gentlemen, it is an old piece of advice, and only obscured by being thrust down your throat in a Latin form —but it is no less true—that unless you can look back upon having done something worthy during the day, your day has been lost. There is the difference between being able to say "Vixi," and "Perdidi diem." If in after life a man like Thomas Edward regrets the things he has not done, how much more must any man have occasion to condemn himself if he has wilfully wasted his opportunities? And who can tell how far others may be affected by it? I am tempted to mention here a fact related to me by an old friend now in this room, and to which he happened fortunately to be witness. A woman died suddenly, and the husband was suspected of having poisoned her. A *post-mortem* was ordered by the coroner, and at the examination the doctor searching at first saw nothing amiss, but soon exclaimed, "Good God! there must have been a lot of inflammation here; why the spleen's adherent to the stomach!" Well, there was nothing really the matter there, but he persisted that there must have been, because the two viscera were connected together. And upon this man's sublime ignorance depended probably the life or liberty of the suspected husband.

I don't like to multiply too much the qualities you ought to cultivate, but I must add one more to your equipment. But after all it is only an extension of the others I have mentioned. It is courage in your work, courage in your ownselves, and in your own opinions when honestly worked out. It is perseverance in the face of difficulties. It is, perhaps, rather moral than physical courage nowadays, but it is none the less the same stuff which made our heroes of old, whether they were of the blood-and-thunder type, or of a quieter sort. It has made our greatest scientific men, and the words of an old Norse saga apply as much to them as to the Vikings to whom our nation owes its existence as such:—

> "Yea, I deem all the pleasure and plenty
> Far less than to do and to dare."

John Hunter, himself the most persevering and courageous of men, has said, "Is there any whom difficulties dishearten, who bends to the storm? He will do little. Is there one who *will* conquer? That kind of man never fails."

In the face of what, to most of us, would be unconquerable difficulties, have arisen men of whom we, as medical students, may justly be proud. Livingstone, when ten years old, was a poor factory boy, and with his first week's earnings he bought his first Latin Grammar, and even when, having made up his mind to enter the medical profession, he had saved enough from his earnings to pay for his first winter's course of lectures, he worked as a cotton spinner during the remainder of the year to provide funds for his next session. Sir Humphrey Davy and Faraday struggled through equal difficulties, and James Watt is reported to have had nothing better than an old anatomical injecting syringe out of which to make his first model of the steam engine. The school of difficulty is the school of courage, and the history of difficulty would be but a history of all the great and good things that have been accomplished by them. When we find men friendless and moneyless rise in spite of difficulties through knowledge to higher knowledge, and to the highest ranks in the annals of science, the thought comes involuntarily that most of us are too well treated by nature and circumstances. The aim of our governing bodies is to ensure facilities, to bring within the reach of all things presumably good in themselves, but which, one time, were within the reach of few. The whole scheme of medical education is marked with the stamp of "made easy."

A higher class of technical knowledge is certainly required, but much greater facilities of obtaining it are given you. What student, even in my time, was taught the use of the thermometer? Few had an, or, at all events, availed themselves of any, opportunity of learning anything at all of the microscope. And the same with the ophthalmoscope and laryngoscope. But now here are special departments, special classes, special instruction in each, presided over by teachers of acknowledged eminence.

I don't for a moment find fault with the existence of these facilities—they are the requirements of the age—but I want, in some way to impress you with a necessity for self-dependence. These facilities are here—make use of them thoroughly; but don't trust to others doing what you ought to do yourselves. Above all, don't wait with folded hands for others to show you what to do and how to do it, but make it part of your own duty to learn what there is to be done, and then set to work and do it, and then, if difficulties seem to be in the way, remember one of Lord Bacon's sayings—"The wise man is he who maketh opportunities rather than he who findeth them."

I have attempted to put before you some of the chief qualities I think you ought to cultivate in your search after truth; and I may here incidentally warn you against the excuses or perversions of these qualities, which may greatly mar your work. Be as honest as you will, but do not let your honesty be marred by coarseness; and in your relations with others especially be considerate, and avoid that brusqueness which some would fain make part of a successful man's stock-in-trade.

Be careful, as you will, but don't let over caution prevent your ever making a forward step, and don't let it lead you to become a victim of care, of worry, anxiety, for worry, anxiety, is productive of more serious mischief than is generally known.

And particularly steer clear of that disbelief which apes originality. You are seeking the truth in things attainable, but there are many things in which the proof lies far away, and only comes from patient, long-continued search, — things made a part of ourselves by being worked into our minds from childhood's earliest times, until they have become to us as living facts. As time goes on and reason tries to grasp what memory has received she often fails to grasp the whole. But if some part of what tradition holds is false, and much, perchance, is hard to most to prove, why cast away the whole as some have done, and disbelieve in all tradition and authority?

> Two angels guide the path of man, both aged, and yet young,
> As angels are, ripening through endless years.
> On one he leans. Some call her Memory,
> And some Tradition; and her voice is sweet
> With deep mysterious accords. The other,
> Floating above, holds down a lamp, which streams
> A light divine and searching on the earth,
> Compelling eyes and footsteps. Memory yields,

Yet clings with loving check, and shines anew,
Reflecting all the rays of that bright lamp
Our angel *Reason* holds. We had not walked
But for Tradition. We walk evermore
To higher paths by brightening Reason's lamp,

. . . . .

For Truth to us is like a living child
Born of two parents. If the parents part,
And will divide the child, how shall it live?

Don't, therefore, discard as untrue or unreal all you cannot see or prove. Do your best to prove the truth, but if it is beyond your proof and your dull limited reason, let it bide its time. Meanwhile, respect the calm mature opinions of those who may see further than is possible for you.

Don't let a worthy scepticism in your work lead you to an unworthy scepticism in everything, and don't let it lead you into a habitual cynicism as degrading and unsatisfactory to its possessor as it is loathsome to others. That spirit of the universal sneer which sees no good in anything, which mocks at the existence of all noble qualities, and treats them as chimeras, and which makes all men but selfish animals.

Gentlemen, there is one thing more I have to say, and then I have done.

Few of you can yet realise the influence you each possess—an influence, the result, so to speak, of an accidental circumstance, but an influence that will be curiously permanent. I have felt it as a student, and I feel it as strongly still. I have felt how much superior to me was every man in the year before me; and that to gain the approbation of one of those clever ones was something worth working for, or, perhaps, worth living for. If one of these clever men led the way into mischief, as sometimes happened, I may say, with due respect to any who may be here, he readily got a following. And this effect of slight seniority is curiously permanent, for it lasts through life. Men who were at the hospital with you, and were your seniors, always remain your seniors in more than mere time—it is seniority in authority, in influence.

If you feel this, remember that others feel the same towards you, and that your influence is one for good or for evil; and many a light word cast away thoughtlessly may, like a canker, eat into others' characters while forming, or, like golden leaves, be productive of incalculable good.

For our light words and thoughts, like our more serious ones, have sometimes, long after, an unexpected outcome.

Being rooted, like trees, in our place,
Our brain foliage tossed,
Like the leaves of the trees that are caught
By the four winds of heaven; some thought
Blown out of the world into space,
And seems lost.

. . . . .

But fallen like trees in our place,
Hid, buried, embossed,
Our dead leaves are raked up for mould;
But some that are sun-bright and gold,
Blown out of the world into space,
Are not lost.

Long may it be, gentlemen, before you be fallen like trees in your place; but when your sunset comes, may you be able to say, like Thierry, in his last moments, "There *is* something in the world better than sensual enjoyments, better than fortune, better than health itself—it is devotion to knowledge"—it is devotion to truth.

ABSTRACT OF INTRODUCTORY ADDRESS

DELIVERED AT

ST. GEORGE'S HOSPITAL,

Oct. 1st, 1877.

By T. Pickering Pick, F.R.C.S.,

Assistant Surgeon and Lecturer on Anatomy at the Hospital.

Mr. Pick commenced his address by giving a brief sketch of the boyhood and early career of Hunter, Astley Cooper, and Brodie—three of the great masters of our art of the past, two of whom had graced the walls of the hospital in which those of his hearers, to whom his words were more especially addressed, have that day enrolled themselves. He pointed out the great disadvantages they had suffered from, and the entire absence of systematic teaching which existed in their days, and, in spite of this, he showed the distinctions they have won and the amount of knowledge they had obtained and transmitted to their successors. He besought his hearers, with their immeasurably greater advantages, to endeavour to follow in the footsteps of these men, and, like them, do some good in the world, so that their names should be revered and honoured when their place should know them no more. And, like those distant heavenly bodies, whose light consumes so, reach us for years after they have become extinct, their light would continue to burn brightly, like that of Hunter, Astley Cooper, and Brodie, after their earthly toil was over, and their names be remembered as having done something to advance the noble profession in which they had that day embarked.

He then proceeded to compare the course of instruction in Hunter's and Astley Cooper's time with that which was pursued in the present day. Showing how little was done in the former case, and how no effort was made to teach the younger portions of the profession; so that the student had to rely on his own unaided efforts and contrasting it with the carefully-arranged curriculum of study of the present day. Briefly explaining what the general plan of study was, and how every effort would be made on the part of their teachers to assist them in their studies, he assured his hearers that if they did not obtain a sound knowledge of their profession the fault would be with themselves, and they could shift the responsibility on to no other shoulders than their own.

The lecturer then proceeded to consider the points in the character of the men whose early life he had sketched, which had led to their success, and besought his hearers to endeavour to imitate them in these things—

First of all, as the mainspring of their success, he placed industry and perseverance. No one, he said, could look back on the life of John Hunter and remember what he achieved without being struck with amazement at the amount of work accomplished in the short space of thirty-five years. No one could fail to see, on tracing back the life of Astley Cooper or Brodie, that the cause of their success was their industry and devoted zeal to their work. And, as it was in their day, so it would be now, the working-man would be the successful and far happier man, and if they desired to emulate these men it must be by steady, earnest, thoughtful work, and by a just appreciation of the value of time. Your time here, he said, is short. Whatever zeal you may use you cannot learn in three or four years all the knowledge that is to serve you for life in practice. All the more reason, therefore, that you should be ever on your guard, ever covetous of the moments which glide so rapidly and imperceptibly by. Your little hoard of time you must guard as jealously as a miser does his gold, and be constantly on the alert lest thieves should strive to rob you of it. Such things as even indulgence in sleep, doing things superficially and in a hurry, and the solicitations of friends, even thieves, which would rob them of much of their time if they were not on their guard againt them. The lecturer especially warned them against doing things carelessly and superficially as being surely wasting time. The secrets of Nature were not to be revealed to the superficial worker, who, like the butterfly, is ever flitting from flower to flower, but without staying long enough to extract the honey. In order to find the gold they must dig deeply. It was only waste of time to wander from spot to spot and turn up a few spadesful of earth, and, because they did not find the coveted gold, to try elsewhere. Their course must be different; they must fix on their spot, not without care and forethought, and then dig deeply through the gravel and shingle until they reached the clay, the real bed of the river, where the gold was. So it was with their studies, if they were always in a hurry, seizing a fact here and another there, but not

staying to bend them together, they would find that their knowledge was like a vase of cut flowers, beautiful to look at but speedily fading away; instead of like the ivy which clings to the oak and endures, notwithstanding, the heat of summer and cold blast of winter. Knowledge, superficially gained, was time wasted, and though it might enable them to pass their examinations, it would not stand them instead in after life.

Another trait in the character and life of those great men whose early days they had been reviewing, which led to their success, was veracity and fidelity to their work. We have shown them how Shakespeare had said they must be, "true to themselves;" they must be more than this, they must be true to their work; they must be accurate in all they undertook; they must never *think*, they must be *sure*. When they came to clinical work in the wards of the hospital and proceeded to diagnose cases, they would find that ours was often an hypothetical science—that is to say, given as a case in which they desired to diagnose the disease; after a few preliminary questions, they would generally find that unconsciously, in their own minds, they had settled upon some disease, or diseases which it might be, and their subsequent investigation would be conducted with the object of making out whether this hypothesis was correct or not. How futile would be all their endeavours and how erroneous their conclusions unless they were strictly accurate in all their observations.

Another point in the lives of Hunter, Cooper, and Brodie worthy of remark was their devotion to their work. No one for instance could fail to notice with admiration, on reading the life of Hunter, and especially his letters, how thoroughly his whole being, his mind, and thought were centred in his work, and how it was the one aim and object of his existence. And this same devotion we should do well to copy. As has been said at the beginning of the address they were now entering on the real business of their life—the business by which they would have to live; and more than this, a business which involved the lives and well-being of their fellow creatures; and it depended upon themselves and their devotion to their work whether they would rightly use or abuse the opportunities that were afforded them. If they made their work the great aim of their existence they would never lose a chance of learning something. As Collingwood never saw a vacant place on his estate but he took an acorn and popped it in, so let them deal with their opportunities through life. An acorn was but a little thing, and cost nothing, but it might spread into a prodigious bit of timber. Let all their knowledge tend in the direction of that which was acquired by the great and philosophic Newton, who, though he had a complete comprehensive knowledge of science, likened himself to a little child gathering pebbles on the shore, while the great ocean of Truth lay undiscovered before him.

ABSTRACT OF INTRODUCTORY ADDRESS

DELIVERED AT

MIDDLESEX HOSPITAL,

Oct. 1, 1877.

By Arthur Hensman, L.R.C.P., M.R.C.S.,

Senior Demonstrator of Anatomy and Lecturer on Botany at the Hospital.

The lecturer commenced by giving a brief history of the hospital and its medical school. The first stone of the new hospital was laid on May 15th, 1755, by the Earl of Northumberland. That stone, history informs us, was being laid whilst a fierce thunderstorm raged over London, and the painting by Pine, in the board room, depicting the ceremony, truly represents this. But the painter, with that suggestive genius belonging to his art, has, I notice, introduced into his work a distant gleam of sunshine, fit emblem of the light of that skill and the warmth of that charity, which ever characterise the noble profession you are entering to-day, and which we know has not been lacking in those who, for more than a century, have manfully striven to dispel the darkness of sin and the gloom of human misery and suffering. The lecturer next alluded to the medical school, and the address of the medical officers, which led to its formation. To this address the names of Charles Bell and Thomas Watson were attached. These name must suggest to many memories of the past and to those of us who are youngest become

A link among the days to knit
The generations each with each.

The comparatively recent death of the aged widow of Sir Charles Bell, a surgeon so gifted that it mattered not to him whether he handled the scalpel, the pencil, or the pen, has severed nearly the last link that bound him to us except in memory. But it seems almost a privilege as well as a pleasure to be able to speak of Sir Thomas Watson, old in years, yet young and vigorous in mind. Still able and still willing to attract us by the charm of his writing and the weight of his long experience. After alluding to the value of medical schools and their relation to scientific men, he dwelt especially on anatomy in its relation to medicine and art. But anatomy must ever remain one of the great central subjects of your studies. Like the keystone of the arch, touching both halves of your work, medicine on the one hand, surgery on the other, and fitly crowning the space of your knowledge, for without it neither side could stand secure. After urging the prime necessity of cultivating the higher senses he concluded as follows:—Whilst we extend the range of our knowledge by means of the microscope, the ophthalmoscope, and the thermometer, let us watch lest our own organs of perception, best instruments of all created by an eternal will, and step by step evolved through lower forms to near perfection, be unequal to the requirements of these higher duties. Every side of the intellect must be trained, every right capacity of the body must be developed if we would work to good purpose. Those higher faculties and nobler aspirations which express the moral side of our nature can never flag if the object and the end be so good. Remembering the history of the past it requires, I think, no prophet to predict in what direction we may hopefully look for advance in the future. We should ever remind ourselves that cause and effect work out their end with untiring round for *good* as well as for *evil*, and a wiser generation more in harmony because more fully understanding the laws which govern men and the world on which they exist, will better escape those ills which surround us to-day.

Clinical Records.

BASIC CEREBRO-SPINAL MENINGITIS "ACUTE SOFTENING."

(Under the care of Thomas Stretch Dowse, M.D., F.R.C.P. Edin.).

Louisa O'B., æt. 6, came under Dr. Dowse's care on April 2nd, and died four days after. The following notes were made. She was one of four children, two of whom died in fits during infancy. The parents denied all history of syphilis, but admitted that for some time past the child had been badly fed and clothed; her health was good until ten days before. Dr. Dowse saw her when she was seized with severe pain in the head, sleepless nights, rambling delirium, no vomiting, obstinate constipation, and other signs and symptoms which were clearly indicative of meningeal inflammation; the scrofulous diathesis was well marked, the features were pinched, eminences prominent, the teeth irregular, huddled together, serrated and notched; countenance pale and livid,

eyes sunken, pupils dilated equally, partial coma and constant restlessness; the head was continually thrown from side to side, and the extremities were in a constant state of passive motion. Temp. 100·8°; Resp. 60, Pulse 180. Twenty-four hours previous to death, she was constantly moaning and pushing her fingers into her mouth, and although apparently unconscious, (not attempting to speak or knowing any one about her) she took nourishment with avidity. The abdomen was neither abnormally distended or retracted. No voluntary power over sphincters. No objective signs of palsy of cranial or spinal nerves. There was a general condition of hyperæsthesia and hyperalgia of all the extremities, for when touched she writhed about as though she was in considerable pain. No automatic reflex spasmodic or convulsive movements from first to last.

Post-mortem examination twenty-four hours after death. Upon removing the calvarium the veins of the dura-mater as well as of the lateral and central sinuses were found distended with blood, the membranes over the superior surface of the hemispheres were greatly congested, and gave to the convolutions a pinkish tinge, but the latter had not undergone any inflammatory change. At the base of the brain, from the optic chiasma in front, to the origin of the 6th nerves behind, the membranes were opaque and densely fibrillated, more especially about the inter-peduncular space, where the nerves were bound down by a dense organised mass of a greyish green colour, which had become completely adherent to the surrounding structures. Upon slicing off the hemispheres to the level of the corpus callosum, the grey matter was observed to be thicker than usual and very hypervascular. The lateral ventricles were somewhat distended with fluid, and from the condition of the lining membrane and dilated state of the foramina, there is no doubt that hydrocephalus had existed for some time before the acute inflammatory attack set in. When the velum interpositum was removed, the brain substance entering into the formation of the floor of 3rd ventricle was completely softened, and gave way to the slightest pressure.

CASE OF INTUSSUSCEPTION.

Under the care of JAMES O'FLANAGAN, L.R.C.S. Edin., L.F.P. & S. Glasg.

THE following brief record of a case of intussusception may not be without interest, especially as the disease is not very common, and as, when it does occur, the treatment is generally not very successful.

At 9 p.m. on 1st March, 1877, I received a call to a patient about three miles distant, who, it was stated to me, was then suffering, and had been for six days previous, from "obstruction of the bowels." To my inquiry if he had pain and vomiting it was replied that he had, and very much of the latter. I prepared at once to go to see him, and as the distance was so far, and the case so urgent, I took a few necessary things with me. These included injection tube, a few powders of calomel and opium, and a mixture made up of prussic acid, bicarbonate of potash, chloric ether, and peppermint water. After some unavoidable delay I reached the place at 10·30, and now follow the particulars.

M. McI., platelayer, æt. 34, and before this a very healthy man, states that on the previous Saturday night (24th Feb.), after returning from work, he ate heartily a supper of fried potatoes. In about an hour after he was seized with pains at the pit of the stomach, violent in kind and "collicky." This continuing without relief he sent during the night for his "own doctor," or usual medical attendant. This gentleman, with his partner and their assistant, attended him most diligently during the six days anterior to my visit. They evidently had not spared "physic," as twelve or thirteen empty bottles of all sizes lay on the table. Further, I was informed that he had had at least thirty injections in the six days.

When I saw him his tongue was clean, pulse 96, full and rather soft. He complained of no pain until pressure was made over the abdomen in the umbilical region, and it was now not acute, but more a *sore* than a *pain*. There was constant thirst, and vomiting equally constant. The latter was characteristic, as it consisted of alimentary substances well advanced towards digestion, and such as we have in obstruction of the lower bowel generally. The urine was normal. After careful inquiry and exploring in vain for hernia (enteritis and peritonitis were out of the question), I diagnosed the case to be intussusception, and, further, that the *locus*, or seat of the involution, was in the transverse colon.

To allay the vomiting I gave him a dose of the mixture already mentioned, and shortly thereupon a powder containing four grains of calomel and two of opium; this treatment to be continued at intervals of two hours through the night, during sleep excepted, and early in the morning he was to have castor oil, an ounce and half, with the same quantity of whisky. At 10 a.m. the following morning (March 2nd) when I made my visit, report was as follows:—Patient had a fair night, having slept at least four hours, but the castor oil ordered the night before was no sooner swallowed than it was returned again; the dose was now repeated in my presence with the same effect. Pulse and general symptoms about the same as last night, but with occasional hiccough now in addition. Tried kneading of the intestines for a time, with no result, and then determined to give crude mercury as a forlorn hope. At 2 p.m. patient swallowed 24 oz. avoirdupois of this metal. At 8 p.m. his general state was unchanged, but he had in the meantime vomited once, but not so fully as before, and of this "vomit" I estimated that three to four ounces of the mercury were returned. Ordered a second dose of 24 ounces. The chemist had only 20 ounces left—the whole of this to be taken.

March 3rd.—Made my visit as early as 8 a.m.; patient passed a good night, slept well, had no vomiting since afternoon of day before, but in all other respects the case was unchanged. Nine p.m.—Little change since morning; pulse rising and weaker, hiccough now and again, no more vomiting, but patient looking more anxious and prostrate. Ten a.m. 4th of March—Passed a bad night; vomiting returned during the night, this of the same kind as formerly, namely, alimentary; hiccough frequent; pulse 120, getting smaller; patient more anxious, restless, mind wandering, and asking to sleep very much. In addition to small quantities of brandy, beef-soup, and arrowroot given regularly and naturally before, to have now the two former of these by injection. Three p.m.—Patient in all respects unchanged since morning; very anxious for sleep. As forty-eight hours had now elapsed since the first portion of mercury was given, and as no relief seemed imminent, I advised the patient to give his consent to an operation being attempted for his relief, such operation being no less grave than cutting into the colon. After a time he did consent, and then, as my practice is chiefly a medical one, I obtained the assistance from Sunderland of no less a personage than the inventor of the new irrigator, Dr. Abrath, who is known in this neighbourhood as a fearless operator. This gentlemen brought his knives, and brought also his irrigator. It would be tedious to tell in full the whole performance, but after laying the patient (who in the meantime had withdrawn his consent to the operation) on the floor and half-drowning him with water, which came in gallons from the irrigator (applied per anum) we left him, at 10 o'clock, "to Nature" till the morning. Eleven a.m., 5th March—Patient rested well all night, slept some, and vomited not so much as before; in most other particulars the same as yesterday. To allay vomiting again, gave now mixture containing bismuth, bicarbonate of potash, solution of muriate of morphia, and a little chloric ether. Six p.m. —Patient much the same in all respects, only no vomiting. Continue the mixture and support stren gth as be-

fore. March 6th.—Being called away early, did not see patient at all, but on the morning of the 7th at nine o'clock a messenger reached me in breathless haste to say that he had had a "passage" an hour before. Saw him during the day; was very feeble, but all urgent symptoms had passed away, and bowels moved copiously three or four times. Continue mixture of bismuth and light nourishment as before. March 9th.—Still improving; complains of thirst, however, and a little tenderness of gums—the result, probably, of absorption of some of the mercury which was now passing through *per se*, pure, in tablespoonsful or more at a time, and continued so to pass for at least ten days. Ordered to have a dose of castor oil, but through some misapprehension, or wishing to prevent *the door closing again after so much trouble in opening it*, patient insisted upon taking a dose of salts and senna as soon as my back was turned. Seven p.m.—A messenger to say that patient was much swelled about abdomen, and salts and senna had not gone through. Sent, with a good scolding, a carminative mixture of aromatic spirits of ammonia, sulphuric ether, tincture of capsicum, solution of morphia, and peppermint water to be given every half hour till relieved. Messenger on the morning of 10th March to say that patient was much easier, but salts and senna had not gone through. One o'clock p.m.—Messenger arrives express to say that patient had been drinking plentifully of cold water, and now he was "all swelled," could not lie down, and could scarcely breathe. Rode quickly to the place with enema tube and bottle of turpentine in pocket. Gave as a draught one ounce and half of oil of turpentine; patient experienced immediate relief and finally recovered without another bad symptom. He was able to commence his usual employment in less than five weeks, and at last report he was growing fat and strong.

Transactions of Societies.

THE ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE IN FRANCE.

THIS Association held its sixth Annual Session at Havre during the last week in August. In the different sections many interesting papers were read, some of which we shall have occasion to refer to again, as at present our space only allows us to give short abstracts of some of the most important ones.

The Antiseptic System of Lister.—Mr. Franck, in the name of Mr. Létievant, read a paper on this subject, noticing the facts resulting from its employment during the years 1875-76, the principal of which were that purulent infection had disappeared, serious complicated wounds were cured with much greater facility, and immediate union after operation had been almost always followed by success.

On the Indications for Thoracentesis.—M. Potain chose this subject, and pointed out that the complete extraction of fluid favoured pulmonary congestion, which often followed this operation. To avoid this he suggested, in order to guide the amount of intra-pleural pressure, the adaptation to the aspirator of a small indicatory manometer.

Miner's Nystagmus.—M. Dransart contributed his observations on twelve cases of this disease, seen by him in the miners of Auzin, which he attributes to fatigue of the superior rectus and oblique muscles, and sometimes of the internal rectus. Some interesting cases of this disease were brought, about a year ago, under the notice of the Leeds and West Riding Medico-Chirurgical Society.

On Uterine Vegetations.—In conjunction with Professor Richet, M. Gallard had recently observed a case of vegetation of the mucous surface of the uterus in a lady aged 64, with abundant metrarrhagoa. The diagnosis was confirmed by microscopical observation. Treatment by means of intra-uterine injections of perchloride of iron; *pate de canquoin*, proving ineffacious, they had recourse to abrasion after the method of Récamier. The patient recovered. A discussion on this paper took place, during which M. Courty remarked he had once said with some reason that a crayon or a portion of nitrate of silver might be introduced without danger into the uterine cavity, since the *pate de canquoin* did not seem to cause any inconvenience.

Paralytic Luxations of the Femur.—From M. Reclu's paper on this subject we derive the following conclusions:—1. We must deduct these cases from the group of congenital dislocations. 2. They succeed to amyotrophy, and may come on at all ages. 3. For its production two conditions are necesssary: *a*. Paralysis of a muscular group. *b*. Antagonism of another muscular group. 4. Iliac luxations are the most frequent.

On Ataxy in its Relation with Traumatism.—M. Verneuil, in the name of M. H. Pettit, proposed the following three questions:—1. May traumatism engender locomotor ataxy? 2. May it modify the existence of pre-existing ataxy? 3. Are there any particular characters as regards progress and termination in ataxic patients? M. Verneuil contributed a paper himself upon wounds in alcoholic diabetes, and we shall in a future number return to these papers.

On Cardiac and Respiratory Accidents following intravenous injection of Chloral.—MM. François-Franck, and Troquart concluded that chloral acted upon the endocardium, that irritation of the afferent nerves in that membrane, thence reflected by way of the intra-cardiac ganglia to the inhibitory nerves, arrested the heart's action; the arrest of respiration being produced through the medium of the medulla and vagi nerves.

On Aneurism of Femoral treated by Electrolysis.—M. Lecadre communicated a case tending to prove that if this method was not always crowned with success, yet its employment did not cause the serious disturbance alleged against it. M. Landowsky, agreed with M. Lecadre on this point, and said he had lately seen in the *service* of M. Beaumetz the needles inserted in aneurism of the aorta.

On Special forms of Hysteria.—M. Dally insisted on the necessity of further sub-dividing the hysteric group, and of studying separately a certain condition which is distinguished in a special manner. In this category are those forms, in which the patients in a premeditated manner, assume symptoms for the object of misleading their friends and their medical attendant.

On Temperature.—M. Courty furnished the result of 100 observations on the temperature of the palm of the hand, compared with the axillary temperature in normal and pyrexial states. He found great variations in the palmar temperature in health, ranging from 26 C. (79 F.) to 37 C. (98 F.), influenced by external temperature, exercise, rest, &c. In fever, however, the palmar was the same as the axillary temperature.

On Uniformity in Medical Observation.—M. Seguin (who attended at the meeting of the British Medical Association at Manchester as a representative of the American Association), insisted on the necessity of reform in this direction. He said that we owed mathematical uniformity to France, and hoped they would take the initiative in this salutary change. M. Seguin also at a later sitting urged the necessity of medical intervention in the education of children.

Cerebral Thermometry.—Our excellent contemporary, *Le Progrès Medical*, furnishes us with a long account of the very remarkable paper of M. Broca, on Cerebral Themometry, and its *rôle* in the diagnosis of Disease of the Brain. It is too valuable to condense, and we shall give it in full in one of our ensuing numbers.

THE subject announced for the Fothergillian Gold Medal Competition in 1878 is "The Antagonistic Action of Therapeutic Agents," and in 1879 "General Paralysis of the Insane." Essays in either English or Latin, and not in the handwriting of the author, must be delivered at the Medical Society of London before 1st November, 1877-78.

BY the will of Mr. John Miland, late of Wimbledon, Surrey, the Charing Cross Hospital, and the Royal Free Hospital, each receive bequests of £1,000, and the Westminster, King's College, and the Seaside Convalescent Hospitals, £500 each, a like sum also goes to the Hospital Sunday Fund.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 3, 1877.

PLEURO-MONIC MEAT AS HUMAN FOOD.

RECENT proceedings of the guardians of one of the Dublin unions (who sold for food the meat of cows slaughtered, under authority of the Act of Parliament for preventing the spread of pleuro-pneumonia) have given rise to a very interesting and important controversy between the medical officers of health for the City and the cattle dealers. At present we have nothing before us in print from what we may call the medico-sanitary side of the disputants, but a pamphlet has just issued from the press, prepared at the instance of the Irish Cattle Trade Association, by Professors Macnamara, Emerson, Reynolds, and MacAlister.

The report is, as might be expected, devoted to proof of the fact that the meat of pleuro-pneumonic cattle is not only innocuous, but wholesome, and the Association has certainly secured for this proposition every consideration and fair discussion by placing on their pamphlet the names of three inquirers so eminent, each in his own special department. We need not stay to refer to the historical sketch of the disease contained within the first pages of the pamphlet, but pass to the evidence which the authors give respecting the effects produced on man and healthy animals by the consumption of such meat The authors say:—

On carnivores in the Zoological Gardens the meat has produced no perceptible effects, and there is no case on record wherein the flesh of cattle slaughtered while suffering from pleuro-pneumonia, in any stage, has ever been proved to give rise to disease in man. Reynal states that the flesh of animals who have suffered from this disease has been in daily use in Paris for the past twenty years without any appreciable results. Loiset states that, during nineteen years, the flesh of 18,000 diseased animals has been used as food in Lille, and that during that time there were no appreciable alterations in the death-rate, nor any unusual accessions of disease. Mr. Gamgee states that in 1862 more than one-fifth of the meat consumed in Edinburgh was that of diseased cattle, and yet that year was not one of unusual mortality. Dr. Greenhow, in the report sent in by him to the President of the Board of Health, in 1857, states—"I have been unable to ascertain that eating the flesh of animals that have suffered from pulmonary murrain produces any injurious consequences on human health." Dr. Druitt, of London, states that he "never saw any case of illness arise from eating the meat of diseased animals." Lévy, in his "Traité d'Hygiene," quotes instances of the consumption of similarly diseased cattle on a large scale, with no injurious effect; and Coze, in the Memoirs of the Agricultural Society of Paris, gives similar instances of the wholesale consumption of diseased flesh in Strasburg. Huzard and Frank might be quoted also in the same connection.

Mr. Fleming, in his work on "Veterinary Sanitary Science," before quoted, says, in speaking of pleuro-pneumonia:—"Since the malady has been recognised it may safely be asserted that the flesh of millions of diseased animals has been consumed as food in every part of the world, and yet there is not, to my knowledge, a single instance of any accident attending or following its use."

Mr. Gamgee, in an article which he wrote to denounce the sale or use of diseased meat of any kind, admits "that if a fat bullock or other well-conditioned animal be taken with the disease it should be slaughtered at once, and the flesh allowed to be sold at a reduced price." "The absence of evidence is enough to show that immediate ill-effects do not follow the consumption of this meat. Indeed, it is certain that meat of this kind is consumed on so large a scale that if the meat had been immediately hurtful the consequent mischief could not have escaped observation." To this statement of Mr. Gamgee's we would add, that not only have no "immediate ill effects" followed the consumption of pleuro-pneumonic cattle, but that there is not on record a single case in which *remote* effects have been traced to its use.

In the third detailed report of the Registrar-General for Scotland (1867) an attempt is made, based solely upon the Livingstone fallacy above quoted, to connect a supposed increase of frequency of deaths from anthrax with the advent of pleuro-pneumonia. Whilst the Registrar admits that Scotland shows no similar statistical evidence, he quotes figures from the English Registrar to show that the frequency of deaths from anthrax in England had, within four years, risen from an average of 5·5 to 13 per million of the population, and supposes that, as Dr. Livingstone had found carbuncles to arise from the disease described by him, so this increase in England he assumes to be due to a similar cause.

On comparing the statistics of the years 1855 to 1872 with the relative populations of England and Scotland the obvious result is, that while, according to Mr. Gamgee and others, the flesh of pleuro-pneumonic cattle was consumed on a large scale in Scotland during these years, yet the average mortality from anthrax was only in the proportion of seven to the million of the population, about one-half of the English rate of mortality.

In the year 1872 pleuro-pneumonia existed in most of the counties of Scotland, yet reference to the table above will show how few were the cases of anthrax. In 1876, when it existed in 24 Scottish counties, and when 404 fresh outbreaks were reported in Scotland alone, the total number of deaths from all cellulo-cutaneous affections, including anthrax, erysipelas, and other allied diseases, in the eight large towns in Scotland, was 45. In 1874 the disease reached a maximum, the number of cases of pleuro-pneumonia exceeding that of any other year, yet the corresponding number of deaths from similar diseases was but 33! In 1875 there were but four deaths from anthrax in the eight large towns. Thus, the deaths from anthrax

are not in excess, since 1866, of the former average, although we have it on the authority of the Report of the Select Committee of the House of Commons, that pleuro-pneumonia has been worse among cattle since that time than before.

We have selected this passage, and given it at great length because it constitutes really the argument of the pamphlet, and ought to be submitted to our readers for what it is worth. It succeeds in persuading us that the consumption of pleuro-pneumonic meat in a good marketable state, *i.e.*, in the very earliest stages of the disease, does not usually produce in the average consumer, such an amount of disease as will manifest itself in the mortality or sickness returns. It does no more than this, and the pamphlet leaves us, on the whole, in a state of great uncertainty as to the period of the disease at which the eating of the flesh should be forbidden.

That there is some such period, the authors confess We are not, they say, prepared to advocate the use of the flesh of animals markedly reduced in condition, and elsewhere they define what they mean by this phrase :—

Feverish symptoms now unmistakeably present themselves. The disease steadily increases in intensity, the beast, which in the first stage seemed to be only out of sorts, rapidly loses condition, and in about three weeks from the commencement of the second stage, death puts an end to the animal's sufferings.

The authors expressly utter the opinion that animals in this state "should not be looked upon as marketable commodities," and yet they say that "the flesh of the slaughtered animal is (in this stage) not distinguishable by any known means from the flesh of any other animal similarly reduced in condition."

The only appearances which are to be found in other tissues than the lungs in the early stages of this disease are those *which depend on the amount of sympathetic fever present* with the local affection, and consists of the marks of a febrile condition. In later stages the flesh has all the characters of imperfect nutrition and wasting ; but in many cases, killed in early stages of the disease, the meat is quite indistinguishable from that of perfectly healthy animals.

Such a statement seems to us an all-sufficient reason for prohibiting the sale of pleuro-pneumonic meat in any stage of the disease. We would venture to ask whether the meat of an animal, dead of any disease—say virulent typhus—does not answer to this description. Is there anything which "can be observed by the most experienced butcher, or the most skilled chemist, microscopist, or pathologist," saving the "reduced condition," which is the necessary result of fevered blood, and which equally exists in pleuro-pneumonia? And will the authors suggest that such tangible signs being absent, the meat of all diseased animals ought to be declared good for food.

Our space does not allow of our dealing with the subject this week further than to express our conviction that the authors have not justified the sale of pleuro-pneumonic cattle in any stage of disease. They have not shown—taking even their own arguments—that diarrhœa, sickness of stomach, and other minor ailments, may not be the constant result of its consumption ; and they have not removed the impression that fever-laden blood can be taken into the human economy with safety or satisfaction, the amount of fever infection being ever so little.

THE POST-MORTEM EXAMINATION OF MRS. HARRIET STAUNTON.

One of our medical contemporaries has, we are sorry to see, done its best to shake the confidence of the public in the *post-mortem* examination of the body of the late Mrs. Harriet Staunton. But its criticism does not seem to us to be marked by that prudence and sound judgment which might be expected from a writer in that journal. For instance, our contemporary is at a loss to account for the morbid appearances found in the brain of this unfortunate woman. "It is startling," remarked the writer, "to be told that the brain was 'firm' six days after death, and at the same time 'congested,' while there is no description, and, as far as we are aware, no means taken to demonstrate the existence of such a state of disease as would account for the remarkable condition alleged to have been observed." It is, however, not difficult to show that the morbid appearances whose existence is thus doubted, go far to strengthen rather than to weaken the conclusion to which the chief medical witnesses arrived at respecting the cause of death. In their original notes, it is stated that there "was well marked and universal congestion of all the external blood-vessels, of the membranes of the sinuses, and also of the internal vessel of the skull." The brain was "firm, healthy, and remarkably well preserved ; well marked congestion of both external and internal surface ; but no effusion into the ventricles, and no external signs of disease." Now this congestion of the brain and its membranes, which is supposed to be inconsistent with death by starvation, is just one of the changes we should expect to find in such cases. Many years ago, some of the prisoners of Millbank Penitentiary, died under circumstances not unlike those in which the deceased lady was placed. They were put on a remarkably spare diet, in which animal food was almost altogether excluded. They were subjected to a low grade of temperature ; and they were confined within the walls of a prison. In all these cases "increased vascularity of the brain and its membranes, frequently with effusion of fluid in the ventricles or between the membranes" was found after death. A distinguished author, in describing the morbid appearance observed after fatal cases of prolonged abstinence, mentions "increased vascularity of the brain and its membranes, compared with other viscera," as a very remarkable and constant sign of death from starvation. "It would seem," he says, "that in those cases a very large proportion of blood continues to be sent to the brain to the very last."

Altogether the animadversion which has been made upon the manner in which this *post-mortem* examination was conducted appears to us very unreasonable. The data on which we have to form a judgment in a case of suspected starvation are neither numerous nor recondite. Great emaciation of the body, absence of any disease sufficient to account for the emaciation, an empty and contracted state of the stomach, atrophy or diminished size of the heart, liver, spleen, and other organs ; an empty state of the large and small intestines, and the condition of the brain above mentioned. These constitute the chief *post-mortem* appearances that have been found in undoubted cases of deaths from starvation. Such also were the chief morbid changes found in the case now under considera-

tion; and they were quite sufficient to warrant the strongest presumption of death from the same cause. We are therefore at a loss to conceive why the examination of Dr. Longrigg and his coadjutors should be impugned, merely because, in their search for disease, they did not make a more minute or microscopical examination of all the viscera of the body.

Nor have they, who have been dissatisfied with the termination of the "Penge Mystery," or with the evidence of the medical witnesses, been very fortunate in the theories which they have themselves set up in order to account for the death of this unfortunate woman. To say it might have been tubercular meningitis, or Addison's disease, or general paralysis, or poisoning by arsenic, is, under the circumstances, so absurd and unwarrantable a theory, that it is scarcely worth while to take the trouble to refute it, even had we space at our disposal to do so. Neither the counsel for the defendants nor the medical man they engaged to watch the *post-mortem* examination, could adduce one fact to warrant the least suspicion that death was caused by any of the diseases above mentioned. The medical history of the case, and the *post-mortem* appearances were alike silent on these points, and if that silence could have been broken, the defendants and their witnesses would only too gladly have done so.

The time which has elapsed since the verdict of the jury, and the publication of our journal, renders any further comment almost unnecessary, otherwise we might have made some remarks respecting the conduct and opinions of those medical witnesses who were called for the defendants, but whose views of the case were very properly not allowed to bias the minds of the jury. We cannot, however, refrain from expressing our entire concurrence with the opinions of those who think that where the life or death of prisoners depends upon the disclosures of a *post-mortem* examination, the Government should secure the services of an expert pathologist, in order that it should not be in the power of any one to throw discredit upon that part of the medical evidence which relates to the appearance found after death. Considering how much depends upon the truth of this kind of evidence, it is the duty of the Government to see that neither the ends of justice are defeated, nor the lives of Her Majesty's subjects are imperilled by the imperfections of a *post-mortem* examination.

MEDICAL REFORM.—III.

(*Continued from page* 262.)

Preliminary education is, then, the first link in the chain we are weaving, and in seeking for the higher cultivation we, and, perhaps, other more competent judges, desiderate, the first link is being forged, upon the stability of which all the others depend. One step leads to another. Having secured as far as possible preliminary training of the mind, we render subsequent instruction easier, and may naturally expect that the assimilation of the vast amount of mental food that will have to be digested will be more perfect.

We have already foreshadowed some of the mistakes in our system, when we alluded to surgical monopoly and surgical direction. As we proceed we shall have still further to insist on the necessity of a change in this respect. The great object of our past method seems to have been to develop surgeons. The diploma of the Royal College of Surgeons of England is, beyond all doubt, valuable, but it does not afford an adequate test, and does not meet the wants of the present age. Our object is, looking at the subject in its practical light, and in its effect on public security, to direct the student's education into such channels as will afford the best possible guarantee of developing a medical attendant, whose practical knowledge and general attainments shall not only secure the respect of the community at large, but also command their confidence.

In the arrangement of lectures, even at present, there is a special preference given to what has been termed surgical science. We remember, in 1873, listening to the introductory lecture of Professor Erichsen, at University College, and we were struck at the time by the truth and spirit of his remarks. He doubted whether there was such a thing as surgical science, and contended that we spoke of the science of surgery in too concrete and definite a way. It was merely a development of general biological and pathological science, and consented to the application of knowledge derived from other branches of science. He illustrated this by examples from physics, in the application of electricity in the cure of aneurism, to the treatment of various deformities, in the use of the galvanic écraseur; from exact science in the application of the laws of mathematics to ophthalmology; from natural science in the application of Pasteur's germ theory by Lister to antiseptic surgery; from anatomy, by the observations of Bigelow on dislocation of the hip-joint; but above all, in the application of hygiene to surgery.

He concluded by urging the students not to neglect manual dexterity, which by itself did not constitute true surgical skill; but, above all, to cultivate those sciences that may be made subservient to medicine and surgery generally. In other words, we want the due subordination of parts to the whole, not insisting on too many lectures on, and too much attention to, anatomy, to the neglect and exclusion of materia medica, or, *vice versâ;* not in devotion to operative surgery at a sacrifice of pure medicine and obstetrics, or *vice versâ;* but a fair arrangement by which the student will be as far as possible qualified for general practice. We do not undervalue the advantages of a knowledge of anatomy in after life. But who would advocate a system which, while affording ample instruction in minute anatomy, yet neglects an equally important study as that of pharmacy and materia medica. Is it better for a student to be able to describe from before, backwards, the base of the brain, or all the parts injured by a bullet wound through the knee-joint, whilst he is ignorant both of the composition and mode of preparation of the prescription for bronchitis, which he will have to prescribe for some parish patient? Should he have a thorough knowledge of lithotomy, lithotrity, and the ligature of arteries (which he will probably never have to perform), whilst he is ignorant of midwifery, which will be one of the most important branches of his work, if in general practice? These are questions of practical importance, and can only be answered in one way.

Practical education is, then, a desideratum, and

when the apprenticeship was swept away its place, as a means of practical instruction, was left empty. We said in 1873 that everyone would feel the truth of the statement that a period of pupilage was not all lost, and that those who entered the profession by that portal are the first to acknowledge its value. Few can doubt that much is lost to those who have no opportunity of seeing private practice before they begin for themselves. We would not advise a return to the old apprenticeship system, as it is unsuited to the requirements of the age; but we would advise a modified form of it. We remember Dr. John Harley dealt with this subject at St. Thomas's Hospital in 1873, and though he is farther advanced in his views than we are on the subject, yet in the main facts we agree. He then pointed out that the greater number of our recruits come to our medical schools fresh from school or college, and without a single stand-point to aid them in appreciating the work to which they are just suddenly introduced, and that their first impression of the mode of dealing with patients was derived from hospital practice. Under the old system the student acquired a practical knowledge of drugs, their medicinal uses, actions, and, to some extent, their chemical character, minor surgery, common diseases, and was gradually introduced to the kind of practice which he intended to follow; and came up to a medical school grounded in professional work, and able to appreciate and make the best use of the advantages offered him. The vast teaching resources of the private surgeries of this country were then utilised; and now, in place of the old apprenticeship system, we have something more than three months' practical pharmacy—which is, practically, a farce—and six months' clinical work.

Dr. Harley proposed the adoption of a modified apprenticeship, and the addition of home-patient departments to our hospitals. He would article the pupil at the age of sixteen to a medical practitioner for a term of three years, during which, or before commencing his medical studies, he would be required to pass two preliminary examinations, the one in arts at the end of the first year of his articles, the other in chemistry, botany and materia medica at the end of the third year, when, having eliminated these subjects from his curriculum, he would devote himself exclusively to the study of anatomy, physiology, medicine, surgery, and midwifery, during another three years. He also suggested the attaching of an out-patient department to each hospital, so that patients too ill to visit the hospital, or precluded by the nature of their illness, or by various contingencies, from admission into the wards, might be visited at their own homes by students during the sixth and last years of their study, under the direction of properly qualified medical officers.

In view of the practical education of the student, we believe that one year of pupilage would be of the greatest possible advantage, and that this year should be spent after the preliminary examination has been passed. There are difficulties in the way of its adoption, as there are always difficulties in the way of every new measure, but they can be easily surmounted. It is better for the public security and for the medical student himself to have a year added to his curriculum than to allow him to learn by painful and almost criminal experience that knowledge which he should have acquired before commencing practice. Under the army and navy regulations, before the surgeon is considered fit to take charge of the lives of our soldiers and sailors, he has to undergo another training not in pure surgery alone, but in general medicine and hygiene. Is it not equally necessary for the heads of our profession, and for those who have the management of education, to take every precaution about the education of those who will have the care of civilians? and if a year or two can be spared by the *cadets* who enter at Netley, surely a year or more may be also added to our present course of training for civil practice.

Such changes as we suggest necessarily require some consideration, and we cannot expect their immediate adoption, and they will perhaps be all the better and more lasting if they proceed on the process of evolution. We can but briefly indicate the direction medical reform must take, and as we read the signs of our times they must advance in the practical path we are insisting on. Improved preliminary training, of the character we have sketched, dethronement of pure surgical direction, a system of pupilage short but effective, recognition of the *rôles* of materia medica, pharmacy, midwifery, as of equal importance to anatomy and surgery, lectures distributed in a more equal manner than at present, so as to do justice to these *rôles*, are amongst the chief *desiderata*, and by such means we hope to develop students who will be fit to pass the examination which we deem necessary. This examination, its character and nature, we have yet to consider, as it is part of our programme.

Notes on Current Topics.

The Registration of Sickness.

The necessity of a complete and accurate system of registering disease will be admitted by all those who are acquainted with the very alphabet of State Medicine to be urgent, if any decided success is to be achieved in the prevention of the spread of filth diseases, and if any advance is to be made in our knowledge of the natural history of other diseases. To prove that which is already acknowledged to need no proof, would be waste of time. There would seem, however, to be some difference of opinion as to whether we, who are interested in the advance of the public health of the country, should simply aim at obtaining a more perfect system of registration of disease amongst those relieved at the expense of the public through the rates, or whether we should endeavour to procure a registration of sickness from zymotic affections only, or whether we should attempt to bring about a comprehensive system of registration of the disease that occurs amongst all classes of the community, analogous to those admirable arrangements, for the record of births and deaths of the Registrar-General. To settle these points, and to give a practical issue to the subject, Dr. Cornelius Fox, Medical Officer of Health for Essex, read a paper at the Social Science Congress last week. He divided his subject into three parts:—1. A brief description of the existing system, if it can be dignified by such a term. 2. The proof that such a system is worthless. 3. An attempt to find a remedy. Under the first head he described the

medical relief lists of the 3,000 union medical officers which are weekly sent to the Boards of Guardians, and the efforts commenced by Dr. Richardson in 1855, and continued for four years, with the reasons for the relinquishment of the experiment were adverted to. Under the second head he adduced abundant proof of the utter worthlessness of the medical relief lists of the union medical officer which have been contemptuously called "Beef Tea and Brandy Lists." Some of the entries in the "Disease" column of the sickness returns of the poor-law surgeons that illustrated the paper were comic in the extreme, as for example, such "diseases" as "short breath," "injury," "pulmonary," "brain irritation," "dirty," "hæmorrhage," "congestion," "itching," "bad eye," "bilious," "eruption," "infirmity," &c. These medical relief lists were never designed to afford any data for statistical purposes, but were simply intended to give guardians of the poor some idea of the relief in medical attendance and nourishment for the sick administered to the pauper. Nor would they be materially improved until the hard-worked union medical officers were better paid for their services.

With a view to alter the present imperfect and objectionable system, Dr. Fox proposed the expediency of calling upon the Government to deal with the whole subject in a comprehensive manner by appointing a Commission that would be empowered to take evidence, and that would boldly face the difficulties with which the question is undoubtedly surrounded. He further showed that the establishment of a national system for the registration of disease restricted to no class, for the all sufficient reason that disease is not confined to any one class, is indispensable, if we are to bring about any considerable decrease in the amount of the filth diseases, and if we are to advance in our knowledge of certain indirectly preventable diseases such as consumption, &c. Such a system should be laid down on lines parallel to those systems for the registration of births and deaths of which, notwithstanding their imperfections, we are so justly proud.

The Human Hand.

Can we wonder at the diversity of opinion on the appearance of specimens that have to be examined under the microscope, when we even find specialists disagreeing on such a seemingly palpable question as the length of the index and ring fingers? The majority will at once answer the question by looking at their own hands, but as we shall show it cannot be answered by individual observation, but must be based on general statistics.

If we consult classic works, we find ample illustration of the truth of these remarks. Weber writes that the ring is very little shorter than the index; Gerdy, that the index is much shorter than the ring finger; whilst in the opinion of Carus the index is longer; and in that of Henle, shorter. Hyrtl, as well as Laugier, believe that the index is shorter, but they agree with Alix that very often both fingers have the same length. In some biographical notes of the great painter, Raphäel Mengs, Casanova says: "I remember one day, on looking at one of his paintings, I took the liberty of pointing out to him a defect in the hand of one of the figures; in fact, the fourth was much shorter than the second. "See my hand," he said, and he held it out. "See mine," I answered, "and I am certain it is not different from that of other children of Adam." "From whom do you make me then descend?" he answered. "My faith," I said, after examining his hand; "I know not under what species to class you, but you certainly do not belong to mine." "But your species is not the human species, for the form of the hand of man and woman is like mine." "I bet you a hundred pistoles that you are deceived," I said. Annoyed at my challenge, he threw down pallett and brush, summoned his family, and made them all exhibit their hands. His annoyance was great when he found out that in all, the ring finger was much longer than the index. He, however, terminated the scene by this jest: "I am delighted to be at least *unique* in my class on one point."

We see, then, on such a point of anatomical æsthetics it would not be prudent to make a wager. Ecker was the first to make some careful researches on the difference of the length of the fingers, and from studying the hand of apes, has established that the index is always shorter than the ring in the chimpanzee, gorilla, and the ourang-outang. From an inquiry made by one of his pupils at Philadelphia on twenty-five male, and twenty-four female negroes, the following result was obtained:—

1. In twenty-four of the males, the ring was longer than the index, in one the length was the same.

2. In fifteen of the females the ring was longer, in three the length was the same, and in six the index was longer.

Ecker has seen the annular, longer in a Hottentot and an Australian, and in many inhabitants of the Sandwich Islands, the index longer. In Europeans the index is sometimes shorter, sometimes longer; and in women the ring is often shorter. In works of art of antiquity we find the index longer than the ring, as, for instance, in the "Dying Gladiator," the "Apollo Belvidere," the "Venus de Medici," and the "Vatican Venus."

In modern works there is great difference: Canova, Titian, Ary Scheffer, give a greater length to the index. Ecker believes, without formulating a general law, that the greater length of the index constitutes a higher character of the hand, and this is seen in the hand of women. An Italian professor, M. Paolo Mantegazza, has again revived the question, and published the result of his researches in the *Proceedings of the Lombard Institute*, a *resumè* of which we give: In a series of 712 observations he found the index finger of both hands longer than the ring, in twenty-seven men, and sixty-four women; the index shorter in 309 men, 194 women. The most constant fact is the shortness of the index, and when it is longer, is generally found so in women; but the difference of length does not exercise any influence on the agility and dexterity of the hand. M. Mantegazza advises artists, in painting as well as sculpture, to make the index slightly longer than the ring, as the most perfect type of imaginative creation.

The inferences we must draw are, that the relative length of the index and ring fingers do not constitute any sign of race, that it has not an anatomical character, and that we cannot positively affirm that man, as a rule, has one finger longer than another.

The Winter Session in the Medical Schools.

On Monday last the various Metropolitan and Provincial Schools of Medicine threw open their portals for the winter session. At most the time-honoured custom of an introductory lecture was adopted as the most appropriate form of welcome and advice to students. The London Hospital, on the other hand, has joined St. Bartholomew's and Guy's, by dispensing with the introductory, and giving instead an evening *conversazione*. Much is to be said for and against introductories, and as we have already expressed our opinion upon the subject, we need not enter into it here. In another column we print the lecture which was delivered at St. Thomas's Hospital by Mr. Wagstaffe—also abstracts of those at Middlesex Hospital, and St. George's Hospital, promising a brief *resumè* of the others in our next. The *conversazione* at Guy's, and the London Hospital, seemed immensely popular, if we may judge by the numbers present, certainly they reflected the greatest credit upon those in whose hands the management devolved. We gave the names of the various gentlemen who were selected to deliver the addresses in our *Student's Number*, and as there was no departure from the programme, we need not repeat it. Professor Lister's address at King's College was listened to by an inconveniently crowded audience, who attended partly from curiosity to see the learned Edinburgh professor, and to give him a welcome on his first public appearance since his transference to London, but more particularly in expectation of the enunciation of views peculiar to himself, and in opposition to the teaching system which generally obtains at present in the metropolis. For the other introductories there was an average attendance, St. Thomas's, and University College, boasting the greatest numbers; and so far as our personal knowledge, and reports that have reached us, go, there was less of that rowdyism and horse-play amongst the assembled students than formerly.

When not to give Iron.

In the current number of the *Practitioner* Dr. Milner Fothergill has contributed a few very practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as the tongue is thickly coated, or red and irritable, it is as well to withhold chalybeates altogether. This is particularly true of phthisis; no matter what the other indications are, it is useless, and sometimes worse than useless, to give it unless the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well, and it is often well borne by them in conditions which in the adult distinctly forbid its use.

There is one condition where iron is absolutely forbidden, and that is the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm. Sir Joseph Fayrer's Indian experience is in full accord with this expression of opinion. In speaking of the treatment of hepatic congestion, accompanied by anæmia, he lays stress upon the resort to purgatives and vegetable tonics and the avoidance of iron, until the biliary congestion is removed. "When the portal circulation is relieved some preparation of iron may be useful."

When given in large doses iron always blackens the stools, but if given in moderate doses and well assimilated this blackening is not so marked. The colour of the stools, then, may be utilised as an indicator as to how far chalybeates are assimilated and are likely to be useful.

There are two different states found in women where iron is either totally contra-indicated or to be given with great caution. The first is a condition of amenorrhœa in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the several vascular turgescence of the menstrual period comes, it will not find the blood-vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood waste will be economised. According to the experience of Dr. Brown Séquard and Dr. Hughlings Jackson, iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.

Ether Drinking

We published recently a second communication from Mr. Draper, Dublin, on the prevalence of ether drinking in the North of Ireland, a form of intoxication which is very prevalent, but hardly at all generally recognised. The *Medical Times* notes an instructive case of gastritis from ether drinking, recorded by M. Gaillard in his lecture on Alcoholic Gastritis, contained in the volume of "Clinical Lectures" which he has just published. A woman, 48 years of age, a portress by vocation, whose health had always previously been good, was attacked about three weeks before her admission into La Pitié under the author's care, with a slight tremor of the hands. A week later she suffered from substernal and interscapular pain, and then morning vomiting. In addition to the tremor of the hands, she began also to experience tremors, cramps, and formication in the lower limbs, with weakness in walking. The vomiting continued, as well as the pain in the chest, the pain not being limited to the lower end of the sternum, but experienced along the whole course of the œsophagus. The tongue, which was large and white, was tremulous; there was intense thirst and some anorexia. M. Gaillard concluded that the patient was suffering from alcoholism, but the imputation was denied by the patient so strenuously, and with such an air of sincerity, that it seemed as if the diagnosis, which, however, appeared to be fully borne out by the results of ten days' treatment, could not be sustained It was then, however, found that the patient's denial was perfectly true, but that she had during the past two months taken habitually before her meals a piece of sugar

dipped in sulphuric ether, on account of indigestion. She had thus consumed ten bottles of ether, each containing eighteen grammes (more than half an ounce). The immediate effect was one of excitement, which was followed by giddiness, a sense of weight, and tendency to sleep, but these effects speedily passed off. The case affords a good illustration of the resemblance between the physiological effects of ether and alcohol.

Law for Druggists and Law for Doctors—A Contrast.

It is amusing to observe that the English Druggists' Trades Union—which is so loud in its outcry against the medical profession for its defending itself against the unlicenced practice of counter-prescribers—is actively engaged in putting down, by law, counter-practice against its own body of unlicensed poison-sellers. The secretary of the Trades Union prosecuted last week, at Walsall, a man who sold a package of oxalic acid without being a licensed chemist. It was admitted that the acid was properly labelled, but the seller was trading, it appeared, under the name of a former owner of the shop. A fine was inflicted. Very good! We concur in the opinion that no one should sell poisons but an educated chemist; but—after this prosecution—we want to know how the Trades Union can maintain that the same rule does not apply to uneducated and unlicensed counter-doctors. If it be against public policy for a grocer to sell an ounce of oxalic acid, properly labelled with the warning, "poison," how can it be right for a druggist to sell morphia, for a sick child, on his own prescription, and without any warning label? Which is the most objectionable practice from a public point of view? We await a reply.

Almondised Oil.

The preparation which, under this name, has been brought before the profession by Messrs. Leslie, of Walbrook, of London, is one of the means which have been so assiduously sought for to mask the nauseous taste of cod-liver oil, which unfortunately precludes the use of that invaluable medicine in many of the cases in which its use would be most advantageous. Sometimes a patient, even the most willing and self-constraining, will find it impossible to persuade the tongue to tolerate or the stomach to retain cod-liver oil, and this remark applies, more or less, to every sort of oil, brown or pale. This difficulty has given rise to many efforts, to make the oil more grateful to palate and stomach; of which that of the Messrs. Leslie is one of the most successful. The "almondised oil" has an agreeable smell and flavour of laurel water, and is almost entirely free of the nauseous taste inseparable from any oil. We are not aware, either of the process by which this result is produced, or of the amount of the flavouring material added, but we can testify that the result is satisfactory.

Alleged Poisoning by Tobacco Oil.

The deputy coroner for Middlesex held an inquiry last week as to the death of a child, aged three. The father said that on Saturday week deceased was playing in the yard with other children, who were blowing soap bubbles in the air. He gave deceased a new clay pipe, which he soon broke and returned for another. He then took down from a shelf, where it had been more than a year, the old wooden pipe now produced, which he washed and handed to the deceased. In an hour's time deceased became sick and vomited very much, afterwards becoming very drowsy and deadly pale. On Sunday he was much worse, when castor oil was administered, and he was put to bed. After a very bad night he was much worse, and on Monday evening witness went to Dr. Rawlins's surgery, and after stating the symptoms received medicine and a powder. The deceased was seen by Dr. Rawlins on Tuesday afternoon, and twice on Wednesday, when the symptoms were much aggravated. The child continued to grow worse, and died at ten on Wednesday evening.

Dr. Rawlins, of Highgate Road, said deceased was suffering from narcotic poison when he first saw him, and the death was undoubtedly from imbibing nicotine contained in the old wooden pipe which the deceased had sucked while blowing soap bubbles. A verdict in accordance with this evidence was returned.

Arsenic in Wall-Paper and Green Tarlatan.

In "*New Remedies*" analysis is given by Mr. Kerley, Ph.C., of fifty samples of wall-paper, twelve of which were found to contain arsenic. The arsenic was present either as arsenite of copper, or aceto-arsenite of copper.

Two samples, not reported, which contained no green colour, were found to contain arsenic, and several papers with green figures contained no trace of arsenic.

Six samples of green tarlatan, all that were tested, were found to contain large amounts of aceto-arsenite of copper. The higher the price paid the more arsenic was found. The green colouring matter was held more firmly to the fabric by means of gum arabic and starch.

From the results tabulated, it appears that a room sixteen feet square and nine feet high will have spread upon its walls, provided any of these papers are hung, from fifty-two grains to more than eight ounces of poisonous green colouring matter. We may also calculate that a green tarlatan dress of sixteen yards will contain nearly five and one-half ounces of this same dangerous "Paris Green."

French Anthropological Exhibition.

A decree of the Minister of Commerce, has ordered that an exhibition of anthropological science shall be held in the International Exhibition next year, and he has confided the organisation of the whole affair to the *Société d'Anthropologie*. The museum of the exhibition is to be placed in one of the galleries, and a display of relics connected with burial from the earliest times to the present date, will be laid out in one of the crypts of the building

A very remarkable death from poison took place last week near Edenderry, co. Westmeath. From the evidence at the inquest, it appeared that a lady, named Watson, was in the town, and while there got a bottle for rheumatism, which was labelled, "Not to be taken—liniment." The victim, her servant, drove them home, took his tea in the kitchen, and the bottle was brought in with the other parcels. Some one inadvertently left it

on the table where Melia took his tea, and retired to another apartment. When she returned he was away at his own home, and Mrs Watson, seeing that the cork was taken out of the bottle, and also that the quantity was diminished, became alarmed, having just grounds for believing that Melia had taken some of it believing it to be whisky. Mrs. Watson lost no time in sending her son to his house to ask him if he had taken it, telling him at the same time what it was, and if he had done so to confess it, that a doctor might be sent for, but he denied emphatically that he took any. He slept after lying down, but in the course of a few hours he took a violent retching and died. The jury returned the verdict, that Melia came to his death by having taken a portion of the contents of a bottle containing poison.

We understand that Mr. Alderman Stone, late Lord Mayor of London, has consented to be put in nomination for the Honorary Treasurership of St. Thomas's Hospital, in the room of Sir Francis Hicks, deceased.

Typhoid pervades to an alarming extent in the war camps in the East, especially in the Schipka Pass, where hundreds are dying from it weekly. Last week, Mr. Layard, nephew of the British ambassador at the Ottoman Court, succumbed to it in the Pass.

An examination of candidates for twenty-five appointments as surgeon in Her Majesty's Indian Medical Service will be held in London in February, 1878. A further notice will be issued when the exact date of examination has been fixed.

Correspondence.

HYDROPHOBIA, ITS TRADITIONS AND SUPERSTITIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The popular traditions and superstitions about this disease have been very numerous, and they are not more repulsive and ludicrous than they are sad to read of, illustrating as they do man's ignorance and inhumanity to his afflicted brethren. We read them with feelings of regret and compassion for our ancestors' incredulity and weaknesses, and we should treat them leniently, remembering that we have our superstitions, our fetishes, our modern quackeries, and that we will have to be judged in another fifty or one hundred years. The remedies of medical writers have been of the most severe and perilous nature. Celsus tells us the only remedy is to throw the patient without warning into a fish pond, so that the thirst and water dread may be extinguished at the same time; but he had some consideration, for when taken out of the water he advises the use of warm oil. Van Helmont kept the wretched sufferers under water until the psalm *Miserere* was sung, the time for which varied with the different choristers: and M. Morin, in the "Histoire de l'Acadamie Royale," 1709, relates the case of a young woman who after being treated in the rudest manner, and nearly drowned in a tub, very much to the astonishment of the spectators recovered her senses, and was cured of her hydrophobia. The internal remedies consisted of such peculiar and dainty dishes as powdered crabs' eyes, oyster shells, the liver, blood, and other parts of the animal that inflcted the bite, and so late as October, 1866, we have an instance of the tenacity with which the uneducated cling to such old superstitions. At an inquest held October 5th, 1866, at Bradwell, Bucks, on the body of a child who had died from hydrophobia, evidence was given by a witness who stated that she had fished out of the river the dead body of the dog which had inflicted the bite, taken out its liver, cooked a portion of it, and given it to the child to eat.

There are also traditions of the suffocation of the unfortunate victims between two feather beds, of bleeding to death, &c.; and any interested reader will find ample evidence on this point, by looking through the pages of "Notes and Queries." Smothering is an historical mode of death, to wit Edward V. and his brother, and play-goers will remember that Othello through jealousy smothered Desdemona. In scene ii., act v., he says :—

"I that am cruel, am yet merciful;
I would not have thee linger in thy pain."

And on some such plea suffocation was resorted to. In Ireland so late as 1861, we have evidence of this custom, for the *Irish Times* of May 18th, same year, has the following startling announcement :—

"A fatal case of hydrophobia is reported from Newport, co. Tipperary, the victim being a fine young woman. It appears that while being engaged in some out-door amusement a neighbour's dog bit her on the hand, hydrophobia in its most fearful aspect set in, and she became so hopelessly mad, that it became necessary to smother her between two feather beds."

In the personal sketches of his own times by Sir Jonas Barrington (vol. iii, pages 42-48), there is a most circumstantial account of a similar murder. "They (the Irish) did not regard it as a murder, but absolutely as a legal and meritorious act to smother any person who had arrived at an advanced stage of hydrophobia." The writer details the case of Daniel Dempsey, who was subjected to this process in 1781, with the sanction of Mr. Palmer, a magistrate, and the sufferer having undergone this doom, a Mr. Calcut, the coroner, held an inquest, when a verdict was returned that *Daniel Dempsey died in consequence of a mad dog.*

The same custom seems to have existed in England, for we are informed by the Annual Register of 1772, that four persons were tried at York Assizes, for smothering a boy suffering from hydrophobia, and were acquitted for want of evidence.

A Mr. J. B., who hails from the Temple, has contributed to "Notes and Queries," a worse instance taken from the Annual Register for 1830. A young girl in the county Galway was smothered by her own parents, upon which Mr. J. B. makes the following observation :—"No doubt by our law the act was murder . . . even allowing that the act is morally wrong, and that we have no right to shorten the life of a fellow creature by a single day, to save him any amount of torment, yet no legal sophistry can delude us into the belief that an act which would be the purest humanity to a dog or a horse was one of 'malice aforethought' if committed on a child racked with the tortures of hydrophobia or madness." These are rather latitudinarian doctrines, but I believe there are some advocates at the present day who also incline on the grounds of humanity and economy, to the putting to death of imbeciles, idiots, insane and very old people. To the credit of an old writer, Michael Etmuller, who was born in 1644, I do not find any suggestion of this nature in his writings; but "according to the light that was in him," he made a legitimate attempt to grapple with the malady. The light that was in him was very great for his time, for though he shared the superstitions about crabs' eyes, animal's liver, &c., and believed the patient barked like a dog, and and aped the infecting animal, yet he recognised the essential character of the malady, and has left us some valuable apothegms. He says :—

"If taken at the beginning it may be cured with proper remedies; in the cure of this fatal distemper, two periods of times are to be noted. 1. That of receiving the first hurt or wound; 2. That of the intervening madness or hydrophobia."

Having faith in himself and his profession, he endeavours after his light, by all means "to explode that venemous ferment already poisoning the mass of blood." This he tried to do "as to the wound by which the infection is received: so soon as possible, the malignant poison is to be drawn forth lest it diffuse itself through the blood." I find a superstition popular in the present day mentioned in his work :—

"Let the hair of the mad creature, if it can be had, be laid on the wound." Though he thus pays a tribute to the ignorance of his time, yet in the subsequent lines he shows that he had greater reliance on more rational measures, for he adds :—

"*But the most safe, and withal the most speedy remedy is burning with a hot iron or actual cautery, which utterly*

destroys all the poison, abolishing its seminal crasis, and so leaves the patient secure as to the fear of dismal events."

Had Michael Etmuller the advantages of a modern scientific education, I believe we would not now have so much ignorance, either popular or medical, concerning this disease. We want a proper sifting of all the material we have in connection with hydrophobia, and a critical analysis of all the facts recorded in medical journals. Above all, I would advise medical writers to abandon all such epithets as "lurid horror," when speaking about this disease, for there is no more "lurid horror" about hydrophobia, than there is about insanity, epilepsy, or tetanus. Such a style of writing in a scientific journal, like the *Lancet*, only encourages popular superstitious ideas, and tends to the development of the mental hydrophobia your correspondents have been writing about, the existence of which is confessed by the *Lancet* of September 15th, on the authority of Trousseau.

Yours faithfully,

HISTORICUS.

Sept. 18th, 1877.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice an annotation in your issue of Sept. 12, in which you state that you should be glad to hear any good scientific reason for the repeal of the Contagious Diseases Acts, and add, "can the would-be repealers really disprove the statement that their effect is to stamp out syphilis?"

The Rev. Prof. Haughton, of Dublin, once remarked that the professional support accorded to the promoters of the Acts was entirely due to want of information on the subject on the part of medical men. This view is no doubt the correct one; and, if you will allow me, I shall endeavour to show why it is that all such regulations as are embodied in the Contagious Diseases Acts not only fail signally to attain their end in stamping out disease, but really tend to aggravate every evil, both physical and moral. One of the principal reasons of failure is, that it is absolutely impossible to subject to periodical introspection more than a very small proportion of the women who are sources of infection; less than one in ten is about the proportion. For instance, there are 40,000 prostitutes in Paris, and only 3,853 can be brought on to the register. In Berlin there are 26,956 prostitutes, and only 1,650 on the register. Speaking of those who escape registration, the late Mr. Aston says, it is absolutely impossible to get them under control; "the Continental police have not succeeded in doing it; neither in Paris, in Vienna, nor in Belgium can the police do it." In fact, it cannot be done anywhere, and the worst of it is that those who resist registration, and successfully evade police spies, are prevented, when diseased, by a morbid dread of betrayal, from applying to surgeons, hospitals, or druggists for treatment, are, consequently, never cured, and become permanent sources of infection infinitely more dangerous than any class under the non-regulation system.

Another reason why the system fails is, because of the extreme difficulty, and very often the absolute impossibility, of detecting disease in the persons of women who are, nevertheless, the most frequent sources of contagion. Specially is this true of the most serious form of venereal infection—true syphilis. Mr. Simon says, "the various local states which spread the infection of syphilis, are often overlooked in examinations made expressly for their discovery;" and Dr. Aitken adds, "medical inspections are formal and look useful, but the infecting sore can rarely be detected in the female."

Leon le Fort says, that what with infection from regularly examined women, and "what with clandestine prostitution, the means employed against syphilis in Paris amount to nothing;" while Messrs. Pûche and Fournier, who traced syphilis to its source in 873 cases, have furnished us with the following interesting table, which I extract from the second volume of Lancereaux's work on syphilis:—

Males infected by	public prostitutes	... ...	625
,, ,,	clandestine prostitutes	...	46
,, ,,	kept women, actresses, &c...		52
,, ,,	workwomen ...	... ...	100
,, ,,	servant-women	.. ...	26
,, ,,	married women	... ...	24
			873

Note, Sir, here, the very great proportion of males infected by *public prostitutes*, who, if such regulations had been worth anything at all, would have been free from disease. Let us add to these causes of failure the fact that the instrument employed in the examinations is a very likely means of spreading infection from one woman to another; that, owing to natural causes, it is impossible to examine a large proportion; 50 at one station in England, in one day, were not examined on this account. That women who present no trace of disease, and who are protected from syphilis by a previous attack, communicated infection both by their secretions and by mediate contagion from previous intercourse with diseased men; and that men themselves, active propagators of infection, are untouched by these laws and free to spread disease (surely a sanitary law, applicable to one sex only, is, on the face of it, a monstrous absurdity); while the system itself, by giving a sort of Government guarantee, as Mr. Simon expressed it, of "clean for safe usage" constitutes an almost irresistible temptation to a numerous class of men and youths who are at present kept in check by a wholesome fear of consequences, and who, but for such temptation, would have escaped infection; and we surely have enough "scientific" reasons why these obnoxious laws should be repealed.

The writer of the annotation which has called forth these remarks, assumes that the opponents of the Acts "desire the propagation of venereal as a penalty on prostitution." I utterly repudiate any such false and ridiculous sentiments as these. On the contrary, we are quite as anxious to limit and mitigate disease as any of the *soi-disant* philanthropists who have succeeded in foisting these cruel and unconstitutional laws on the people of England. At the same time, we do not believe that the severity or prevalence of venereal in this country is such as to call for any very exceptional action on the part of the State. We know that the Acts have not succeeded in this or any other country; and we are prepared to show that other measures, quite unobjectionable, and in full accord with the free spirit of our institutions, would not only suffice to mitigate disease, but accomplish infinitely more good in every way, than vain and aggravating efforts at police control.

With regard to the first proposition, it is not more than three months since Mr. Hopwood, M.P., obtained a return to the House of Commons showing the amount of venereal diseases of all kinds in every workhouse and hospital in England and Wales during the first week of last year, 1876; and the deaths from venereal diseases during the whole year 1875-76. There are 649 union hospitals in England and Wales, and in no less than 437, two-thirds of the whole number, there was not a single case of venereal disease of any description during the week to which the return relates. There are 52 counties in England and Wales, and in two counties there was not a single case of venereal disease in the whole county; and in 22 there was not a single death from venereal diseases during the entire year. In 18 counties the number of venereal cases was 3, or less than 3, in each; and in 7 there was only a single death in each, thus showing that in 20 counties put together the total number of cases of venereal disease of all kinds was only 41, or an average of 2 cases in each county; and in 29 counties put together there were only 7 deaths, or 1 death in 4 counties during the whole year. Of every 100 cases of disease only 1·8 per cent. were due to primary or secondary syphilis.

These results confirm the previous inquiries of the Medical Officer of the Privy Council, who found that of 118,590 children of the poor, treated during ten years for all sorts of diseases at the Great Ormond Street Hospital, the proportion of syphilitic cases was only 1·5 per cent. It was also ascertained by Mr. Wagstaffe that, of 9,363 out-patients treated at the charitable institutions of London, only 4·21 per cent. were affected with syphilis; and only about 3½ per cent. of the *sick* poor of London were found to be affected with syphilis; surely 455 persons suffering from syphilis in a poor population of a million and a-half, such as seek gratuitous aid at hospitals and dispensaries, is not a proportion to warrant the extraordinary statements which have been circulated as to the malignancy and prevalence of these diseases, or to warrant the State in repealing those constitutional safeguards for liberty which are the birthright of every Englishman and Englishwoman. Whether this is so or not, there can be no doubt that the Acts are a conspicuous failure. Thus, in the British army, secondary or true syphilis fell one-fourth of its amount in 5 years before the Acts (from 32·6 per 1,000 in 1861, to 24·7 per 1,000 in 1866); its fall stopped on the passing of the Acts, and it has since been 1-16th higher on the average

of the six years since the Acts. *Is this stamping out syphilis?* Primary sores fell at the rate of 6 per cent. yearly for six years before the Acts; it has only fallen 4·6 per cent. since; and gonorrhœa has been higher in the stations under the Acts than in those not under them, by the confesion of every army report published by the Government.

The navy reports gave no return of the amount of true syphilis prior to the Acts of 1866; but since the passing of the Acts it has not fallen at the rate of 1 case in 7,000 yearly; in fact, the improvement does not amount to an improvement of three men in the whole British home navy. *Is this stamping out syphilis?* No, Sir; the Contagious Diseases Acts have failed in every known clime and age to effect any diminution of disease. Foreign nations who have tried the regulation system can see this now; they are beginning to appreciate the fact that a voluntary system, with facilities for treating the disease, is all that is requisite to enable us to mitigate syphilis as far as is possible, and to do good in many other ways.

The following extract from *Le Progrès Medical* for July 14, 1877, will be evidence to your readers that this is the conclusion to which experienced hygeists abroad have already arrived: —

"*Hopital de Lourcine.*"

"Or, en raison de la nature des maladies dont sont atteintes les malades qui viennent, en nombre assez considérable, à la consultation de cet hôpital *consacré exclusivement aux maladies vénériennes*, il serait de première necessité, *au point de vue de l'hygiène publique* d'avoir là un vaste service pour les bains externes. *Rendre facile l'accès* d'un etablissement de ce guere aux malades, *les y recevoir avec bonté*, leur fournir les médicaments qu'exigent les maladies dont elles sont atteintes, leur donner les bains, les douches, les fumigations qui sont prescrits par les médécins, seraient autant de mesures qui contribueraient *beaucoup plus à la diminution* des maladies vénériennes dans Paris que *la moitié du service des mœurs de la prefecture de police.*"

Observe, Sir, this explicit avowal on the part of our French *confrères*, who, after a century's trial of the Contagious Diseases Acts, now declare that the very system which the opponents of licensed prostitution have always advocated, is the one which ought to be adopted in its stead.

Yours obediently,

Beverley R. Morris,
A.B., M.D. Dub., M.R.C.P. Lond.,
Physician to the General Hospital, Nottingham,
and to the Hospital for Women.

Literature.

SANITARY ENGINEERING. (*a*)

Mr. Gladstone, speaking at Boston lately on sanitary matters, very truly said, "as a rule, the three great wants of large towns were pure air, pure water, and freedom from noxious smells." The author of "Sanitary Engineering" will, we are quite sure, endorse this statement. A concurrence of opinion must have led to the series of lectures, and their subsequent publication in the elaborately-prepared volume before us, and which for the future will be referred to as a trusty guide on questions relating to sanitary engineering.

Pure air and pure water are undoubtedly regarded by the inhabitants of large towns, and by the metropolis in particular, as comparative luxuries, for although acts of Parliament have been passed with the view of improving both, little has been done towards attaining what Londoners so much need. No great hurry or desire appears to be manifest on the part of those to whom the legislature has committed the carrying into effect its deliberations with regard to the smoke nuisance; consequently manufacturers and those to whom our public institutions are entrusted, as well as a whole fleet of tug-boats on the Thames, continue to set acts of Parliament at defiance, and constitute themselves into public nuisances of the most objectionable character. It is true that the mischief to health is in some degree lessened by nature, for, in spite of man's obstinacy and folly, the air is kept perpetually moving. A great storm serves the purpose of sweeping away accumulations of soot and dirt and other impurities, and brings a fresh supply of pure air, and which, for a time, at least, enables the denizens of our smoky towns to breathe freer and lighter. Each householder might do something for himself in the way of purifying the air as it enters by filtering or straining it through gauze window blinds, secured to open windows. This would keep out a vast amount of sooty matter, the damaging effects of which are seen on the face of all the public buildings of London. To fully comprehend the importance of a purer atmosphere, and to what extent a loss of oxygen and an excess of dirt, or carbonic acid, mixed with deleterious foreign substances, affects health, it must be borne in mind that in respiration about 350 cubic feet of air passes through the lungs of each individual *per diem*, and in passing through the lungs the air loses from 4 to 6 per cent. of its volume, and gains 4 to 5 per cent. of carbonic acid, exclusive of carbon or soot. To put the matter in Dr. De Chaumont's terse form—"An assemblage of 2,000 persons will give off in two hours (in vapour) 17 gallons of water, and nearly as much carbon as would be extracted from a cwt. of coals." This, of course, should be replaced by pure oxygen. Mr. Baily Denton shows conclusively how the loss of the smallest quantity of oxygen indicates a very great reduction of salubrity, and compares the fairly good atmosphere of the country and open spaces, with the confined inner spaces of towns and houses of every kind.

Whilst engineering is almost powerless for good in the purification of the air of towns, the legislature should be all-powerful. The police, by a more rigid enforcement of the Smoke Act, could, if they would, effect much towards securing a cleaner, lighter, and healthier atmosphere for London. With regard, however, to the impurity of the air within as well as without, Mr. Baily Denton believes the damp condition of the ground immediately beneath and around dwellings is an important element. The ground becomes saturated with liquid filth, by the too frequent practice of throwing slops and solid refuse upon the surface of yards—the normal condition of life in Great Massingham, and common to some thousands of English villages—heaping it up and leaving it to soak into the soil, and give off noxious effusions and spread abroad disease germs, to be taken into the lungs during respiration. A neglected state of the surroundings of our dwellings is likely to induce malaria, or, at all events, render the outer air unfit for the dilution of that within the house. The teachings of Pettenkofer prove that drainage and health are intimately associated. The *ground-water* question, especially in towns where the soil is porous, is one of great importance. The moisture of the ground is communicated to the foundation, and extends to the walls of the house, and poisons the air, not only of the cellars, but of the lower rooms, and destroys food, clothing, and even domestic utensils.

If, however, the purity of the air we breathe is so necessary to the inhabitants of towns, an unlimited supply of pure water is an auxiliary condition of health, and life both in town and country; and the question being important, it might have been expected to occupy a considerable amount of space in Mr. Baily Denton's book. The inhabitants of large towns are for the most part entirely dependent upon artificial means for their water supply, and equally so upon the efforts made by water companies for its purification before it is distributed. We are assured, however, that the water is well filtered before it is delivered to the public. But as the mass of London water is drawn from the most polluted sources—the Thames and the Lea—and as these rivers are the constant carriers of the refuse of a vast population residing on their banks, we may fairly doubt the possibility of obtaining anything ap-

(*a*) "Sanitary Engineering." A series of Lectures delivered before the School of Military Engineering at Chatham. By J. Baily Denton, F.G.S., M. Inst. C.E., &c., &c. London: E. & F. W. Spon, Charing Cross.

proaching to pure water by any known method of filtration when drawn from either stream. In addition to the resident population on their banks, large tracts of land are under cultivation, and require artificial manuring; in this way an immense amount of pollution finds it way into the bed of these rivers. Imagine this going over many hundred acres of land, and then consider whether it is possible to separate the more subtle and soluble particles of organic matter by mere filtration through layers of sand and gravel, as carried out by the water companies. Indeed, any householder may satisfy himself on the point by making periodical examination of the contents of his water cistern and domestic filter; he will, at all events, be in a better position to understand the history of certain fatal epidemic visitations of cholera and enteric fever. This is not all, for, as Mr. Baily Denton observes, "it unfortunately happens that no sooner is water stored in reservoirs than it loses its normal condition by the absorption of foreign matters with which it hourly comes in contact, and which detract from its virtue, and it would really seem that although the whole country is agreed that the death-rate is sensibly increased by neglecting the condition of our streams, no government is strong enough to revert to the laws of the Egyptians and say "Thou shalt not defile our rivers." Loss of life would appear to be preferred to loss of trade, and although the preference may be reconciled with individual interests, it is entirely opposed to the national weal."

Something like an effort has been made by Parliament of late to prevent further pollution of rivers; and sanitary engineers, backed by eminent experts, have propounded a scheme which it is hoped in time may remove some of the more dangerous sources of contamination. But whether the Rivers Pollution Bill will effect the purification of our tidal rivers remains to be seen. It may be made to work in a way that will not suit those who are interested in maintaining the present state of things. Some manufacturers will no doubt complain bitterly if they are not allowed to throw the whole of their filth and refuse into the river from which the people have to take their drinking water. It is, however, quite possible, as Mr. Gladstone said, "that in time even selfish manufacturers may be convinced, and may see the foolishness of this policy, and rather seek to imitate the wiser firm of paper-makers, who now make a profit of £3,000 a year by the utilisation of refuse, which, previous to the passing of the 'Rivers Pollution Bill' was thrown into a stream and wasted."

One great impediment in the way of a purer water supply will be the difficulty of deciding whence fresh supplies shall be drawn. We are glad to notice that although Mr. Baily Denton has consistently been one of the strongest advocates for the storage of surplus waters, and which, if properly seen to, would, he thinks, be found to afford an abundant and economical supply; he is evidently not quite so sanguine of this as he at one time was, and he is ready to admit that deep-well water is of inestimable value to communities, and their conservation and utilisation are worthy of the best efforts of those who have charge of the public health. Mr. Bramwell, Mr. Easton, Mr. Homersham, and other equally eminent water engineers contend that we must look to where nature has for ages been storing up inexhaustible supplies in subterraneous lakes, quite inaccessible to pollutions which more or less affect all other waters, for our future water supplies. On this point Mr. Baily Denton's volume affords abundance of valuable information, together with a number of useful tables, which show at a glance the quality and quantity of the public waters of the kingdom, their chemical constituents, sources of supply, and the charges made for the same by the various companies.

The drainage and sewage of towns and villages is a complex question, one that requires all the skill and resources of the sanitary engineer to effectually grapple with, especially in our overgrown towns. It is the paramount duty of the legislature to see that every provision is made for the uninterrupted removal of sewage of towns. Sanitary engineers are of opinion that a constant flow should be maintained, and unless this is accomplished the more solid matters will be deposited, and accumulations take place which may foster and generate the most noxious and dangerous gases. The proper disposal of sewage, is a matter of considerable importance, and which each town must determine for itself, "because that town situated on the sea-board, that on a tidal river, that on an inland or tributary stream, and that quite inland will each require especial consideration, and a system adapted to its wants and situation." By the intercepting sewage plan adopted in London the inhabitants have gained in health, and the death-rate has certainly been diminished. Nevertheless, it cannot be looked upon as a perfect system; the outfall is within tidal influence, and the banks of the Thames for miles, both below and above Barking Creek, are covered with a thick deposit of black mud, which, at low water, prejudices the interests of the surrounding districts. Mr. Denton is of opinion that, "even in sea-board towns, the sewage, before it is discharged, should not only be clarified, but that everything should be done within reasonable limits, to secure a constant outflow independently of the tide." He remarks—"In dealing with towns on tidal rivers it becomes the duty of the engineer to treat the refuse differently from the way in which he would dispose of the sewage of either a town directly on the sea-board or one situated on an inland river."

Of the many systems of sewage in vogue Mr. Baily Denton evidently thinks well of the "Liernur system," for he writes of it, "few inventions of modern days have exhibited greater ingenuity or presented details more worthy the study of engineers than the Liernur system, as carried out at Dordrecht, Amsterdam, and other towns in Holland, at Prague, Brüim, and at St. Petersburg, but up to this time no example of its application has been established in this country." Mr. Adam Scott considers that it has been shown by five years experience in Holland that the pneumatic system, by removing excrement without any possible pollution of the air, soil, or water, has banished typhoid fever and diphtheria, as well as cholera, and other diseases conveyed by the discharge from the intestines.

In his concluding lectures Mr. Baily Denton discusses the various methods of dealing with sewage and its preparation by chemical precipitation for manuring land. It is, he believes, decidedly advantageous to retain the sludge in a liquid state when applied. He explains the most suitable soils to deal with, the surface preparation necessary to ensure success, and finally gives the results of the working of the Merthyr, the Kendal, and other sewage farms; finishing with some general remarks on the works in progress in different parts of the country, and in which the intermittent downward filtration has been adopted, wholly or partially.

The text of Mr. Denton's very practical and valuable contribution to sanitary engineering is freely interspersed throughout by plates, drawings and plans, which enhance its value, and render the subject clearer and more intelligible to the student and the uninitiated in a branch of science which bears so largely upon the health of communities.

MECHANICAL INGENUITY. (a)

THIS valuable encyclopædia is continued in the present number as comprehensively as in its former parts. Amongst the items in which the profession are most interested are the descriptive notices of water-beds, bed-pans, and the binocular microscope, and telescope, and bistouries, of each of which the descriptions are brief and intelligible. The work, when complete, will be most valuable for reference, and it is beautifully turned out.

(a) "Practical Dictionary of Mechanics." Part 9. Cassell, Petter, and Galpin. Royal 8vo, pp. 32.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after i has passed through the post.

Accoucheur.—In the 17th century the management of women in child-bed and after labour was of the most absurd and dirty nature. The applications were various, consisting of inunctions of all kinds, as in suppression of the lochia; "some put into the vagina a bag of hellebor;" others ordered "hog's dung in smith's water," &c. Live pigeons were used for wounds, for hydrophobia, and probably also after labour.

Nicotiniana.—Dr. McKendrick, of Glasgow, and Prof. Dewar, of Cambridge, have been investigating the physiological action of tobacco. There are many old writers against its use. Pauvius and Falkenbergins, old anatomists, were of opinion "that by the abuse of this fume the brain contracts a kind of black soot."

Dr. Bate.—Report duly received.

Dr. Williams.—Not arrived at time of going to press.

DIPSOMANIAC ASYLUMS.

To the Editor of the Medical Press and Circular.

Sir,—Your correspondent, "F.R.C.S.," can hear of a private Home where lady dipsomaniacs are treated by applying to

Trays Hill Hall, M. D.
Hornsey Lane, N.

Dr. Prevost, Geneva, is thanked for his courtecus note.

THE VAGINAL SPECULUM.

To the Editor of the Medical Press and Circular.

Sir,—Although I cannot give your correspondent "Obstetricus" the information he asks for as to the form of speculum in use in 1699, it may be of interest to him to know that Ambrose Paré describes a "speculum matricis" which was in use when he published his famous work in 1579. It was tri-valved and dilated by means of a screw. It is figured at page 582 of Johnson's "Translation of Paré's Surgery." In the collection of surgical instruments which was on view in the International Exhibition of 1873 there was a tri-valved vaginal speculum which was said to have been discovered in the ruins of Pompeii.

I am, Sir, yours faithfully,

12 Colebrooke Row, N., George Brown, M.R.C.S.
Oct. 1st, 1877.

The Cost of Life in War.—Our excellent contemporary, *The Leisure Hour*, in an able statistical review of the October number of the losses from war in the last twenty-five years, 1853-77, gives the following as killed in battle and died of wounds and disease:—Crimean war (1854-55), 750,000; American Civil War (1861-65), 800,000; Franco-German War (1870-71), 225,000; Franco-Italian War (1859), 40,000; Austrian, Prussian, and Italian War (1866), 50,000; Wars with Mexico, Paraguay, Cochin China, Schleswig-Holstein, &c., 70,000; Massacres in Bulgaria and Armenia, 1876-77 (before the outbreak of regular war, April, 1877), 75,000; Total, 1,950,000.

Dr. Haslett.—There must be something wrong in the post-office; we have instructed our publisher to make the necessary inquiries.

Dr. Waters, Chester, will please receive our best thanks.

A Professional Epitaph.—The following old epitaph has been dug up in a churchyard, Lydford, Devonshire:—

"Here lies in a horizontal position
The outside case of
George Routledge, watchmaker.
Integrity was the main-spring and prudence
The regulator of all the actions of his life;
Humane, generous, and liberal,
His hand never stopped till he had relieved distress.
So nicely regulated were his movements that he never went wrong,
Except when set agoing by people who did not know his key;
Even then he was easily set right again.
He had the art of disposing of his time so well
That his hours glided away in one continued round of pleasure,
Till in an unlucky moment his pulse stopped beating.
He ran down November 14, 1802, aged 57,
In hopes of being taken in hand by his Maker,
Thoroughly cleaned, repaired, wound up, and set agoing
In the world to come, when time shall be no more."

Obstetrical Society of London, Wednesday, October 3rd, 1877.—8 p.m. Specimens, by Dr. Galabin and others. "A Synopsis of 1,500 Consecutive Labours," by W. T. Greene, M.D.

Dr. M'Dowel.—Your letter is unavoidably postponed until our next issue.

MEDICAL JOURNALS RECEIVED.

The Detroit Medical Journal. Buffalo Medical Journal. New York Medical Record. New York Medical Journal. Le Progrès Medical. La France Medicale. L'Echo Etrangere. Guy's Hospital Gazette. Canadian Journal of Medical Science. The Clinic. The Students' Journal. Le Paris Medical. Philadelphia Medical Times. Monthly Magazine of Chemistry and Pharmacy, &c., &c.

VACANCIES.

Baltinglass Union, Rathvilly Dispensary.—Medical Officer. Salary, £120. Election, Oct. 8.

Berkhampstead Union, Herts District and Workhouse.—Medical Officer. Combined salary, £90, with the usual extras. Apply to the Clerk of the Union, Hemel Hempstead.

Castle Ward Union, Northumberland.—Medical Officer for the Stamford Lane District. Salary, £20, with the usual extras. Applications to the Clerk, Highlaws, Morpeth.

East Suffolk Hospital.—House Surgeon. Salary, £100, with board and residence. Applications to the Secretary at the Hospital, Ipswich.

Enniscorthy Union, Oulart Dispensary and Fever Hospital.—Medical Officer. Salary, £115, with house. Election, Oct. 9.

Galway Union, Oranmore Dispensary.—Medical Officer. Salary, £100. Election, Oct. 8.

Romney Marsh.—Medical Officer for the District. Salary, £110, with the usual extras. Applications to the Clerk, New Romney.

Stamford Hill Dispensary, London, N.—Assistant to the Resident Medical Officer. Salary, £50, with board and residence. Applications to the Secretary.

APPOINTMENTS.

Brock, A. C., M.R.C.S.E., L.R.C.P.I., Physician's Assistant to the General Hospital, Bristol.

Buckly, D. F., L.K.Q.C.P.I., L.R.C.P.Ed., Medical Officer, &c., for the Granard Dispensary District of the Granard Union.

Davies, W., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 1 District of the Cardigan Union.

Denby, T. C., M.R.C.S.E., an Assistant Surgeon to the Eye and Ear Hospital, Bradford, Yorkshire.

Edwardes, E. J., M.B., L.R.C.S.Ed., Medical Officer for the Workhouse, and for the Llanfyllin District, of the Llanfyllin Union.

Gorst, H., M.R.C.S.E., L.R.C.P.L., an Assistant House Surgeon to the Liverpool Dispensaries.

Lewis, T. H., M.R.C.S.E., Medical Officer for the No. 1 District and the Workhouse of the Carmarthen Union, and Medical Officer of Health for the No. 1 Sub-district of the Carmarthen Rural Sanitary District.

Limrick, O. E. B., L.K.Q.C.P.I. & L.M., L.R.C.S.I., an Assistant House Surgeon to the Liverpool Dispensaries.

Monckton, D. H., M.D., F.R.C.S.E., Medical Officer of Health to the Rural Sanitary Authority of the Lichfield Union.

Slevin, P. J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Granard Union Workhouse.

Wilson, E. M., M.R.C.S., a House Surgeon to the West London Hospital, Hammersmith.

Marriages.

Kelly—Prandy.—Sept. 24, in Dublin, Michael James Kelly, M.D., Castledermot, co. Kildare, to Johanna, youngest daughter of the late James Prandy, Esq., of Kilkea, Ballow, co. Carlow.

Owens—Carleton.—At Christ's Church, Bray, Edward F. Owens, Esq., Lieutenant and Adjutant 100th Regiment, youngest son of Sir George B. Owens, M.D., J.P., late Lord Mayor of Dublin, to Ellen Margaret, second daughter of Edmund C. Carleton, Esq., Solicitor, Kildare Street, and Old Baum Brey.

Sturge—Bovill.—Sept. 27, at St. Saviour's Church, Paddington, William Allen Sturge, M.D., of 9 Wimpole Street, W., to Emily Bovell, M.D., daughter of the late John Roach Bovell, of Demarara.

Deaths.

Allen.—On Sept. 21, after a long trying illness, A. B. de Lisle Allen, M.R.C.S.E., L.R.C.P.Ed., of Sutherland Gardens, aged 60, deeply regretted.

Arden.—On Sept. 21, at Glossop Road, Sheffield, Septimus Arden, M.R.C.S.E., aged 55.

Bennett.—On Sept. 19, at Cheltenham, Francis P. Bennett, L.R.C.P., aged 41.

Bennett.—On Sept. 20, William George Bennett, L.D.S., of George Street, Hanover Square, aged 56.

Bury.—On Sept. 15, at Richmond Hill, Bray, George Bury, M.R.C.S., aged 67.

Charlton.—On Sept. 10, at Town Mills, Tonbridge, Egbert Charlton, M.D., aged 40.

Fletcher.—On Sept. 24, at Broxbourne, Dr. Fletcher, formerly of Bromsgrove, aged 66.

Gerrans.—On Sept. 21, at Wyndham Place, Bryanston Square, James George Gence Gerrans, M.R.C.S.E., aged 83.

Hughes.—On Sept. 19, at Ipswich, George Whimper Hughes, M.R.C.S.

Story.—On Sept. 17, at Blenheim Street, Newcastle-on-Tyne, Michael Marshall Story, M.R.C.S.E., aged 42.

Walter.—On Sept. 24, John Walter, M.R.C.S.E., of Dover.

Whittle.—On Sept. 20, at Islington, Liverpool, Alfred Whittle, M.D., aged 54.

York.—On Sept. 1, at Market Harborough, George Billing York, L.R.C.P.Ed., aged 44.

IRISH POOR-LAW INTELLIGENCE.

PRESENTATION TO DR. WATERS OF CARBERY.

We are much pleased to observe that the gentry of the district in which Dr. Waters has laboured so long and so faithfully, have testified their kind feeling towards him by presenting him with the address which appeared in our columns last week, and a well-filled purse of sovereigns. Dr. Waters has well deserved this compliment, and his neighbours and constituents do themselves as well as him honour in recognising his professional services to them and to the sick poor amongst them.

DISQUALIFICATION AS VOTERS OF RED TICKET PATIENTS.

In reply to a query which we submitted to the Local Government Board for Ireland, we have been favoured with the following letter :—

Local Government Board, Dublin,
27th September, 1877.

Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 26th inst., inquiring whether persons who obtain the services of a Poor-law medical officer by means of a visiting ticket, are thereby disqualified from voting for the election of guardians ; and in reply the Board desire to state that they are not aware of any provision in the Irish Poor Relief Acts, or the Medical Charities Act, which would disqualify a ratepayer from voting in the election of guardians on the ground that he had been a recipient of medical relief under the Medical Charities Act.

By order of the Board,
B. Banks, Secretary.

DECREASE OF IRISH DISPENSARY RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In a recent issue you allude to the fact of a remarkable decrease in the amount of dispensary medical relief during the past year in Ireland, and attribute it mainly to the decrease in the number of paupers during that period. My opinion, as a dispensary medical officer, is, that the diminution in the numbers of dispensary patients is quite as much to be accounted for from the diminution of disease generally in consequence of the improved sanitary condition of the country under the working of the recent sanitary laws.

Pure water is now very generally provided in all localities, and foul collections, so fruitful a source of malaria heretofore, very generally prevented. I believe much good has been done in these respects to improve the health of the population, the poorer classes especially. I am quite sensible much remains still to be done, and I expect by a more extended and more perfect application of the sanitary laws, next year's returns of the numbers requiring dispensary medical relief, may be still further reduced.

Your obedient servant,
Henry J. Smith.

Donoghmore House.

[We are pleased to give publicity to Dr. Smith's evidence as to the beneficial effect of the Public Health Act. It is interesting, if for nothing else, for its rarity ; for it is the first and last communication which the Medical Press and Circular has ever received, favourable to the working of the sanitary system, while our correspondence expressive of the contrary view has been voluminous. We only wish we only could believe that even 10 per cent. of the sanitary districts in Ireland would answer to the description of Dr. Smith's locality.—Ed. M. P. & C.]

FEES TO VACCINATION WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When a board of guardians requests a medical officer to attend at Petty Sessions as a witness in cases of defaulters under the Vaccination Act, and refuses to pay the latter his fee, what remedy has he ? I think I have seen it stated lately somewhere that magistrates have the power to grant an order on the guardians in such cases for an amount not exceeding two pounds. If such is the fact would you kindly inform me in the next issue of your journal what authority there is for the statement.

I lately attended petty sessions, and the magistrates are quite willing to give me an order on the guardians if I can only show them that they have the power to do so.

G. W. T.

[Under the 13th Clause of Vaccination (Amendment) Act (26 and 27 Vic., cap. 52) it is enacted that—

"The guardians may direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of this Act ; and *as to all expenses incurred in such proceedings, if the justice or justices before whom such proceedings are had* certify that such expenses ought to be allowed, such justice or justices shall ascertain the amount thereof, and such amount shall be payable out of the Poor Rates."

In the case of Kisbey *v.* the Boyle Guardians it was ruled that a fee to the doctor came under the head of "Expenses," and must be paid, the chairman at the time saying that, in his opinion, the guardians having called for

the doctor's services, outside his official duty, must pay him as a matter of contract, even without the magistrates order. It will be better, however, in all cases to obtain such order.—Ed. M. P. & C.]

THE HEALTH OF DUBLIN.

Abstract Report of the Executive Committee of the Dublin Sanitary Association.

The Dublin Sanitary Association has now been in existence for more than five years. The actual number of subscribing members has considerably increased since last year. Your Committee have, as in former years, from time to time forwarded to the Sanitary Authorities reports of nuisances. The number of reports thus forwarded was 158, comprising 212 distinct nuisances.

CLASSIFICATION OF THE NUISANCES REPORTED.

1. Overcrowded houses	4
2. Houses unfit for habitation	1
3. Houses in a state injurious to health, or which have furnished cases of disease	24
4. Insufficient or defective ashes and privy accommodation, likely to cause injury to health	46
5. Insufficient water supply	1
6. Defective sewerage	17
7. Filthy yards and archways	17
8. Manure heaps and accumulations of filth	36
9. Unscavengered streets and lanes ...	62
10. Animals badly kept	3
11. Slaughter-houses badly kept, or in improper situations	1
	212

Besides the ordinary nuisances inspected in the city, one or two of a more or less serious nature in the suburbs have been brought under the notice of your Committee. Among others the state of the Bradoge river, between Cabra Road and Grangegorman Avenue, formed the subject of a correspondence with the Public Health Committee, as well as with the Board of Guardians of the North Dublin Union, and resulted in the partial abatement of the nuisance complained of, though it did not lead to so radical a cure of the evil as your Committee could have wished.

On the 23rd of November the attention of your Committee was directed to the insufficient water supply, absence of proper drainage, and unhealthy condition of the village of Newtown-Park, near Blackrock, and a correspondence which had passed between Mr. Stokes, the vicar of the parish, the Local Government Board, and the Guardians of the Rathdown Union was brought before them. On the 25th of January a memorandum on the subject was forwarded to the Local Government Board. On the 12th of April, a further communication having been received from Mr. Stokes complaining of the continued defective water supply in Newtown-Park, detailing the steps which had been taken by the inhabitants to remedy the evils, and asking the advice of your Committee in the matter, it was resolved :—"That Mr. Stokes be informed that the inhabitants of the district should present a memorial to the Local Government Board, pointing out that the Rathdown Guardians, being the Local Sanitary Authority, have made default in not providing a water supply under section 49 of the Sanitary Act, 1866, and asking for an inquiry."

Your Committee have learned that in accordance with this suggestion, a memorial, extensively signed, was forwarded to the Local Government Board, which they hope will eventually be productive of some good result.

On the 6th of July the attention of your Committee was directed to an outbreak of small-pox in Liverpool, whereupon your Committee addressed letters to the Local Government Board and the Public Health Committee, containing an account of the outbreak, and suggesting the adoption of measures for preventing the introduction of the disease, and for the isolation and prompt removal to a hospital of persons affected by it, in case it should unfortunately appear.

The attention of your Committee having in November been again directed to the increase of small-pox in London, Manchester, and Liverpool, it was resolved to address a letter to such of the Dublin hospitals receive fever patients, calling the attention of the governing bodies of those institutions to the prevalence of small-pox, in an epidemic form, in Liverpool, Manchester, and London, from all of which cities Dublin was threatened with the disease, and urging upon them the necessity of reporting to the Public Health Committee at the earliest possible moment, the admission of any case of small-pox.

Early in the same month two deaths from small-pox occurred in the city, and were reported in the Registrar-General's return for the week ending 18th of November. On this fact being brought before your Committee, it was resolved to issue and circulate a placard which was extensively posted throughout the city, and distributed to the national schools and other public institutions, urging the adoption of precautions (especially of careful re-vaccination) against the spread of the infection. About the same time your Committee entered into communication with the Local Government Board with reference to the question of the provision of temporary lodgings for persons removed from infected premises during the process of disinfection. In reply the Local Government Board stated, that the relieving officer of a union has power under section 7 of the Irish Poor Relief Extension Act, to provide lodgings for persons so circumstanced. It appears to your Committee extremely desirable that means should be found to provide accommodation not only of such a character, and so isolated, as effectually to guard against all danger of the spread of diseases, but which should also be free from the obstructions which may be left to the interference of the relieving officer.

On the 17th of August a fatal case of malignant small-pox was brought under the notice of your Committee. On the 12th of August a small-pox patient had been admitted to the Meath Hospital, where she died on the 16th instant. The disease had been contracted in Sir Patrick Dun's Hospital (where the patient had been treated for another ailment) from a nurse who was at the same time in attendance on a woman, who han recently arrived in Dublin from Manchester, and who was suffering from small-pox. It also appeared that an intimate friend of the deceased had been on the 15th ultimo admitted to Cork Street Hospital, suffering from the same disease. Your Committee thereupon passed a resolution urging upon the governors of Sir Patrick Dun's Hospital the necessity for the isolation of all such cases.

On the 26th of October your Committee having learned that Mrs. Redmond, the mother of the small-pox patient who had died in the Meath Hospital, had not been compensated for the clothing of her daughter which had been destroyed by the hospital authorities, adopted a resolution, a copy of which was forwarded to the Public Health Committee, recommending that body to take such steps as would entitle Mrs. Redmond to compensation under section 50 of the Public Health (Ireland) Act, 1874, and would encourage the citizens on occasions of the kind to aid in the prevention of epidemic disease.

A lengthened correspondence on this subject ensued between your Committee, and the Public Health Committee, but with little practical result. The Public Health Committee in March adopted a report furnished by their medical officers, stating that the clothes of small-pox patients can be efficiently disinfected, recommending that clothes should only be burned when of small value, and throwing upon the hospital authorities the responsi-

bility of the destruction of clothing of patients in case of death. Against this conclusion your Committee protested in a resolution adopted on the 29th of March, a copy of which was sent to the Public Health Committee. Copies of the correspondence and resolutions will be found in APPENDIX D.

(To be continued.)

IRISH MEDICAL ASSOCIATION.

ABSTRACT OF REPORT OF THE

Proceedings of the Committee of Council during the Quarter ended 25th September, 1877, read at the Quarterly Meeting of the Council, held 25th September, 1877. DR. GRIMSHAW, Chairman of Council, in the chair.

MR. CHAIRMAN AND GENTLEMEN.—Since the last meeting of this Council, on the 8th June, your Committee (notwithstanding that it was holiday season) have held fourteen meetings, at the first of which the duties of the members were thus allocated :—Drs. Grimshaw and Jacob were entrusted with duty No. I.—To take cognisance of all matters affecting the interests of the profession generally, and to watch the proceedings of parliament. No. 2.—The Poor Law and Vaccination Department was confided to Drs. Speedy and Pollock. No. 3. Registration of Births, Deaths, &c., Department was placed in charge of Dr. Purcell. And No. 4.—The Public Health Department, was confided to Drs. J. W. Moore and Usher.

THE PUBLIC HEALTH (IRELAND) BILL, 1877.

As in the previous quarter the "Irish Public Health Bill" occupied a considerable amount of the attention of your Committee. By referring to the former proceedings of this Council concerning this Bill, it will be observed —1st. That the joint-committee, comprising representatives of this Association, the Colleges of Physicians and Surgeons, and the Sanitary Association, made certain recommendations relative to the Bill which met with the approval of this Council ; 2nd. That this Council printed and circulated a series of observations upon the Bill which had special reference to the relations of the dispensary medical officers of Ireland to the administration of the Sanitary laws ; 3rd. That this Council drew up a form of petition praying for such modifications in the Bill as would secure the dispensary medical officers an honourable position, and admit of proper remuneration for the valuable services rendered by them.

It was generally believed that no further progress could be made with this Bill during the past Session, as, until late in July, it was in the same state as when this Council presented their report to the last Annual General Meeting of the Association. However, on July 17th, Sir Michael Beach gave notice of his intention to have the Bill referred to a select committee of the House of Commons. This proposal was carried into effect a few days later. The select committee was appointed, and met for the first time on July 23d. In anticipation of this event, and acting under the advice of several parliamentary friends, your committee requested the chairman of Council to hold himself in readiness to proceed to London with the view of watching the progress of the Bill on behalf of the Association. And having had the observations of this Council on the Public Health Act, and new Bill, revised and reprinted, a copy was sent to each member of the select committee, together with a manuscript letter and a copy of the report of the proceedings of the deputation which waited on the Chief Secretary in London on the 17th May last. A special letter was addressed to the chairman, requesting that he would submit the observations of this Council on the Public Health legislation to the select committee, and asking if the select committee would receive evidence, as this Council was anxious to tender same on behalf of the Profession, to which a reply in the negative was received, whereupon a further letter was addressed to the chairman of the select committee, reminding him of the observations he made to the deputation on the 17th May, and informing him that the chairman of this Council was in London, and had been authorised to act on behalf of this Association. Although the select committee did not receive evidence, the views of this Association were fully brought under their notice by Mr. Meldon and Sir Arthur Guinness, the former specially undertaking to propose and support those amendments which immediately affected the interests of the Profession, and both advocating the amendments put forward by the joint-committee. It will be remembered that the amendment proposed by this Council had the following objects, viz. :—

1st.—To secure the title of "Medical Officer of Health" for the dispensary medical officer.

2nd.—To remove the objectionable provision by which a maximal *scale* of remuneration was fixed for their services under the Act.

3rd.—To secure a definite and adequate fee for sanitary services on board ship.

4th.—To secure remuneration for attendance at sanitary prosecutions.

5th.—To secure an adequate fee for certifying for the removal of a body dead of a contagious disease.

6th.—To secure constant and independent supervision by competent professional inspectors directly under the control of the Local Government Board. The first of these approvals was carried by an amendment to clause 10 (now clause 11) of the Bill, by which the position of the dispensary medical officer is defined as "Medical Officer of Health," thus distinguishing him from all other sanitary officers.

The second point (the fixed maximal scale) was not carried before the select committee, but the Chief Secretary, accepted an amendment subsequently proposed to the House of Commons by Mr. Meldon, which will produce the desired result.

The third point (remuneratien for services on board ship) has been secured by an amendment of Clause 150 (now 151), by which the fee is to be fixed by the Local Government Board, and as the Board has never fixed a lower fee than one guinea for such services where it had the power of regulating the amount, your Committee consider that this point will be fairly dealt with.

The fourth point (remuneration for attendance at prosecutions) was carried before the select committee by a new clause (256) drafted by your chairman, which gives the Local Government Board power to regulate the fee. As it may be expected that the same scale of fees which has recently been adopted by the (late) Attorney-General for Ireland as remuneration for medical witnesses at Sessions' Courts will be adopted by the Local Government Board, your Committee consider this question also will be fairly settled.

Your Committee regret that the fifth point (certifying for removal of dead bodies), owing to an accident, was never raised before the select committee ; but it is to be hoped that the objectionable ten shillings fee will be modified when the Bill again comes before the House of Commons.

The sixth point (supervision) still remains an open question. It was brought before the select committee, but as the Government already possesses the power af carrying out the proposal, the question must be settled by influencing the opinion of the Executive Government. This, there can be little doubt, has already been done by this Association, as it is now generally admitted that independent *supervision is necessary ;* and your Committee have good reason to believe that the Government has recognised this necessity, and will provide efficient supervision in future.

It will thus be seen that nearly all the legislative points advocated by this Association, and by the dispensary medical officers, in their petition, have been conceded by the Government, and that the proposition for efficient super-

vision has been favourably entertained. Under these circumstances your Chairman, acting under the instructions of your Committee, consented, on behalf of this Association, to withdraw all further opposition to the Bill, which would doubtless have passed but for opposition raised purely on political grounds, with which your Committee were powerless to cope. Sir Michael Hicks Beach, when withdrawing the Bill, expressed a hope that "what had been done this session would not be lost, but would assist the passing of the Bill next session;" he also stated to your Chairman that he would give his support in the House to all the amendments which had been, at the suggestion of this Association inserted by the Select Committee, as well as those subsequently agreed to.

Immediately after the sittings of the Select Committee had terminated, your Committee, in order to be prepared with opposition to the Bill—in the event of such being considered necessary—drew up a new circular, which was to have been forwarded to each member of Parliament, and had same ready for immediate circulation, when they were informed that all the points advocated by this Association has been conceded.

Your Committee regret that, in consequence of the Bill having been before the Select Committee for a fortnight, the expense to the Association has been considerable, as well as the inconvenience to your Chairman and to your Committee, who were obliged to meet three or four times a week, and communicate by telegraph; but they believe that the services rendered have been of the greatest value, and will save much trouble and expense when the Bill again comes before Parliament next session. Your Committee have great pleasure in reporting that by his advice your Chairman was able to render valuable service in improving the Bill in many ways, which although not affecting the position or emoluments of the medical profession, have made the Bill a much more perfect measure than it otherwise would have been, and also proving to the Government and the public that this Association is always as willing as it is competent to give its best aid in promoting measures for the improvement of the public health, although such improvement may not either directly or indirectly benefit the profession.

Upon the return of your Chairman to Dublin your Committee, in acknowledgment of the valuable services rendered by him, as well as of the success of his mission (notwithstanding his many great difficulties), accorded him an unanimous vote of thanks; and also unanimously adopted a resolution expressing the gratitude of this Association to Mr. Meldon, M.P., for his valuable advice and support.

(To be continued.)

On the Volatile Constituents of Human Fæces.

In the *Birichte der Deuts. Chem. Gesellschaft.* L. Brieger shows that the normal intestinal digestion consists mainly of a putrefaction, primarily induced by the decomposing action of the pancreatin upon albumen and gelatin. The author has found in the distillate from fresh fæces the following substances: acetic, normal butyric and iso-butyric acids; phenol, indol, and a new body, named *skatol*, crystallising in white laminæ, and possessing a most disagreeable, specifically fæcal odour.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING SEPT. 22, 1877.

Total registered deaths in Dublin and suburbs*	... 118
Ten years average of same week	... 139
Decrease of mortality below average	... 21
10 weeks ratio of deaths Rathmines	18·0 per 1,000
„ „ „ „ Donnybrook†	14·3 „
„ „ „ „ Blackrock	23·8 „
„ „ „ „ Kingstown	15·4 „
„ „ Entire Dublin District	19·5 „
COMPARATIVE RATIOS—London ...	17·4 „
„ „ Glasgow ...	19·3 „
„ „ Edinburgh ...	19·7 „

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, September* 22*nd*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, SEPT. 22, 1877. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	20	186	118	19	16	..	5	4	...	2	8	4	2	3	32
BELFAST . .	20,687	182,082	27	139	96	25	13	...	2	1	1	...	4	9	2	...	17
CORK . .	13,816	91,965	19	50	33	4	7	...	...	..	...	...	1	...	2	3	12
LIMERICK .	8,509	44,209	18	21	15	3	6	...	...	...	...	...	...	...	1	...	7
LONDONDERRY	21,865	30.884	15	"	8	...	3	...	...	...	...	...	1	...	...	...	1
WATERFORD .	17,209	30,626	46	20	27	8	6	...	..	...	...	..	...	...	...	...	16
GALWAY	21,3.8	19,692	13	14	5	1	1	...	...	...	...	...	1	...	...	...	3
SLIGO . .	30,835	17,285	12	9	4	...	1	...	...	..	..	...	1	...	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 10, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

A Glandular Origin of Disease. By B. W. Richardson, M.D., F.R.S., &c. 293

Some Practical Remarks on Aural Affections. By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin., Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.... 294

Abstract of Introductory Address Delivered at University College, October 1st, 1877, by John Williams, M.D. 293

Abstract of Introductory Address Delivered at the London School of Medicine for Women, October 1st, 1877, by Mrs. Garrett-Anderson, M.D. 297

CLINICAL RECORDS.

Rotunda Hospitals, Dublin.—Case of Intra-Mural Fibroid removed by Enucleation.—Under the Care of Dr. Lombe Atthill, Master of the Hospital. Reported by Mr. F. Daly, Clinical Clerk .. 298

PAGE

TRANSACTIONS OF SOCIETIES.

International Medical Congress Held at Geneva from the 9th to 15th September 299

The Queen's University and the Lady Doctors..... 300

LEADING ARTICLES.

The Introductories 301

The Germ Theory of Disease 302

Gale's Great Walk 303

NOTES ON CURRENT TOPICS.

Suaviter in Modo, Fortiter in Re 304

Alcohol in Health and Disease..... 305

Camping Out Therapeutically Considered 305

The Penge Mystery 306

Hospital Abuse..... 306

Printed Pills 307

Insanity among American Women..... 307

An Appeal 307

Temperature of the Eye 307

The Motor-Centre of Language 308

The Evil Results Liable to Follow the Use of Esmarch's Elastic Bandage 308

The Rain Tree 308

Vaginismus..... 308

PAGE

Effects of Bromide of Potassium..... 308

Chloroform Deaths 308

LITERATURE.

The Dictionary of Mechanics 309

Chart of the Dangerous Medicines with their Doses as Contained in the British Pharmacopœia 309

The Twentieth Century 309

OBITUARY.

Daniel Donovan, Sen., M.D., L.R.C.P. Edin., of Skibbereen 309

CORRESPONDENCE.

Mr. McDowell on the Contagious Diseases Acts 310

The Vaginal Speculum..... 310

William Gale's Long Walk 311

The Chair of Anatomy and Physiology in Galway..... 311

Notices to Correspondents, &c. 312

Vacancies 312

Appointments 312

Births 312

Deaths 312

Original Communications.

A GLANDULAR ORIGIN OF DISEASE. (a)

By B. W. Richardson, M.D., F.R.S., &c.

Dr. Richardson commenced by stating that the doctrine of a glandular origin of disease had occupied his attention for some years, and that his views were based on a series of experimental researches on the mode of production and communication of these epidemic contagious diseases, anciently called "pestilences," and now known as "communicable," or "spreading diseases."

He then proceeded to explain at length the discoveries he had made to show that the fluids secreted during various stages of some communicable diseases were capable of propagating disease, and it was proved, he said, that a definite fever could be produced in an inferior animal by the fluid secreted from a patient suffering with that fever. He classed the diseases produced by organic poisons as septinous instead of zymotic, he preferring the word septine from this poison. The diseases thus named are small-pox, measles, scarlet fever, diphtheria, typhus fever, typhoid fever, erysipelas, hospital fever, puerperal fever (or the fever which occurs to women in childbed), cholera, yellow fever, ague, glanders, boil and carbuncle, infectious ophthalmia. He explained the nature of these organic poisons, the mode in which they escaped from the patient by secretions, and how these poisons might be destroyed. He then touched upon the "so-called germ theory of disease." This hypothesis, for it was false to designate it as a "theory," was very old indeed. There is nothing whatever in fact in the clinical history of plagues that connects them with the hypothesis of an origin from germs produced without the body and entering it to fertilise it and create a decomposition. When I say there is nothing, I mean there is nothing except the analogy of which I have spoken above, and even that breaks down, for the analogy of a fertilisation of a field by seed means always a definite process of fructification and of results from it: whereas in the history of epidemic plagues there is no such definition. The germ hypothesis fails, however, on other grounds than the clinical. If it were true that living germs possessing an independent growth and vitality enter the animal body, that every disease of a communicable kind is due to its own external living germ, and that the germs continue to multiply and increase by an independent action of their own—if this be indeed true, why do the germs after a certain time cease to multiply and allow the sick person to recover? Why do they not go on multiplying until the person is infected in every part and fatally stricken? Who would get well from a disease due to living self-propagating contagions? Again, who, if the hypothesis were true, would escape fertilisation? A general fertilising diffusion of self-propagating matter in minute, invisible form, entering the body as air may enter, could hardly be expected to select a small minority of a population, and if it did so at the first, why should it do so when it had seized upon many centres in which it could increase? But the history of all the communicable diseases shows that each epidemic affects individuals individually at different periods in the course of the epidemic according, as a rule to the exposure to the infected, and that the period of the disease is limited by a development and a course rendered in certain periods of time, I need hardly add in objecting to this germ hypothesis, because the fact is admitted on all sides, that not only has no one ever seen a germ disease, but that no one has ever traced an order of germination in relation to any of the communicable diseases. When a really living self-propagating thing goes through its phases of life and action, like, for example, the yeast growth, we can trace it through its cause, and during its action on organic substances, can study its effects, the changes it produces, and the products of such changes. In the epidemic diseases we have no such guidance, no trace of it. These phenomena, indeed, are opposed to the idea of self-action of foreign vital material within the affected forms of

(a) Abstract of Presidential Address read before the Sanitary Institute of Great Britain and Ireland, at Leamington, October 3rd, 1877.

pestilent disease. He then turned to a review of what he called the "glandular theory" of the origin of contagious diseases, and of advances he had made in support of that theory during the last ten years. In that time he had seen no reason to change his views on the subject of the glandular origin of communicable diseases. On the contrary, every new observation has tended to confirm it, and to make the demonstration of the truth more definite. In continuance of observations he had noted that the number of the distinctly communicable diseases is closely related with the number of secretions. The poison of hydrophobia is from the salivary secretion; of diphtheria, from the mucous glands of the throat; of scarlet fever, he believed, from the lymphatic glandular secretion; of glanders, from the mucous secretion of the nasal surface; of typhoid, from the mucous glands of the intestinal surface; and so on. In some instances the blood itself is infected, and the corpuscular matter becomes the seat of the catalytic change. A second point that had occurred to him is that the matter or particle which sets up the poisonous action, instead of being living matter, is matter actually dead, and that its effect for evil depends, in fact, upon its being dead. He meant that dead particles of organic matter in contact with living, is the cause of the physical change which transforms the new particles of secretion into poisonous particles as they are brought up to the infected surface to be influenced by the infection. On the ground that the poisons were always of glandular origin, he had been led to the conclusion that under certain influences affecting glandular action the poisons may be made to originate directly through nervous impression without the necessary intervention of an infecting particle. In many epidemics it is common to see a number of examples of the prevailing disease, the origin of which is traceable only to fear or anxiety. We call these nervous cases, and we try to define them as such and as distinct from cases due to contagion of a direct kind. But the symptoms are the same as those which follow actual contagion, and in epidemics of cholera they take even a fatal character. My theory, however, explains fully the reason of this. It indicates that an extreme nervous impression made on the glandular nervous supply, paralyses the glandular function, and thereupon produces the same phenomena as is produced in other instances by the action of a specific poison. The theory in this manner accounts for the origin of an epidemic disease from an impression made on the nervous system without the direct contact of poisonous matter, as well as for the after propagation of the disease by distribution of poisonous particles when that is communicated from an infected to a healthy person. It accounts equally for the production of disease and of a poisonous glandular product under conditions of starvation and cold, by which the nervous tension is reduced. Again, it accounts for the production of disease, and of a poisonous glandular secretion under special atmospherical conditions in which the activity of the atmospheric oxygen is reduced in sustaining power. . . . The study of the glandular theory of the communicable disease has suggested to me another thought which observation of the diseases fully confirms—namely, that these diseases, like all which have their root in nervous derangement, present a distinct "heredity." The impression of disease made on a nervous centre is transmitted. There can be no doubt as to transmission of tendency to particular communicable diseases. Any physician in full practice can find any amount of evidence on the fact by simple natural inquiry. Typhoid fever is clearly a disease possessing hereditary transmissible quality. Diphtheria is the same, scarlet fever is the same, and small-pox, I should suspect, was once almost universally so characterised. These facts alone, one of them alone is sufficient to stamp the origin of the communicable diseases as from the animal body itself. It is certainly one of the best proofs of the truth of the theory of the glandular origin of the poisons. It will be seen at once by those who look with sufficient patience, that the mode of connection of diseases in hereditary line is the same as that which connects hereditary qualities of every kind, physical type, mental type, all else that binds many individualities into one family. Lastly, the study of the glandular theory of the communicable diseases enables me to offer the most rational explanation of the phenomenon of non-recurrence of the diseases after they have once attacked a person susceptible to them. It is well understood that, as a rule, a person who has been affected by a communicable disease is not affected a second time. To this rule there are many exceptions, but on the whole it holds good. On my theory the reason of the phenomenon is simple enough. They who are susceptible are born with a nervous impression tending to the production of a glandular secretion easily changed into poisonous secretion under the direct action of contact with poisonous matter, or even under the influence of a central nervous depression, whereby the glandular function is deranged. But when such a person has passed through the ordeal the tendency, for a time at least, disappears, owing to the complete modification of glandular function that has been induced, to the free elimination that has been established, and probably to the change in the nervous matter itself that has resulted from organic modification. Hence the organism become susceptible for a time, and if the tendency be not intense that time may mean the whole of life. Indeed, as life advances, and nervous susceptibilities, derived directly from ancestry, lapse into individual self-sustained susceptibilities, these tendencies to disease subside as a general fact, and lose their activity, if not their existence.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,
Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page 256.*)

IMPACTED CERUMEN.

Free syringing generally is all that is required for the removal of this common and troublesome cause of deafness. Often the mass does not come away until a considerable time is spent in syringing. But it will always ultimately yield. After a portion has been removed, and when the grub of cerumen or waxy cast of the meatus is washed out, the latter should be examined with a speculum; much harm may be done if this step be not attended to, the healthy membrane may be forcibly syringed and much mischief accrue. On the removal of cerumen, the membrane is generally seen, dull, with an absence of transparency and the surface of the malleus has an inflamed appearance; the collection being removed, an interval of a few days will generally set things to rights, and if this be the sole cause of the symptoms, nothing further is necessary. If any tinnitus or pain persists, or if the deafness is not relieved, we must suspect other mischief and proceed to examine the ear closely. The usual complaint made by patients suffering from "wax in the ear," is, a deafness with a stupid feel and some form of tinnitus, I generally Politzerise a patient after removal of wax. I may here say that most ridiculous errors are often committed from the non-recognition of this simple cause of deafness. Nothing can be more exasperating than for a patient to return a long distance to a surgeon, and find that the source of all his blistering and leeching, and perhaps physicking, lay in a mass of easily removable wax; yet this often occurs. The characteristic black shining surface of the wax can hardly be mistaken, with any degree of care. At times the surface has a peculiar lustre which causes it to look like the membrane; but it is only necessary to mention this, in order to prevent any surgeon from falling into so unfortunate an error. Two imprudent practices may be referred to in connection with this matter. First, the habit of inserting picks,

rolls of towels, &c., into the ear, to cleanse the meatus. This can only do harm and ensures the consolidation of any cerumen in the canal, and its impaction on the drum. Secondly, the fashion of placing cotton wool in the ears. It will be sufficient to mention that not long since, I removed three layers of wax and two of cotton wool, from the ear of a gentleman who was completely oblivious of the presence of the wool.

ABSCESS IN THE MEATUS.

Furuncles and abscesses in the external meatus, occurring either as the result of exposure to cold, damp, or the presence of a foreign body, accumulation of wax, &c., are very common. They occur in persons of all types of constitution, often in the midst of robust health, and at all ages. The symptoms are characteristic—severe pain of a shooting nature, increased at night, with some slight attendant fever and constitutional disturbance. This pain is of a radiating character, extending to the side of the head, and aggravated often by movement of the jaw, as in eating. The entire ear becomes sensitive to the touch, the patient shrinks from examination. The abscess may occupy any portion of the canal, and vary in size from a minute boil situated on some part of its wall, to a considerable swelling which may block up the entire meatus. The intensity of the pain and the symptoms vary according to the situation and extent of the inflammation: if it be restrained by the bony boundary of the canal and in proximity to the membrane, or seated more externally in the cartilaginous portion. The advent of the attack is frequently marked by a certain amount of tinnitus. The presence of the abscess is easily recognised. It is not often necessary to use any speculum, and this should be avoided, if possible, as its employment causes unnecessary pain; the meatus may be entirely closed by the swelling. I would wish to draw attention to a possible source of error, yet one which with any degree of care should never be committed. Quite recently, I found it difficult to persuade a medical man of some experience that such a case was not one of polypus. I have known an instance where an abscess was attempted to be snared in mistake for a polypus. It is needless to say that with a little care, and if any doubt exists, an examination with a probe, such a mistake could not result; the complete continuity of the abscess with the wall of the meatus immediately distinguishes it. It is rare for the inflammation to resolve itself, and generally in periods varying from two to six or eight days, pus forms and is discharged. The treatment consists in depletion with leeches (two to four) applied over the tragus or in the meatus: in the early stage of the disease warm fomentations, decoctions of chamomile and poppies answer well, and steaming the ear. Hinton and Roosa caution against the use of external poultices, the latter recommending a small conical linseed poultice introduced into the ear. I rely entirely on constant fomentations with poppy water, and sometimes with benefit a blister over the mastoid process, in the early stages; I have found this of great use in allaying the pain, I have applied also subcutaneous injections of morphia. If the meatus be not blocked up, warm injections of carefully strained poppy water, frequently repeated will be found grateful. When the abscess has formed, the early evacuation of pus, by an incision carried well into it, is the only treatment, this incision being followed by careful attention to the meatus and membrane. On this latter point it is not possible to speak too strongly. Many are satisfied with the relief they give their patient with the first incision, and do not continue their care of the canal for some days subsequently. The result is frequently occlusion of the passage, with some epithelium and discharge, perhaps recurrent abscess or implication finally of the membrane. I keep the passage well cleansed, using some mild astringent lotion, such as sulphate of zinc, or borate of soda with glycerine, and warm injections for several days. As abscesses are particularly likely to recur, it is well to warn the patient of this tendency, and so avoid the unpleasantness which sometimes arises from impatience at the prolonged nature of the affection. At times abscess in the meatus assumes very formidable proportions. This is particularly so in those cases where there is frequent recurrence of the abscess. I have at present attending me a patient who came with the meatus completely closed with abscesses; on the opening and reopening of these and the subsidence of the inflammation, an enormous quantity of cerumen and epithelium came away, the membrane being perforated behind the mass. A gentleman, a little time since, who had suffered for several months with abscess of the meatus, consulted me: the inflammation extended to the mastoid cells and tympanum, periodical attacks of violent pain, redness and swelling of the mastoid and the parts above the auricle supervened, and then a copious discharge of pus took place from the meatus. At times these attacks were attended with alarming constitutional symptoms—violent headache, coated tongue, exaltation of temperature, rapid pulse and sleeplessness. On the escape of the pus all these symptoms subsided. I believe that all the mischief in this case arose from the want of a free incision in the first instance, and the imprudent and prolonged use of large poultices.

EXOSTOSIS IN THE MEATUS.

These tumours frequently occur without any assignable cause. They may be congenital. I have seen them connected with a gouty history and family. As to treatment, I believe in preserving the patency of the chink, careful syringing, and the topical application of agents calculated to reduce the congestion of the membrane lining the canal. Electrolysis has been tried with success (Clark). A drill, similar to that used by dentists, has been employed to bore through the exostosis, and sea tangle subsequently employed to dilate the passage. Of the agents I have found most useful in exostosis, I may mention especially nitrate of silver, chromic acid and chloride of zinc, syringing with alkaline solutions, injections of iodide of potassium, or hydrochlorate of ammonia. The aural probe is most useful for cleansing the chink and applying solutions. Whatever means be adopted, *the great secret is to ensure perfect cleanliness, and to prevent, if possible, complete closing of the canal.* I have given largely to patients affected with exostosis, iodide of potassium, but I cannot speak very favourably of the results.

FOREIGN BODIES IN MEATUS.

"I believe," says Hinton in his last work on "Aural Surgery," "it may be laid down as a rule that whenever an instrument will succeed, syringing would also succeed, and that when proper syringing will not succeed all instruments are full of danger." I would wish to epitomise all that I could write on this important matter into this one expression of opinion coming from one so experienced. It is here truly that "meddling" does real harm. My remarks must necessarily be brief. I have seen a great many instruments devised to remove foreign bodies. I have read a great many pages devoted to the consideration of the subject; I have heard a good many opinions as to the superiority of this or that method of removal; my belief is, from several years' experience, that syringing is *the* one safe and certain method of removing foreign bodies from the ear This is *the rule;* there may be some few and rare exceptions. I have, by careful, repeated, well directed syringing, removed foreign bodies of all descriptions and shapes from the meatus by syringing alone. Only on two occasions have I ever succeeded in removing a foreign body when syringing failed, and on both these occasions I feel confident that had I the opportunity of giving to the syringe a fair trial, I would have found it equally successful. Let me enumerate some of the substances I have thus removed: glass, beads of all shapes, shells, stones, pieces of chalk, berries, ears of corn, pieces of slate pencil, &c. I could fill pages with the history of cases of foreign bodies in which by syringing alone I have got rid of the troublesome inmate of the meatus. Lately, after frequent efforts had been made with the syringe for some weeks, I got away with a double loop of silver wire and a Wilde's

snare, a conical glass bead, which was fixed in the meatus of a child, sent a long distance to me. But if my experience of the syringe in such cases is satisfactory, my opinion of the mischief often unwittingly inflicted with extracting nstruments is equally strong. I have seen children and adults in which the membrane and ossicles have been pulled and torn in mistake for a foreign body. Frequently have I seen considerable inflammation excited by such attempts. I am not afraid to wait. I recently had a case in which after a month a foreign body, a stone, came away, which receded each time I attempted to touch it, and the only mischief was a slight catarrhal discharge. In conclusion on this much debated question of the extraction of foreign bodies from the ear, I venture to give it as my opinion, that *all* instruments are, in a degree dangerous, to be employed with caution, and on no account should their use be continued, until proper syringing has first been given a long trial. To syringe the ear, the lobe should be held well back, the head sideways, the face slightly up and the stream directed with sufficient force, so as to pass between the foreign body and the wall of the meatus. I fill the ear with glycerine after each syringing and repeat the process daily. I have known a piece of cobbler's wax used with success to draw a foreign body out. Glue applied with a camel's hair pencil (Lowenberg) and allowed to harden on the body has been employed. Dentist's cement may be tried with the same object. Quietness and firmness with friends, patience in using the syringe, extreme caution with all forms of mechanical helps, are the essentials for dealing successfully with foreign bodies in the ear.

INFLAMMATION OF THE MEMBRANA TYMPANI.

In these cases the pain is often most intense, and increases with alarming rapidity, the inflammation running on in a few days to ulceration, when perforation of the membrane results. Inflammation of the membrane is as a rule accompanied with a certain degree of inflammation of the meatus, the entire ear becomes exquisitely sensitive and the pain extends to the corresponding side of the head and face. Relief is sometimes experienced when the perforation occurs. The throat is constantly affected and consequently the Eustachian tube. The treatment is simple. In the early stages free depletion by leeches (the artificial leech, if it can be had), warm fomentations, vesication over the mastoid; constant warm washes applied through the meatus; attention to the throat, both by means of the syphon douche, and also by topical applications by means of a brush; and in certain cases where the membrane is seen bulging and secretions are accumulated on the tympanum, free incision of the membrane. This last mode of treatment is unquestionably indicated in those instances of inflammation which occur in scarlatina and during the exanthemata. It is now widely recognised as the proper step to take when the ear is threatened in these affections. Subsequently to the subsidence of the acute symptoms close attention must be directed to the condition of the Eustachian tube, and the cavity of the tympanum through cleansing of the meatus and membrane, the use of Politzer's bag, and if necessary the washing out of the tympanic cavity with warm alkaline solutions (muriate of ammonia or iodide of potassium), 2 grains to 5 grains to the ounce. At the same time the general health must be restored by change of air, tonics, cod-liver oil, and iron with quinine.

POLYPI.

Fibro-gelatinous polypi of the ordinary kind are readily recognised; in some cases they are concealed by discharge and epithelium, on the removal of which with a syringe the polypus comes into view. There is frequently a sense of pain during their formation, and the characteristic symptoms, are deafness with discharge, occasionally mingled with blood. These polypi are easily removed with a small forceps, a miniature vulcellum, or Wilde's snare. They may grow from the meatus, just in front of the membrane, and perhaps conceal a perforation of the latter.

A small fibroid polypus may grow from the membrane itself. This, however, is rare. In any case the principal symptoms complained of are discharge, bleeding, tinnitus, and deafness. Mr. Lennox Brown exhibited this year at the annual meeting of the British Medical Association, an ingenious form of the galvano-cautery for removal of aural and nasal polypi: it is worked by the foot. It may be had of Messrs. Khrone and Seseman.

VASCULAR POLYPI.

I group under this heading those small vascular growths which are so characteristic of a type of polypus which springs from the tympanum or the membrane. There is as a rule always perforation, though it is frequently concealed by the polypus.

For operating on these growths, I use either the rectangular ring forceps, or the lever ring forceps of Toynbee. This latter instrument is admirably adapted for this purpose. But removal of these troublesome growths is only the first step in the process of cure. It requires often considerable forbearance on the part both of the patient and surgeon to follow up this treatment. Daily touching of the exposed surface with some caustic is required, as well as thorough cleansing out of the canal; having wiped the raw surface with cotton wool, used with the aural probe, then the site of the polypus must be touched with a fine pencil of wool rolled on the point of the probe, and moistened with chloro-acetic acid. I also use nitrate of silver, carbolic acid, chromic acid, and alcohol with glycerine. But after a fair trial of many agents, I prefer the chloro-acetic acid to any for this purpose. One rule should be adopted in every case; no one should be satisfied as to the cure of the disease until all discharge has ceased, any superfluous cakes of epithelium are removed, and the surface from which the polypus springs presents a healthy appearance. In Mr. Dalby's valuable *brochure* on "Aural Diseases," will be found a complete description of the microscopical appearances of aural polypi.

I must refer the reader to this work for a full histological account of these growths. The usual large polypi appear to be chiefly composed of fibrous tissue with varying proportions of cell elements. In the description given by Mr. Whipham, of one of the softer varieties of polypus examined by him "of a gelatinous semi-transparent appearance and very soft;" he depicts it as consisting of a fibrillated interlacing stroma, which in some cases was extremely delicate, while in others it was of a coarse texture. In the meshes were found, here and there, round cells thinly scattered; and in other parts, the branching anastomosing cells characteristic of myxoma. He points out that the reticulum was finer, and the meshes smaller than in ordinary myxoma, approaching more nearly, save for the absence of lymph cells, lymphadenoma." The tumour was bounded by a capsular layer of epithelium cells." In another specimen examined, the nature of the growth was that of round celled sarcoma. Mr. Dalby says that in his experience the lining membrane of the tympanum is "the most frequent seat from which polypi spring, next in frequency the meatus, and then the tympanic membrane." This accords with my own experience.

ABSTRACT OF
INTRODUCTORY ADDRESS
DELIVERED AT
UNIVERSITY COLLEGE,
OCTOBER 1st, 1877.

By JOHN WILLIAMS, M.D.

DURING recent years the progress of medical science has been great and rapid. This has been the case in all departments of medicine. It is seen in the invention of new instruments for scientific and clinical investigations; in the discovery of new drugs; in the enunciation of pathological laws; in the perfection of the art of surgery; in a more intimate knowledge of the natural history of disease; and in the development of hygiene in preventive

medicine. At first sight it may seem that progress has been greater in the art of surgery than in the sciences into which medicine is divided; but this is only apparent. The progress of surgery has not surpassed that of medicine. To appreciate this the present must be compared with the past. Medicine has now entered upon its ultimate phase, and has assumed a preventive character. Gynæcology has not, in this respect, kept pace with general medicine, and yet it has made great progress. No apology is needed for making gynæcology the subject of an interesting address, for now it takes rank with medicine and surgery as a branch of special study. It is of the greatest importance in practice, and its bearing on certain social questions at present agitating the public mind is such that in the future it must command greater attention than in the past.

The ancients held curious views with regard to the female organs of generation, and the theories invented by them to explain certain phenomena were simply absurd. No progress was made in gynæcology until after the revival of the study of anatomy in the fifteenth century. The muscular structure of the uterus was unknown until Santonini distinctly enunciated its muscular character in the beginning of the eighteenth century. Harvey was ignorant of the existence of the human ovary, yet he recognised in the fœtus and its membranes a true ovum. His views with reference to the formation of the ovum were, however, purely imaginary, for he thought that it was formed from the juices secreted by the uterine cotyledons which became swollen after intercourse. The ovarian follicles were observed by Vesalius, and Van Hom called them ova, but De Graaf gave the first full description of them, and with Van Hom regarded them as ova.

There were many objections to this view, some of them insuperable; and in consequence Haler stated that the ovum was formed in the Fallopian tube from the expelled contents of the Graafian follicles. This view was accepted until the end of the last century. William Cruikshank published the results of his experiments confirming De Graaf's views in 1797. The ovum was discovered by Von Baer in 1827, but his error with regard to it was dissipated in 1834-5 only, when Coote, Wharton Jones, and Wagner discovered the germinal viscera and germinal spot.

In 1821 Dr. John Power enunciated the law of spontaneous discharge of ova. His conclusions were drawn partly from analogy, but he seems to have made some observations on the human female. His observations were, however, scanty, but ample proof of the law was supplied during the twenty years following the publication of his work by the researches of Girdwood, Nequim, Bischoff, Rachuke, and others. At the same time, the view that the uterine functions were dependent on the growth and rupture of a Graafian follicle was promulgated. This was strongly opposed by Ritchie; but it became generally accepted until recent years, when the evidence against it has accumulated so as to be overwhelming. Moreover, much evidence has been brought to light to prove the independence of the uterine functions, not only of the growth of ovarian follicles, but also of ovarian influence.

Changes in the mucous membrane of the uterus were first noticed during pregnancy. William Hunter first described the decidua accurately. His brother, John Hunter, soon after described it as an exudation of plastic lymph. The latter view was accepted and taught until Sharpey and Weber demonstrated the termination of this decidua by showing its histological structure. The changes in the uterus during menstruation were comparatively unknown until within the last few years. It has been shown that they consist not of a congestion, but in a periodical development and removal by disintegration of a decidual lining.

The views maintained with regard to uterine pathology were briefly sketched, and it was pointed out that in the formation of such views the physiology of the organs concerned had been taken too little into account. Pathology should be based in great part on physiology, and it is by increasing our knowledge of physiology that we may extend our pathological doctrines. The inquiries, moreover, have a direct bearing upon the employment of women. The latter question cannot be decided by prejudice, nor yet by the intellectual reference of a few experimenters in moral and social science. The problem must be solved on physiological and pathological grounds. Uterine disease is in great part the penalty of a high civilisation. It is by a knowledge of its causes and its mode of action that we can hope to ward off disease, and make gynæcology assume a preventive character.

Dr. Williams concluded by welcoming his hearers to University College, and with an exhortation to hard work.

ABSTRACT OF INTRODUCTORY ADDRESS

DELIVERED AT

THE LONDON SCHOOL OF MEDICINE FOR WOMEN.

OCTOBER 1ST, 1877.

By MRS. GARRETT-ANDERSON, M.D.

AFTER a few preliminary words of welcome, Mrs. Anderson went on to explain to the students and their friends the scope and sequence of medical studies. It seemed to her that the medical curriculum naturally divided itself into four parts—viz., the study of healthy function, the study of disease, the machinery for investigation and cure, and the art of healing. Roughly speaking, each of these subdivisions might be taken as corresponding with one year of student life. In the first year for the study of health the student must have, first, anatomy or structure; secondly, chemistry; and thirdly, physiology; and Mrs. Anderson advised new students to concentrate all their time and energies on these three subjects, to allow of no distraction, and at this time not even to begin hospital practice.

As health should be the key-note of the first year's work, so should disease be the key-note of that of the second. For the study of disease, the student must attend systematic lectures on medicine, surgery, and pathology; must live as much as possible in the wards and in the out-patient room, and must frequently visit the post-mortem room and the museum.

At this stage, too, she must decide on what method she will work in the hospital wards. In Mrs. Anderson's opinion, the organisation of hospital practice is the part of medical education which, in England, is most in need of improvement. Precious time is often wasted by the student by not knowing how or where to begin, from attempting too much, and from having far too much presented to the untrained observation. She advised the students to concentrate a considerable amount of attention at a time on a very small number of cases—say, three medical and three surgical—to fix their minds on these cases, to read about them, to take careful notes of their reading, to examine them for themselves as much as possible, to search in museums for specimens illustrating them, to think about them, to try to understand them, and not to leave them for other cases until they had more or less mastered them. While working in this way, at a small number of cases, students might follow the visits to other cases and pick up all knowledge they could.

In the third year, the student should aim at acquiring a thorough intimacy with all that may be described as the material appliances of the healing art. Under this head are included operative surgery, operative midwifery, gynæcologicial instruments, materia medica, pharmacy, stethoscope, ophthalmoscope, laryngoscope, sphygmograph, microscope, electricity, influence of climate, mineral waters, &c.

In the fourth year the student must learn to apply the weapons of the art.

Mrs. Anderson advised the students not to be too disheartened if some of them should find themselves plucked in examinations. The real test they had to face would be at the bedside of a suffering patient.

Referring to the general question as to the admission of women to the medical profession, Mrs. Anderson said, that no arguments would influence the opinion of those who disliked the innovation, and that in her opinion, the real defence would be formed in experience and not in argument. Whether women can be trained to be first-rate doctors or not, and whether it is a solid advantage to society to have them so trained, are questions which can only be answered by experience on a somewhat large scale. Many of the objections commonly urged are, no doubt, imaginary. It is quite certain that women can study every part of the medical curriculum as seriously and thoroughly as men can, and that they do, to say the least, quite as well in the examinations.

On the other hand, some of the arguments used in favour of the charge seem open to question. It has been said, for instance, that women will understand women's ailments better than men will do, but Mrs. Anderson would warn the students that they would understand disease according to their intelligence and knowledge, and not by virtue of any occult sympathy or intuition. Women, however, would understand, better than men could ever do, the conditions of life which underlie a vast amount of feminine ill-health. It needs a woman to sound the depths of dulness in the kind of life too frequently led by unoccupied women, and to understand how destructive it is to nervous health. No young man in England knows what it is to live an indoors and idle life, without work and play, and under perpetual tutelage.

With regard to the argument that medical women will marry, Mrs. Anderson remarked that society was concerned not with the quantity of work which a medical women could undertake, but with its quality, and that if medical women marry they must bear this in mind.

In conclusion, the lecturer urged the importance of carrying the community with them by judgment, moderation, and good taste. She begged the students also to remember that they were not now mere isolated units in society, not merely women who desired to help according to their several lights the best interests of all women, but that they were now members of a noble profession, and that they had the responsibility which is linked with comradeship towards every other medical person, whether man or woman. Let them free themselves from petty jealousies, ignore all that is opposed to comradeship in the attitude of others towards them, and seek in all things to promote the highest aims and interests of the profession, help to purge it of its flaws, and to add to its honour.

Clinical Records.

ROTUNDA HOSPITALS, DUBLIN.

Case of Intra-mural Fibroid removed by Enucleation.

Under the Care of Dr. LOMBE ATTHILL,
Master of the Hospital.

Reported by Mr. F. DALY, Resident Clinical Clerk.

C. S., æt. 40, a widow; admitted into the auxiliary hospital, June 28, 1877.

History and present condition.—Has had two children, always enjoyed good health till the birth of her last child sixteen years ago, soon after which she observed the menstrual periods to become profuse, and occasionally to reoccur twice in the month. Of late, however, the intervals became longer, but the loss continued as profuse and as weakening as ever, and was accompanied by great abdominal pain. In March last such profuse hæmorrhage occurred that she was confined to bed for five weeks, and has suffered ever since from excessive weakness and from pain in the back and above the pubes. She also suffers from a constant leucorrhœal discharge of a yellow colour and fœtid odour.

On passing the hand over the abdomen, a large tumour of very dense structure could be felt rising out of the pelvis and reaching to within an inch of the umbilicus; this, on a bi-manual examination, proved to be uterine. The sound passed to the depth of nearly seven inches, the os uteri was patulous, and through it the finger reached a globular tumour, apparently embedded in the uterine wall.

The diagnosis of intra-mural fibroid was made.

It being evident that this woman would soon sink from the combined effects of uterine hæmorrhage and profuse leucorrhœal discharge, Dr. Atthill decided on attempting the removal of the tumour.

June 25th.—As a preliminary step, the patient being brought under the influence of chloroform, the cervix was divided freely on both sides by means of Kuchenmeister's scissors, no hæmorrhage followed. She was then ordered the following mixture—

℞ Liq. ferri perchloridi, ℥ij.;
Liq. ergotæ (B.P.), ℥iv.;
Inf. ergotæ, aa ℥viij.

An ounce three times a day.

July 13th.—Being again brought under the influence of chloroform the tumour was seized with a strong vulcellum, and its base, easily reached through the now patulous cervix, was with a knife, to the extent of nearly two inches, freed from its attachment to the uterine wall, an incision dividing the capsule was also made into the tumour on its anterior surface in a direction perpendicular to its base. A moderate amount of blood only was lost, and it was not found necessary to have recourse, either to the plug, or the use of the perchloride of iron.

After the lapse of a couple of days the patient was again put on the ergot mixture already mentioned, with the most marked result. When previously administered it did not seem to produce any effect, but now the same medicine exhibited in the same dose brought on powerful uterine action, each dose produced this effect within half-an-hour of its being taken, and the pains continued for four or five hours. Indeed, such extreme suffering was produced, that the patient absolutely refused to continue the medicine. Dr. Atthill pointed out that this remarkable difference in the action of the ergot was probably due to the fact that, the capsule of the tumour being divided the tumour was now, as it were, a foreign body in the uterine cavity, whereas previously it had formed part of the uterine wall.

27th.—A large section of the tumour has passed through the os uteri, and the rim of the os can be felt grasping the centre of the half-expelled tumour.

August 10th.—The pains have ceased for the past day or two, and the ergot no longer induces uterine action. On examination, the tumour is found to occupy the position of the fœtal head in the second stage of labour; the os uteri can no longer be felt. In fact, the tumour has been expelled from the uterus, and is only attached to the fundus by a comparatively small base, and is virtually "enucleated."

Sept. 1st.—Little, if any, change has taken place during the past fortnight. No hæmorrhage whatever has occurred since the operation of July 13th. There is, however, a very copious vaginal discharge, brownish in colour, constantly present. The patient does not suffer any pain, but complains of great debility. It being evident that nature would do no more, and it being impossible to leave the patient in her present state, the removal of the tumour by *avulsion* was decided on; the denseness of the texture of the tumour and the great thickness of its base precluding the use of the écraseur.

Sept. 4th.—At 4.30 p.m., the patient was put on the operation-table, and quickly brought under the influence of ether by Dr. Ormsby, who used his inhaler. Dr.

Atthill then proceeded with the operation, Dr. Marion Sims, of New York, who happened to visit the hospital that day, assisting. The parts being exposed by a duck-bill speculum, Dr. Atthill seized the projecting portion of the tumour with a strong vulcellum, and employed traction; the speculum being removed the left hand of the operator was introduced into the vagina between the tumour and the pelvic wall, and the separation of the tumour aided by the fingers of that hand. Dr. Atthill having strengthened his hold on the mass by means of another instrument, the tumour was finally torn from its attachments and completely removed. Upon further examination, it was ascertained that a small portion still remained, which was seized by a pair of ovum forceps, and separated by snipping through its base with a curved scissors. The cavity was now sponged out and plugged with pledgets of lint saturated in a solution of ferri perchlor. (1 in 3). The hæmorrhage during the operation was inconsiderable. The tumour, which was of an irregular ovoid shape, weighed 13½ oz, and measured five inches in its longest diameter.

10.30 p.m.—Pulse 124; temp., 98·2. Comfortable, no pain or tenderness.

5th, 8.30 a.m.—Did not sleep well during the night; slight bearing-down pains; no tenderness. Pulse 132; temp. 98·4. Plugs removed from uterus, no hæmorrhage; vagina syringed with solution of carbolic acid.

10 p.m.—No pains or tenderness; slept frequently during the day. Pulse 108; temp. 98·6.

6th, 9 a.m.—Pulse 100; temp. 98.

10 p.m.—Pulse 108; temp. 100.

7th, 9 a.m.—Pulse 100; temp. 98·2. Slept well during the night.

15th.—Since last date, convalescence made steady progress. No hæmorrhage or discharge of any kind; is up daily.

28th.—Discharged, cured.

Transactions of Societies.

INTERNATIONAL MEDICAL CONGRESS HELD AT GENEVA FROM THE 9TH TO 15TH SEPTEMBER.

BEFORE the meeting of this important Congress we gave our readers a programme of the proceedings and papers expected from the representatives of various countries. We now lay before them a brief *resumé* of what took place; at the same time we must express regret that, through press of other important matters at home, we are compelled to curtail our correspondent's notes to the limited space at present disposable.

FIRST GENERAL MEETING—*President*, Dr. C. VOGT.

Dr. BROADBENT (London) read a thoughtful paper on

CEREBRAL LOCALISATION,

summing up his conclusions as follows:—(*a*) Paralysis is a rupture of fibres or cellules presiding over the mechanism of the nervo-motor apparatus. (*b*) Anæsthesia is a rupture of sensitive mechanism. (*c*) Tremor is the effect of some impediment to the conducting power of the white fibres. (*d*) Convulsions (including chorea) result from irritation of the grey substance. (*e*) Premature and transient contracture is connected with pressure on a ganglion.

Under this point of view the nervous system is a vast mechanism composed of cellules and fibres; hence its functional action should be capable of being described in terms of "cellules and fibres." We would thus be enabled to avoid the ambiguities which have hitherto impeded the knowledge of cerebral physiology, and might hope to arrive a correct theory of cerebral localisations.

Dr. SCHIFF, in reference to the communication of Dr. Broadbent, said: "The question of cerebral localisation is one of the most interesting triumphs of pathology over physiology. Physiologists who are most engaged with the study of the brain, as Brown-Séquard, Goltz, Hermann, are opposed to it, whilst physicians are enthusiastic about it. In his paper Dr. Broadbent relied on physiological experiments, but the experiments of Hitzig and Ferrier do not in reality say what we wish them to say. I do not believe that there are in the brain motor points in the sense of the words, and the author does not say that there are true centres in the brain, but that they are still to be searched for. The experiments made up to the present are not rigorously applicable to man, but we must not therefore deny their existence. Charcot deserves honour for his labours to demonstrate their existence, but it is only by clinical observation that they can be proved. As regards the *rôle* assigned by Dr. Broadbent and by the theory of Todd to the corpora striata and optic thalamus, it cannot be admitted proved by clinical observation, which, on the contrary, demonstrates that the optic thalamus—that is to say, its grey part—could not be regarded either as a centre or a conductor of sensibility.

After a comunication from Dr. Lombard on

THE GEOGRAPHICAL DESCRIPTION OF MALARIA,

the meeting concluded.

FIRST SECTIONAL MEETING.—*President*, Dr. MAYOR.

Professor VERNEUIL read a paper which excited a good deal of attention,

ON THE INFLUENCE OF TRAUMATISM IN PREGNANCY,

of which the following are his conclusions:—

1. The influence which traumatism and pregnancy exercise on each other has been studied within the last few years only, the principal writers on the subject being Valette, Eugène Petit, Cornillon, Massot, Cohnstein, and Guéniot. The following conclusions may be considered as having been established on sufficient grounds:—

2. Traumatism and pregnancy may progress together without exercising any influence, the one on the other. This holds true of severe injuries as well as of insignificant wounds.

3. Wounds from accidents or the result of surgical operations, independently of their severity, may disturb gestation in various ways, giving rise to abortion, followed by the death of child or mother.

4. Some surgical wounds, despite their unfavourable influence on mother and child, may yet become necessary as a means of remedying several affections which, if left to themselves, would be highly dangerous.

5. On the other hand, pregnancy may disturb the healing of wounds in different ways—retarding or preventing the healing process, and promoting the occurrence of several complications.

6. Other complaints, independent of traumatic injury, may be so unfavourably influenced as to compel the surgeon to perform operations which might be avoided, or at least adjourned, had the patient not been pregnant.

7. Delivery exercises a beneficial influence on some wounds inflicted during pregnancy.

8. On the other hand, the puerperal condition acts unfavourably on wounds, whether accidental or surgical, received during pregnancy or after delivery.

9. Pregnancy does not altogether exclude surgical interference, but the latter is subject to rules which may be given with some degree of reserve. They are—

(*a*) To operate at once, whenever the patient's life is seriously menaced. (*b*) To choose an opportune time for operating in such cases as require energetic measures, and show a tendency to become otherwise incurable. (*c*) To operate whenever the disturbance, however slight, becomes a cause of dystocia at the full period. (*d*) In cases which do not appear to be aggravated by the condition of pregnancy, or do not influence that state injuriously, to abstain as far as possible from operating. (*e*) To abstain absolutely in all cases which merely affect the form or functions of unimportant accessory parts, or of those which may recover without surgical interference after delivery. (*f*) To avoid, as far as possible, all operations during the puerperal state. If the danger be pressing, operate rather during pregnancy, and in slighter cases adjourn the period of surgical intervention for two or four months after delivery.

M. PAMARD considered that, owing to chloroform, modern surgeons had a great advantage, as it diminished pain, which was an important element in producing abortion. He had recently removed some vegetation by means of the écraseur without any injury.

M. OLLIER and M. DUPUIS related some operations which they had performed during pregnancy with success.

M. DE VALCOURT mentioned that Spencer Wells was suc-

cessful in eight out of nine cases of ovariotomy performed during pregnancy.

M. VERNEUIL: With the new instruments furnished for surgery we should be able to operate on patients with special diatheses with as good results as on subjects free from them. The causes for abortion in the present question were much diminished. Chloroform annulled pain; the écraseur, the galvano and thermo cauteries, saved loss of blood; whilst the new method of dressings also contributed to a favourable issue.

Professor OLLIER contributed a paper on

ARTICULAR RESECTIONS.

He remarked that articular resections by the subperiosteal method during the Franco-Prussian war were not brilliant, and before examining the cause M. Ollier desired to say a few words on resection in civil practice. As regards the functions of the limb, and particularly the large articulations of the superior member, they ought to be sufficiently preserved to allow of work. As regards the defective results obtained by German surgeons in the late war, M. Ollier assigned them as M. Langenbeck did, to insufficient consecutive care, and to a bad method of operation.

Professor LETIEVANT first made some observations on neurotomy which he had performed on twelve patients suffering from neuralgia. In ten, the cure might be considered definite. He also showed a patient on whom he had performed resection of the superior maxillary, the form, movements, and sensibility of the jaw being preserved, due to preservation of the sub-orbital nerve.

SECOND GENERAL MEETING.

THE FUNCTIONS OF THE SPLEEN.

Dr. SCHIFF made a report on the functions of the spleen, and showed the assembly a dog in whom for many months the spleen was observed under the skin in the cellular tissue, and where it might be easily studied as regards change of volume during digestion. His conclusions were:—

1. Extirpation of the spleen exercises no durable influence on the quantity of the white or red blood corpuscles.

2. For a limited time after extirpation the number of white corpuscles is greatly increased, while the red corpuscles may or may not remain unchanged. These alterations do not depend on the removal of the spleen; they are connected with the preliminary steps of the operation, and are seen to occur when the first steps have not been followed by extirpation of the organ.

3. Tumefaction of the lymphatic or other glands occurs in exceptional cases only. The so-called supplementary spleens are not to be found if the animal be allowed to live for a year and a-half after the operation, or if extirpation has been practised a few weeks after birth.

4. The tumefaction of the mesenteric glands observed in a few cases after the experiment seems to depend on a limited chronic peritonitis which sometimes follows the operation.

5. The spleen appears to increase in size between the fourth and seventh hours following the digestion of a copious meal.

6. During digestion, or more properly speaking, during absorption of food by the stomach, the spleen prepares a ferment which enters with the blood into the pancreatic tissue, and there meets a specific substance (probably albuminoid) which it transforms into pancreatic pepsine, that is to say, a substance capable of digesting albuminoid matters.

7. The digestive power of the pancreatic juice over albuminoid matter is lost after extirpation of the spleen, but its other digestive properties remain. The duodenal digestion of albuminoids, however, is rendered weaker.

8. After removal of the spleen the material destined to form pancreato-pepsine accumulates chiefly in the pancreas, and may there be also changed into pancreato-pepsine under the influence of those chemical changes which accompany the commencement of putrefaction after death.

9. After destruction of its nerves, the spleen remains flaccid, and becomes atrophied, as is generally the case with erectile tissues when their vaso-motor nerves are paralysed.

SECOND SECTIONAL MEETING.—*President*, M. JULLIARD.

M. PAMARD read a communication from Dr. Duplay, on

SUB-PERIOSTEAL ABSCESS.

Professor REVERDIN, in the name of M. Esmarch, read a report on

ARTIFICIAL ISCHEMIA.

After indicating the method which he followed in applying the elastic band to different parts of the body, its advantages and disadvantages, were contrasted. As for the latter, many are the results of injudicious application, as too forcible compression of nerves, gangrene, &c. As for the advantages, the blood is spared; an operation can be performed with the same facility as on the dead body; foreign bodies in the tissues may be sought for with greater ease; and the number of assistants are reduced.

Dr. T. H. ANGER exhibited some instruments for the application of the thermo-cautery to lithotomy, and also an apparatus to correct the flexions which frequently occur in convalescence from coxalgia.

THIRD GENERAL MEETING.

THE ETIOLOGY OF TYPHOID FEVER.

M. BOUCHARD read a report on the etiology of typhoid fever, which, however, does not seem to have thrown any more light on the subject. His provisional conclusions were printed in our columns of Sept. 5th, in a communication read at the late meeting of the British Medical Association, Manchester. The Andelfungen epidemic also mentioned in the same paper as illustrating the difficulty of arriving at facts was again revived, but only to involve the question in further perplexity.

THIRD SECTIONAL MEETING.—*President*, DR. MAYOR.

Dr. ROUGE read a memoir.

ON THE TREATMENT OF OZÆNA,

Arriving at the following conclusions:—

1. Ozæna is the result of suppuration in the nasal fossæ or their annexes—viz., the frontal, maxillary and sphenoidal sinuses and the ethmoidal cells.

2. The suppuration appears to originate in all cases in disease of the nasal fossæ or their annexes.

3. The degree of fœtor of the air issuing from the nasal fossæ depends on the extent of the osseous lesions which have given rise to the ozæna.

4. The latter is also increased by stagnation of pus in the sinuses.

5. Should the surgeon fail to trace the affection to some disease of the nasal cavity, he must seek for it in the sinuses and the ethmoidal cells.

6. The local treatment of ozæna comprises—

a. Frequent washing out of the nasal fossæ by means of injections, which vary according to the special indications of of each case. *b*. The insufflation of disinfecting, caustic, or astringent powders. *c*. Cauterisation of various kinds; the use of the galvano-cautery. *d*. In severe cases all sequestra must be removed, and the sinuses completely drained. The nose is detached by the sub-labial method; this enables us to explore the nasal fossæ directly, to remove all necrosed portions of bone, and to open the sinuses. The formation of a cicatrix is thus avoided.

7. It is unnecessary to speak of any general mode of treatment, as this must be regulated according to the patient's constitution.

M. VERNEUIL said he had not applied the method of Dr. Rouge, but he would do so. He remembered that M. Trelat had some good results from it.

Dr. OLLIER adopted this method in certain cases.

Dr. ROUGE believed that ozæna is generally due to alteration of the sinuses, and more frequently to caries of the ethmoidal cells. Posterior rhinoscopy is not useful, because the mucous membrane is so swollen that we cannot conveniently discover the diseased parts.

(*To be concluded in our next.*)

THE QUEEN'S UNIVERSITY AND THE LADY DOCTORS.

AT the meeting of the University Convocation last week, a notice, by Dr. H. Macnaughton Jones, of Cork, was read:—

"That, inasmuch as the Senate of the Queen's University in Ireland have granted to women the privilege of being admitted to degrees in medicine, this Convocation is of opinion that no obstacle should be placed in the way of women availing themselves of that privilege,

through the action of the Council of any of the Queen's Colleges in refusing to permit them to attend such lectures in the Colleges as are necessary to qualify them for admission to degrees."

Dr. Jones was prevented by the railway strike from being present.

Dr. Thornley Stoker said, although he had no sympathy in common with Dr. Jones on this subject, he would move his resolution, thinking it desirable to have the matter discussed there. He was not one of those who advocated the fitness of women for the medical profession, but in his opinion there were reasons why they should talk the question over. Silence was not the best mode of treating a resolution of this kind; he would rather give it rope enough to strangle itself. He accordingly moved Dr. Jones's resolution.

Dr. Macdonald seconded the proposition. He was not in favour of women practising the medical profession; but the Senate of the University being one of the governing bodies of the Queen's Colleges, the resolution was to a certain extent a vote of censure upon the Council of the Queen's Colleges for not at once making such regulations as would facilitate the carrying out of the privileges which the Senate conceded to female candidates for degrees. Passing what was equivalent to a vote of censure upon the administrative or governing bodies of the three Colleges was a very serious matter, and involved, as he apprehended, some questions of legal controversy that was not by any means fully established. He would beg leave to suggest that it would be more expedient not to press the resolution, but to leave the matter for another year in the hands of the Senate. If the gentleman who represented Dr. Jones did not accede to that he would move the previous question, or in some other manner endeavour to get rid of the resolution for the present without prejudice. He took this position the more frankly because he was himself an advocate for giving the fullest facilities to females to obtain medical degrees, and to qualify themselves for the practice of the medical profession. He supported the action of the Senate to admit them to degrees, and he would be quite prepared in the Senate to further any other steps taken in the same direction. The passing of this resolution at the present moment, however, without advancing the cause of the female candidates in any degree whatsoever, would only tend to bring into vexed collision the Councils of the Queen's Colleges on a question as to which there was very little difference of opinion.

Dr. Charles, as a member of the Cork College Council, felt bound to say that no such refusal as had been hinted at had ever been given to any application by ladies to attend lectures in the Cork College.

Mr. H. M'Mordie considered that difficulties arose under the present system in the way of admitting ladies to mixed classes. The system of education was established altogether for males, and he, for one, could understand that from physiological as well as mental difference there would be such objections to ladies attending mixed classes as would render those who advocate such a course anything but the best and truest friends of the ladies themselves.

Professor Everett, of the Queen's College, Belfast, said that he could not remain silent when it was suggested that they did not act properly in this matter. The Council did whatever the law bound them to do, and it should not be left to them to take the responsibility of introducing ladies to the medical profession through means of their lectures. If any alteration was needed to effect that object others should do it; but he would advise them to take warning from the Edinburgh University, and not run the risk of scenes of hustling, and riot, and tumult, which would ultimately turn a prosperous institution into disorder. (Hear.)

Dr. Stoker then expressed his willingness to withdraw the motion unconditionally.

This course was adopted.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 10, 1877.

THE INTRODUCTORIES.

LAST year we had occasion to discuss the question whether it was advisable to continue the delivery of Introductory Addresses at the opening of the different medical schools; and although we gave several reasons for not giving up this time-honoured custom, we could not help remarking that these addresses have become less practical than they had formerly been, and that the subject chosen for discourse, as well as the language in which it was couched, was more calculated to interest the general public than to instruct and guide the student at the outset of his medical career. This year, however, there is scarcely any room for complaint of this kind, as most of the addresses are characterised by the soundest advice and the most encouraging remarks that could be given to young men who are often abruptly transported from school to a sphere of existence where everything is strange around them.

Among the more practical discourses, that by Mr. W. Warwick Wagstaffe deserves especial mention. "Remember," he said to the students, "that as you begin so you will probably end. If you begin well, you will probably end well. If you begin badly the chances are ten to one you will end badly. A man's student life is doubtless, in this respect, an index of his moral life, and as sudden conversions are not to be reckoned upon as natural phenomena in the one, they cannot with safety be looked forward to in the other." But particularly happy were his remarks respecting the habit students have of thinking too much of the examinations they will have to pass, instead of their chief attention being given to the acquisition of a thorough and practical acquaintance with the duties they will hereafter have to perform, and to the

education of their mind and their powers of observation, so as to be able to profit by their future experience. It is this mistaken object, this oversight of the difference between knowledge and wisdom, which leads to cramming; and this we ought to keep especially clear of in our medical education, for medicine is especially a practical profession.

This is quite true; and herein consists the objections to the institution of so many different pass examinations as the Medical Council has recently thought proper to advise. Another reflection, which does not often occur to the medical world, is the haste with which many rush into print, and the enormous profusion of our medical literature. "It would," remarks Mr. Wagstaffe, "be a blessing to all of us if there were more caution exercised before so-called facts were published; but it would be a still greater blessing if the same virtue could check the exuberant growth of published opinions and shadowy incomprehensible theories, which assail us daily in our scientific literature. Quantity not quality is the order of the day, and such is the array of rapidly succeeding journals, new books, and pamphlets, that we are almost driven to select between trying to skim all of them, and becoming mere literary sewers, through whom much refuse and very little valuable passes, and little or nothing sticks—between this and leaving them all alone in despair."

It will be seen from our columns that the excellent advice given to students by Mr. Pick, of St. George's Hospital, were based upon the life and labours of Hunter, Astley Cooper, and Brodie. He pointed out the great disadvantages under which these great men laboured, the entire absence of systematic teaching which existed in their days, and the great distinctions which they had nevertheless won, and the amount of knowledge they obtained and transmitted to their successors. Some may see in this fact an argument against weighting the student with so many regulations, and courses of lectures, and examinations as are at present advocated by our educational reformers. But it must be recollected that in the days to which Mr. Pick refers the medical kingdom was a sort of uncivilised despotism, the line of demarcation between the rank and file of the profession and its most eminent members being much broader and more distinct than it is now. Then there were more great geniuses, but a larger number of ignorant practitioners, whereas the effect of our improvement in medical education has been the levelling the great mass of medical practitioners up to a much higher standard of professional and scientific attainments. Now there may not be so many bright luminaries in medicine as there were formerly, but there is in an infinitely greater number of stars of the second magnitude.

In the address delivered at Middlesex Hospital Mr. Hensman alluded to an art which is seldom turned to so much account as it might be by the student in normal and morbid anatomy. As Mr. Hensman truly remarked, drawing is an art which may be of great aid to a medical man throughout his whole professional career. "I make bold to hope," said the lecturer, "that the art of sketching and painting . . . will become almost a necessity in our curriculum. . . . One has only to glance at the beautifully executed drawings of Sir Charles Bell or Sir Robert Carswell to feel that such men have set us an example which all must admire, and more of us might follow with advantage." Might not, we may add, this art be found useful in recording the results of such *post-mortem* examinations as that which has just been the subject of so much discussion in all the medical and lay papers of the day. Notes carefully taken at the time of examination, and illustrated by a few careful drawings, would certainly add to the value of that medical testimony, the correctness of which is so frequently challenged.

Nor must we omit to notice the discourse of Dr. W. Chapman Grigg, of the Westminster Hospital, more particularly as he made allusion to a subject to which we some months ago drew the attention of our readers. In speaking of the great importance of State medicine he said:—

"In these days of enormous standing Continental armies, and of sudden and predatory wars, it behoves our rulers, Spartan-like, to improve the physical well-being and mental faculties of the nation, and add, if possible, to the already great staying powers of our race, as at no distant period we may be called upon to fight for our very existence. Past and present experience proves that there is no truer or better friend to the general than the medical man, whether viewed in his civil or military functions—the former by looking after the physical condition of the mass of the population, in order to supply a high standard of able-bodied recruits to his army; and, for the latter, preserving them in health under the adverse circumstances of campaigning, so as to present the troops before the enemy in the highest state of combative efficiency, and also to rapidly restore the wounded to the ranks."

We may be excused for saying that this is a full endorsement of the observations we made when speaking of the "Physical Education of the Army," and we are glad to see that others entertain the same views as we do on a subject to which the love of our country should attach additional interest.

THE GERM THEORY OF DISEASE.

The germ hypothesis of disease has met with a stalwart opponent in the person of Dr. Richardson, who last week delivered a lecture chiefly bearing on this question at the meeting of the Sanitary Institute of Great Britain in Leamington. It is well known that Dr. Richardson is no believer in a theory elaborated in, and promulgated from, the laboratories of two distinguished men, a chemist and a physicist, and neither of whom appear to be at all acquainted with the conditions of the sick room or the wards of a hospital. The views entertained by ourselves on this question have from time to time been placed before the readers of the Medical Press and Circular, and it is almost needless to say we are not content to receive the Panspermist's view, but rather lean to Dr. Richardson's belief that the agency of germs in the propagation and dispersion of disease is not satisfactorily accounted for by those who have consistently advocated the "germ theory." If we are expected to believe that the air we breathe is charged with invisible germs of disease, which come and go, we know not how, but which have an unlimited power of development and multiplication, and possess great persistency of life, it is hard to see why there should not be an increase of them, and from which, as Dr. Richardson says, "there could be no escape for man or animal, and by which in time the world would be depopulated." If germs

or exciting particles of disease really live, and under certain conditions, multiply to any extent in the body, how can medical skill ever hope to successfully battle with these hidden foes. It is indeed difficult to understand why a patient suffering from the specific germs of fever ever recovers, there can be intelligible reason given why they should cease to multiply as long as the patient continues to live, and afford food for their sustenance. There is, in short, an air of extreme improbability in the germ theory. The sudden cessation of one disease, the periodicity of another, and the various phenomena connected therewith and with all epidemic conditions seem to oppose almost insuperable obstacles in the way of believing that living organisms are the cause of specific or epedemic contagious diseases. If we go further and attempt to assign a cause for instance to cholera we at once find that we have to deal with a migrating organism, a wandering form of disease not confined to hospital, house, or district, but capable of being conveyed along vast tracts of country, and affecting a body of men with a varying degree of intensity on one side of a river, and wholly avoiding a portion of the same body on the opposite side. A general fertilising diffusion of self-propagating living organisms entering the body as the air may enter, could hardly be expected to select a small minority of a population ; and if it did so at the first why should it do so after it had seized upon many centres in which it could increase ? It is indeed hardly conceivable that vital germs which under ordinary circumstances may be comparatively harmless, will at other times generate products of a virulently poisonous nature to the human body. Dr. Richardson not only entirely disbelieves in the agency of living propagating germs, but in their very existence, and he therefore advocates a glandular origin of disease—and by means of which the poison of communicable diseases are spread abroad. His doctrine is that the poison of scarlet or other fever is in no way connected with a germ but a diseased secretion, indebted for any vitality it may possess, to the fact that it is a product, although a perverted one, of vital action. For a fuller exposition of this doctrine we refer our readers to the abstract of his paper which appears in another page.

GALE'S GREAT WALK.

THE great pedestrian feat which has just been accomplished is one well calculated to excite the astonishment, even of those who have been long familiar with the power of endurance possessed by the human frame. It is indeed remarkable that the last few years have been signalised by more instances of extraordinary physical exertion than have ever been witnessed before. They have, moreover, occurred in an age particularly distinguished for intellectual advancement. The same age which shows that man is much more capable of great and sustained bodily labour than is generally supposed, has also witnessed some of the greatest triumphs of genius and intellectual exertion. If the athletic world can point to its Captain Webbs, its Westons, and its Gales, we also can point to an arena of science and philosophy in which men of massive intellects and powerful will semulate each other in throwing light upon the most difficult and most interesting questions that can engage the attention of the human mind.

With regard to the subject before us, it must be admitted that the task which this great pedestrian has just completed is one of those tasks, the magnitude of which we, as medical men, can duly appreciate. We know full well the true and physiological value of sleep, and the injurious consequences that often arise from want of it. It was the short time allowed for sleep and repose which constitutes the most characteristic feature of this remarkable walk, and therefore it will be as well to glance at the conditions which made this feat physiologically possible.

Gale's iron constitution, and his peculiar physique and temperament above all things enabled him to do what other men could not have accomplished. Thus, wiry people in whom the nervous temperament predominates, are often satisfied with very little sleep, notwithstanding the activity of their nervous system when awake; and this is especially the case if they are at the same time very temperate in their living, and have long habituated themselves to short periods of repose. Moreover, excess of automatic action, whether as regards the intellectual operations, or emotional excitement, tends to prevent sleep, and thus the strong desire to accomplish the task he had undertaken, and his anxious interest in the result, would help Gale to resist that great and overpowering inclination to sleep which it is on such occasions so difficult to resist. Nor should it be forgotten that the amount of sleep required by man is in proportion to the amount of *mental* exertion put forward during the waking hours, and that regular and continuous muscular exercise, especially if it be of an automatic nature, is not such a tax upon the brain, and does not therefore require for its sustentation so much sleep as would be necessary in the case of great intellectual exertion or mental strain. The muscular movements necessary for walking become, by the force of habit, so automatic, are so under the influence of the spinal cord, and are so comparatively independent of cerebral power, that much less sleep is required than would be the case were the proper functions of the brain taxed to an equal extent. We were also going to say that the amount of sleep is not to be measured so much by its duration as by its intensity. Slight slumbers, it is said, which are easily disturbed, are not so restorative as the profound sopor of those whom the loudest sounds will not awake. But the experience of Gale does not lend any support to this supposition. The very light and short snatches of sleep he took throughout his protracted walk appear to have refreshed him as much as the more profound slumbers of Capt. Barclay, who, it is well known, slept so soundly that the discharge of a pistol close to his ear had to be resorted to in order to wake him up.

Lastly, although the periodical tendency to sleep is a physiological law which cannot be long resisted with impunity, it does not follow that this periodicity should so closely correspond with the hours of day and night as is generally supposed. There is reason to believe that short and irregular periods of profound sleep will, under the pressure of circumstances often fulfil the requirements of the system. Lord Brougham was for weeks enabled to undergo very great exertion, both of mind and body,

through the happy gift he had of falling into a short but sound sleep whenever he felt disposed. Even Gale's age, which many may have thought so much against him, and his abstemious living, prevented him from succumbing to that irrestible inclination to sleep from which Capt. Barclay suffered. There can be no doubt that the large amount of animal food which the latter took in the course of the twenty-four hours was the reason of his suffering so much from this symptom. With regard to age, we have only to observe that between the age of 40 and 50 is the period of life when the system can do with the least sleep, and that had he been a much younger man he might not have been so able to accomplish his task.

These remarks we have made in no spirit of disparagement, but merely to indicate some of those physiological conditions which enable men of the strength of frame and indomitable pluck possessed by Gale to perform tasks which most people would regard as impossible. We even admit that a lesson may be learnt from such exploits by land and sea as we have recently witnessed, and which are especially applicable to those who, in indolence and ease, waste the great bodily energies which nature has placed at their disposal. These Herculean tasks demonstrate the potential energies inherent in the human frame, and remind us that the strength and due exercise of the body should not be forgotten at a time when men's lives are being constantly spent in the absorbing cares of business, in sedentary pursuits, and in occupations that unduly tax the brain. Not that we would have the public too frequently derive their incentive to a liberal indulgence in physical exercise from such phenomenal displays of physical endurance as that we have just witnessed. For many reasons it is to be hoped that the painfully interesting spectacle which occurred on Saturday, before many thousand spectators should not be often repeated. After the extent to which our power of endurance may be carried has been shown by such wonderful feats as that of Webb's swim across the channel, or Gale's six weeks' walk, no useful purpose can be served by repeating them. On the contrary, much harm may be done by encouraging practices that cannot but jeopardise the future health of those who too frequently indulge in them. Only a few days ago a pedestrian died suddenly from disease of the heart, brought on or accelerated by extraordinary fatigue and muscular strain; and even those who do not at the time appear to suffer from their extraordinary exertions, frequently die prematurely from diseases, the seeds of which have been sown in the outset of their adventurous career.

What we want to see is a little of that zeal for physical exercises which is now limited to a few distinguished athletes, more widely spread among all classes of the community, and adopted as a means of preserving health and warding off disease. There can be no doubt that men as they become older, and enter upon the cares and anxieties of life have too much work and too little play. Even your Oxford oarsman, or Cambridge cricketer loses, through want of exercise, much of that physical power and symmetry of limb, yea, even that capacity for intellectual toil that distinguished him at college. He marries, rides every day to his office or the bar, smokes, eats, and drinks, has his ten hours' sleep, grows corpulent, and after a few years wonders he has the gravel or the gout. Were this neglect of bodily exercise only prevalent among those who are engaged in business, and in sedentary pursuits, we should have the strongest reasons for recommending them to tax their brains a little less, and their bodies a little more; but unfortunately this indifference to continual and systematic physical exercises is to be observed among those classes which have both the most leisure, and the most reason for practising them. Our soldiers could not, on an emergency, march even 20 miles a day for any length of time; and although such athletic sports as were some time ago inaugurated among them on the very theatre of Gale's great exploit, much remains to be done to keep them up to such a standard of physique and working power as should become so costly an army. Let us not say, therefore, that such feats of physical endurance, such indomitable "pluck," and perseverance, as have been recently exhibited, do no other good than afford a sort of pastime to the rabble. Gale has, in his humble way, worthily earned his laurels, and, what is more, he has shown that spirit, and that force of will, which, when directed to higher aims will always lead to splendid results, and without which great things can never be accomplished.

Notes on Current Topics.

Suaviter in Modo, Fortiter in Re.

Dr. Elmes, of Limerick, the Registrar of Births, Deaths, and Marriages, has been dismissed from office by sealed order (his resignation being refused) for having used hot language to Lieutenant Ritchie, of the 82nd Regiment, who had called upon him in reference to the registration of his child's death. The dispute arose in consequence of the doctor having omitted to register the death because the informant had not been present at the death, and the lieutenant, not understanding that this was legally essential, an altercation ensued. The complainant asserted that the doctor was rude in manner, and told him to "go to the ——." The doctor says, that the complainant was blustering and offensive, and that the objectionable words were drawn from him by an ungentlemanly threat. The Registrar-General could not, of course, tolerate the use of such a phrase by an officer of his department under any circumstances, and the offence being admitted, the following correspondence ensued :—

General Register Office, Charlemont House,
Dublin, 12th September, 1877.

"Sir,—With reference to previous correspondence, relating to the complaint made against you by Lieutenant Ritchie, of the 82nd Regiment, I request you will, without delay, send me an unqualified and amply apology to Mr. Ritchie, for the words 'go to the devll,' which you admit using to him, otherwise it will become my painful duty to remove you from the office of Registrar, and forward the papers for the consideration of the Local Government Board.

I am, Sir, your obedient servant,
"R. M. Burke, Registrar-General."

[copy]
40 Thomas Street, Sept. 13, 1877.

"Sir,—Self-respect is with me a consideration that outweighs everything else.

"I received the first offence from Lieutenant Ritchie. An apology of any kind is out of the question. I resign the office of Registrar, and, in similar circumstances would unhesitatingly do the same, no matter what it involved.

Your obedient servant,

(Signed) "JONATHAN ELMES."

"General Register Office, Charlemont House,
Dublin, 15th September, 1877.

"SIR,—In reply to your letter of the 13th inst., I have to acquaint you that as you refuse making an apology to Lieutenant Ritchie, as required by me, I cannot accept your resignation as Registrar, but it is my duty to mark my sense of your conduct by removing you from office, and I, therefore, enclose an order of removal—a course which I adopt with much regret. You will deliver all books, &c., connected with registration, together with the iron box, to the Deputy-Registrar.

"I am, Sir, your obedient servant,
"W. M. BURKE, Registrar-General."

We regret that, by this *contretemps*, the department loses a good officer. Dr. Elmes—however hurt he might feel at the manner of address of the lieutenant—must be aware that the Registrar-General could pursue no other course than that he adopted, and he might, we think, have expressed regret for his hastiness without any loss of honour, professional or personal. Medical officers are too frequently placed under similar annoyances, and it is of great importance that they should meet the difficulty without loss of temper, and, at the same time, with dignity.

Alcohol in Health and Disease.

WE are glad to see that our views on this subject, to which we recently gave expression in the articles on "Alcoholic Medical Prescriptions," "The London Temperance Hospital," &c., have been supported by a high medical authority whose opinion on this question is worthy of record. One of the last Blue Books issued, contains the Third Report of the Select Committee of the House of Lords, appointed to inquire into the prevalence of intemperance among the people. Among the witnesses examined was Sir William Gull, who showed by his answers that he was by no means an advocate of total abstinence either in health or disease. "Alcohol," he remarked, "is a very good drug, and a drug that we (the medical profession) could not do without." With regard to alcohol as an article of diet Sir William admitted that it may without much peril be used as food by persons in full health, although he doubted whether there were not many kinds of food which might advantageously be used in place of stimulants. He would consent to a moderate allowance of beer to the healthy working man, spending much of his time in the open air, and while he justly thought that a little beef was preferable to much beer, he was "not prepared to say that everybody should go without beer. It is," he said, "a food of a light kind."

Before concluding this "note" we cannot help expressing our concurrence in a suggestion which has been thrown out by a lay contemporary, viz., that, in all commissions of inquiry into this subject, the testimony obtained from the more educated and temperate classes of society, should be compared with that furnished by witnesses selected from the more intemperate members of the community, such as immoderate drinkers and even habitual drunkards. We believe that many years ago some observations were made with respect to the age, general health, and previous habits of the old pensioners at Chelsea Hospital; and one of the most startling results of the inquiry was that many of them were enjoying very good health at the advanced age of seventy, eighty, or even ninety years, who had nevertheless been either hard or moderate drinkers during the greater part of the time they were in active service. These facts, with much statistical information on the subject, were recorded in the *Medico-Chirurgical Review*, and although we do not wish now to draw any inferences from them, they certainly suggest that in discussing this question it is only right that both the moderate and immoderate drinkers should have their say in the matter as well as those who are really or virtually total abstainers.

Camping out Therapeutically Considered.

WE learn from an excellent article by Dr. Henry Gibbons, in the *Pacific Medical and Surgical Journal*. that one of the luxuries of summer life in some parts of New England, and of the South Western States, is camping out. Parties are formed for the purpose, provided with a tent, blankets, cooking utensils, provisions, &c. They repair to some rural retreat, and while away four weeks of the heat of midsummer in a manner profitable alike to body and mind. In California the same custom has been introduced within a few years past, and is growing rapidly in favour. But here, added to the general purpose of recreation, is the recovery of health by invalids suffering from chronic disorders, particularly of the pulmonary organs. The extent of the practice and its eminent success in many instances, entitle it to consideration from a therapeutic point of view.

But patients threatened with pulmonary complaints would not be the only persons to be benefited by this mode of life. As Dr. Gibbons remarks, a large proportion of families in city and country contains one or more invalids, whose health would be vastly improved by a month or six weeks of camping out. Among men, dyspepsia, and "biliousness," add to other evils resulting from the toil of business. Among women, nervous affections in endless forms, and debility from nursing, or want of out-door exercise, everywhere abound. Nor need this mode of life preclude any indulgence in healthy and instructive pursuits. "Happy the man or the woman who can bring to bear on such occasions a knowledge of nature, and who can read the rock and mountains, the flora, and the fauna. In default of scientific training much profitable diversions may be derived from making collections of mineral and vegetable specimens."

It may be urged that this method of taking an "outing," could not be well carried out in this country, where the climate is so changeable, and where nearly all the land is cultivated and monopolised by farmers and landed proprietors. There may be some truth in this, but with regard to the climate great misconception exists respecting the injurious effects of change of weather upon those accustomed to live much out of doors. We are so accustomed to in-door life, even during the summer months, that we readily suffer from changes which people otherwise situated would take no notice of. The early settlers in California were amazed at the impunity with which they

could live without houses, and sleep on the ground, when they had deemed it necessary in their old homes to use every precaution against pulmonary attacks. They found themselves not particularly apt to "take cold," sleeping on the ground even in the winter or rainy season. A return to the comforts and luxuries of civilised life brought sickness rather than health.

We trust, therefore, the excellent advice and suggestions of Dr. Gibbons will receive some attention in this country also. We lead too exciting, artificial a life to be prejudiced against an occasional return to the primitive and healthful habits of our ancestors. Even our summer holidays—whether taken at home or abroad; at Ramsgate, or up the Rhine—are spent in far too conventional a manner to afford us much healthy recreation of either body or mind.

The Penge Mystery.

ALTHOUGH we have carefully perused the great mass of correspondence, both lay and medical, on this extraordinary case, we see no reason to alter the opinion we expressed on the subject last week. The rival theories of tubercular meningitis and general paralysis appear to us mutually destructive of the truth of either. For if some eminent authorities think that death arose in consequence of the former disease, while other equally eminent authorities are in favour of the other theory, it follows that the data on which they have based their opinions do not warrant them in casting so much ridicule as they have done upon the *post-mortem* examination. The emaciation was extreme; the stomach so atrophied that the undigested food that was given shortly before death could be distinctly seen through the thinner coats of that organ; the omentum was scarcely visible; the intestines were collapsed, shrivelled, and completely empty, not a vestige of food, or the *débris* of food, being found in them—and we are asked to believe that all these and other signs besides are to be accounted for either by the presence of a few miliary tubercles in the membranes of the brain, and a congested appearance of these parts, or on the supposition that the unfortunate woman was a general paralytic. The letter of Dr. Greenfield, in one of our contemporaries, is one of the most able and admirable statements that could be penned in favour of the tubercular meningitis theory; but it is questionable whether any arguments based on those very rare and hidden "incipient" forms of that disease described by this writer are applicable to such a case as this, and one which he had not the opportunity of examining for himself. It is very probable, however, that the tubercular disease may have been produced by the treatment to which Mrs. Staunton had been exposed, and that there was a complication of disease and starvation, but in a different order of sequence to that presumed by the authorities above mentioned.

It is admitted by every medical journal that there was overwhelming evidence of criminal neglect; and we are pleased to see that our contemporary, the *British Medical Journal*, copies our lead in this respect. As medical journalists we cannot but lament the action assumed by the *Lancet*, and trust that the members of our profession will not pander to popular clamour, or prostitute their names by signing such a memorial as the one suggested by that journal. We consider the position of Drs. Payne, Bristowe, Greenfield, and Harman, a false one. We do not doubt their sincerity or honesty, but no weight can be attached to evidence written in the study, and based on such notes as they had at their disposal. It is not a question of "authority" for the opinion of Mr. Bond is equal to that of Dr. Bristowe; and the evidence of Mr. Longrigg, who submitted to a severe and lengthy cross-examination without any deviation from his statement of facts, is more trustworthy than that of Mr. Harman. We should gladly support an appeal for a commutation of sentence, based on the divine exercise of "mercy" towards sinners; but we cannot support a memorial, based on individual opinions, against a verdict arrived at, after an elaborate inquiry, after a conscientious summary of the evidence by the judge, fully establishing the justice of trial by jury.

Hospital Abuse.

A MORNING contemporary opened its columns last week to a correspondent, who very properly complains of the frequent abuse of *hospitals* by the *well-to-do* class of society, and who seeks at the same time to bring more prominently into notice the case of the convicts now under sentence to death as a reprehensible example. The Stauntons were people well off and quite able to pay for medical attendance, but the infant child was hurried off to find an asylum and a death bed in the wards of Guy's, and so far as we are in a position to form a conclusion, no prying questions were asked, and no objection of any kind raised, and the necessary certificate of death enabled these wretched people to dispose of the body of the neglected and starved child without more to do than might have been expected in the natural course of events. The *animus* of the medical profession, no doubt prompts it to bestow relief at any moment, and upon any object, but surely, as the writer in the *Post* observes, this may be carried too far, and may even as in this particular case, inflict an injury upon society, even greater than that inflicted upon the general body of a hard working profession, who have a very good cause of complaint, of the gross injustice of the present mode of administering indiscriminate relief upon all comers.

With regard to the attempt now being made to disturb the verdict, we can only say that a cry appears to have been got up against judge and jury, which is without rhyme or reason. Surely it will be admitted that they were in a far better position to decide the case upon its merits than those who have been called on to spin fine drawn theories, intended to baffle the law. The inferences of the experts could only have been an after-thought, otherwise the meningitis and tubercle theory of death would have occurred to the minds of those during the investigation of the case before a coroner's jury, rather than at the instigation of an excited mob of orators, who deliberately and wilfully accuse the judge of bullying the prisoners' counsel and of not having yet lost the taint of the Tichborne trial. It is equally irrational and preposterous to propose "to poll the medical profession"

on the question, for there can be no reasonable doubt whatever, of the justice of the verdict, and therefore, the conflicting utterances of those who profess to view the case of the Staunton's from a "politico-social standpoint" are entirely out of place.

The Spectator of last Saturday takes a sensible view of the question, and sums up as follows on the conflicting medical evidences:—The weight of the evidence against them, lay in their own undisputed acts, in their ill-treatment of the half-witted woman, and of her child; in the conscious guilt which made them so anxious to deceive the poor woman's mother as to her wherebouts and so angry at her attempts to see her; in the way in which the child was disposed of under a false name when it died; in the neglect to get proper medical advice for Harriet Staunton. If she were really ill of an ordinary disease and the subsequent lie about her having had it, in the attempt to dispose of another member of the family when near to death in much the same way as the child had been disposed of, and in the complete failure to assign before the coroner any of the explanations which on second thoughts were tendered before the court which tried them, "and letter writers appear quite to ignore the fact that starvation and ill-treatment, whether or not intended to kill, are quite as much murder, if they cause a deadly disease, as if they operate directly so as to kill through inanition alone."

Printed Pills.

The ingenuity and enterprise of modern pharmaceutists have already gone far to make medicine-taking a luxury instead of a discomfort, and medical men of our day are thus placed at a great advantage as compared with their predecessors in the means afforded to them for administering medicines to delicate or tedious patients. We spoke last week of Leslie's "Almondised Oil" as an effort in this direction; this week we have to note the advent of "printed pills" just introduced by the firm of Burgoyne, Burbidges, and Co. As specimens of the dispenser's art, these pills, presuming them to be accurately compounded, leave nothing to be desired. They are uniformly hard and smooth, no matter what their ingredients may be, but at the same time are immediately dissolved by the least maceration. Apparently they would keep any length of time, and might be subjected to the most careless usage without suffering injury. Their novelty, however, is that they are each sort coloured differently from the others, and bear upon them, in perfectly readable letters, either their pharmacopœial name or a simple indication of their nature, such as "aperient pill." The inventors claim for these peculiar qualities certain obvious advantages. The colours being different, in the event of an accidental mixture of several sorts, there would be no difficult in separating them; different kinds of pills might even be kept in one jar and no inconvenience be experienced in selecting them for administration. They are perfectly round and always uniform in size; they are perfectly soluble, even in cold water, in the space of a few minutes; they never crack; their coating is purely vegetable, and of an absolutely innocuous description; they are tasteless, odourless, and will keep for any length of time in any climate.

Insanity Among American Women.

In his last report, Dr. R. S. Parsons, Medical Superintendent of the New York City Lunatic Asylum, calls attention to the rapid increase of insanity among women, as shown by the number of admissions to the institution under his care. All the patients admitted during the past year—478 in number—were women. Concerning the social position of these patients, farmers' daughters stand numerically highest in the list, amounting to 43, while farmers' wives number 9. This is a curious fact, and a companion one makes it read yet more strangely. Thus, 37 labourers' wives are enumerated, and 19 labourers' daughters. The figures are too decided to allow of any supposition of chance. After the farming and labouring classes, female domestics rate next highest, numbering 26 patients. Out of the 478 admissions, 123 were for melancholia, and 265 for mania in its various forms. The physical condition of most was good, and 150 were rated as "fair" on the subject of education.

An Appeal.

In our advertising columns to-day appears an appeal to the profession on behalf of an Irish Poor-law medical officer who, through no fault or lack of industry on his part, but solely in consequence of the impossibility of maintaining a large family, even by pinching economy, on his narrow income, has become so involved as to be threatened with ruin. The pressure of creditors, if not relieved, will force him to submit to insolvency, and take from him all chance of livelihood in his district, and where can he go, with his six young children, in better hope of success? Before consenting to recommend the case to our readers we have made careful inquiries, and satisfied ourselves that it is one in all respects deserving of the sympathetic aid of the profession, and that there is every hope that a small sum will suffice to give our brother a fair chance in life. We appeal to our brethren, and tender every information in our power.

Temperature of the Eye.

The *Revue Scientifique* gives a report of a paper read by Dr. Galezowski at the Havre meeting, in which it stated that the temperature of the healthy eye, ascertained by a small thermometer introduced under the eyelids, is about 37·5° C. The disease which gives rise to its greatest elevation is catarrhal conjunctivitis, in which it may rise as much as 2°, as it may also in abscess of the cornea. In affections consequent on alterations in the fifth pair there is rather a diminution of the temperature, although the inflammatory symptoms may be very intense. Dr. Galezowski has also sought to ascertain whether it is not also a general elevation of the temperature in certain affections of the eye. He has found this to be the case, but recognises the fact that the ocular affection is only a manifestation of a more general disease, and that when this is suitably treated the morbid ocular phenomena soon disappear.

Mr. B. F. McDowell, Surgeon to Mercer's and the Lock Hospitals, has been appointed Consulting Referee for Dublin to the Scottish Metropolitan Insurance Company.

The Motor-Centre of Language.

Dr. M. Fournie believes that both hemispheres have an indispensable *rôle* in the execution of speech, and we extract from *Le Paris Médical* the principal points of his communication to the French Academy of Science :—

1. There are three essential phenomena in the function of language : *a*, the phenomenon of sensibility ; *b*, the phenomenon of memory ; *c*, the excito-motor phenomenon. The two hemispheres are concerned in two of these, or, in other terms, a word may be heard and retained in the memory, whilst one of the hemispheres is diseased. The excito-motor phenomenon, on the other hand, has an accessory importance. The vocal organs, consisting of the larynx and different parts of the face, is composed of two symmetrical parts, the movement of which is consequently under the control of the two hemispheres ; hence, it follows that in language the action of the right hemisphere cannot be supplanted by the action of the left ; and as it is not possible to pronounce a word with half of the vocal apparatus, we have this necessary result.

The execution of speech is impossible in cases of lesion of the excito-motor phenomena in one of the hemispheres. In spite of this impossibility, the remembrance of a word may not be abolished in consequence of the duality of the hemispheres. These two essential points do not allow M. Fournie to accept the exclusive localisation of language on the left side, though he agrees with MM. Broca and Bouilland that in 90 cases of aphasia out of 100, the lesion is found on the left side ; but this he simply assigns to the more frequent injury of the left side of the brain.

The Evil Results Liable to Follow the Use of Esmarch's Elastic Bandage.

Under the above heading Dr. John B. Roberts, of Philadelphia, has contributed a very interesting and instructive paper to the "Archives of Clinical Surgery," August 15th, 1877, page 176.

Considering the prominent and important position to which this aid to operative surgery has attained, it is well that surgeons should be reminded that it is not altogether free from danger, and that certain precautions are necessary to secure its successful application. Dr. Roberts has tabulated the disadvantages under which it labours under half-a-dozen headings as follows :—1. Hæmorrhage taking place immediately after removing the constriction, or at a period sufficiently late to be be called secondary bleeding. 2. Paralysis of the nerve trunks of the extremity. 3. Greater tendency of the flaps made in amputations to slough. 4. General gangrene of the limb. 5. Thrombosis and subsequent embolism. 6. Pyæmia by forcing septic matters towards the centre, when the bandage is used in patients suffering from suppurative affections. These dangers may be set down as the result, in the majority of cases, of the application of a too-powerful compressing force, and in the case of suppurative affections, its application over the seat of suppuration. The remedy is obvious ; in the one instance, moderate pressure, in the other the passing over the place where suppuration exists.

At the time of going to press, the Indian Famine Fund at the Mansion House had reached the magnificent sum of over £350,000, a subscription unequalled in any country within so short a space of time.

The Rain Tree.

The United States' Consul at Columbia, in the Department of Loreto, sends home some curious details of a tree which exists in the forests close to the town of Mogobamba. It is about 50 feet high when at its full development, and its diameter at the foot of the trunk is about three feet. The tree is stated to absorb and condense the humidity of the atmosphere with astonishing energy, and it is said that the water may frequently be seen to ooze from the trunk and fall in rain from its branches in such quantity that the ground beneath is converted into a perfect swamp. The tree is said to possess this property in the highest degree during the summer season principally, when the rivers are low and water is scarce, and the consul, therefore, suggests that the tree should be planted in the arid regions of Peru, for the benefit of the farmers there.

Vaginismus.

H. Fritsch, in the *Centralblatt*, June 20th, 1877, relates that a fissure close under the clitoris, five mm. long and one mm. wide, acted as a cause of vaginismus. The subjective symptoms asserted themselves more as a feeling of swelling and injury. With the healing of the fissure the spasm also vanished.

Effects of Bromide of Potassium.

Echeverria, in his work on "Epilepsy," says (*Med. and Surg. Reporter*) that in one case the bromide had to be discontinued at night, on account of its inducing lascivious dreams, with seminal emissions, where they never existed before.

Chloroform Deaths.

A fatal case of chloroform poisoning took place last week in the Radcliffe Infirmary, Oxford ; a similar fatality from the same anæsthetic occurred a few years ago in the same institution.

A Liverpool correspondent forwards to the *Pharmaceutical Journal* some beans which he says are freely sold to children in that town under the name of castor-oil nuts or pea nuts. They are the pods of *arachis hypogœa*, a leguminous plant, and are commonly known as ground nuts, monkey nuts, or pea nuts. The correspondent believes they contain an acrid substance which may be somewhat dangerous, and it is a fact that these nuts sometimes produce diarrhœa.

After a brief reduction in the mortality in Dublin the death-rate has returned to its former position at the head of the list. The mortality of the past week was 25·9 per 1000, being nearly one-third greater than that of London (18·3) or Edinburgh (19·3), and even greater than Glasgow, one of the most unhealthy cities in Europe. This hetacomb of lives is the inevitable tribute offered at the shrine of the incompetency of the public health committee of the corporation.

Small-pox having just now almost disappeared from London, it was decided on Saturday last, at a meeting of the Metropolitan Asylums Board that, having regard to

the pressure upon metropolitan parishes unions, it was desirable to utilise one of these hospitals for female imbeciles, but only so long as such hospital may not be required for the reception of persons suffering from any contagious or infectious diseases for which the managers are called upon to provide accommodation.

An inquest was held in London, on Saturday last, on the body of a boy, aged 14 years, who died from nicotine poisoning. From the evidence adduced, deceased although so young, smoked to such an extent as to become frequently delirious, and on the day preceding his death, he had been smoking unintermittingly, and was next morning found dead in bed.

At the Cambridge Examination in State Sanitary Science, last week, the undermentioned received certificates in this department :—F. W. Barry, M.D., J. Brown, M.D., C. A. Cameron, F.R.C.S.I., A. H. Downes, M.D., A. Ginders, M.D., R. P. B. Taaffe, M.D., J. Mitchell Wilson, M.B., C.M.

Literature.

THE DICTIONARY OF MECHANICS. (a)

This publication fulfils the promise of its first numbers. No. 10 opens with a toned-paper illustration of Sommeiller's air compressor, by which the excavations at Mont Cenis were carried on, and the "Dictionary" is carried down to BO through a vast variety of mechanical apparatus.

CHART OF THE DANGEROUS MEDICINES WITH THEIR DOSES AS CONTAINED IN THE BRITISH PHARMACOPŒIA. (b)

The Council of the Pharmaceutical Society of Ireland have made a useful move in a right direction by issuing this Chart. We do not wish to be too critical, but we don't like the term dangerous *medicines;* a *medicine* should not be "dangerous;" "dangerous preparation" would have more correctly conveyed the meaning. We do not think the Pharmacopœia the best book that can be selected as an authority for standard doses. Thus, the dose of extractum ergotæ liquidum is put down as from 10 to 30 minims. Is anything over 30 minims to be considered as a dangerous dose? If so, dangerous doses are common. At the head of the Chart there is a note: "Those medicines without doses attached to them are not usually prescribed internally." We think, whether the prescription is usual or unusual, the dose should be given; thus, we notice that the dose is omitted after all the preparations of *atropia*, but inserted after *digitaline*. Neither of these are commonly prescribed internally, but we have prescribed both, and certainly the dose of such an active agent as atropia should be stated. Why is the dose of phosporus omitted? although the dose of oleum phosphoratum is given. We hope soon to see an improved edition of this useful Chart, but suggest it should be amended in the direction we have indicated. There are several physicians on the Council of the Pharmaceutical Society better qualified than the "Pharmacopœia" to determine the doses of medicines.

(a) "Practical Dictionary of Mechanics." Part 10. Cassell, Petter, and Galpin. Royal 8vo, pp. 32.

(b) "Chart of the Dangerous Medicines, with their Doses, as Contained in the British Pharmacopœia." Issued by the Council of the Pharmaceutical Society of Ireland.

THE TWENTIETH CENTURY. (a)

The writer of the article headed "Music" in this new *Journal* thus expresses himself with regard to Wagner's festival at the Albert Hall :—"To express approval when you do not feel it is to give assent to argument that is not proved, or is to give a bill you cannot honour when it is due." This so precisely expresses our sentiments touching the character of the "Twentieth Century" itself that we think we cannot do better than quote the passage. This exposition of "Comprehensionism" may be clever, but we confess to thinking it cleverness wasted and abused. If there is any real serious aim in its publication, it appears to us to be a journal born out of due season—a seventh-month child, which will be found hard to rear—and fear its editor and promoters must be content to await the advent of the twentieth century, with its increased standards of education and civilisation before they find their efforts properly appreciated. Possibly, and perhaps probably, it is our want of "comprehensibility" that makes us so dull at understanding, but we certainly agree with the writer who says—"Review is hopeless, and we must leave our readers to judge for themselves."

(a) "The Twentieth Century." An Illustrated Magazine of New Ideas.

Obituary.

DANIEL DONOVAN, M.D., L.R.C.P. EDIN., SEN., OF SKIBBEREEN.

It is our sad duty to record the death of this amiable and highly accomplished gentleman, who had attained his 69th year.

Dr. Donovan was born in the year 1809, in the little town of Rosscarbery, co. Cork, one of the most ancient towns in Ireland, and a place celebrated for its sanctity and learning as far back as the seventh and eighth centuries. He was a lineal descendant of the O'Donovans of the island, an influential and respectable family, who held the town of Rosscarbery under a lease for nearly two centuries. He was educated during his boyhood at the school of a Mr. Armstrong, in his native town, where he acquired the rudiments of knowledge, and soon became a first-class and highly-gifted classical scholar. Being destined for the medical profession, he proceeded to Dublin, at an early age, and from thence to Edinburgh, where, at the age of 21, he graduated as an M.D. of the Edinburgh University, and obtained his surgical diploma. Returning home he commenced his medical career in Skibbereen, and after a couple of years was appointed to the Union Hall Dispensary, where he soon gave evidence of those rare talents which subsequent experience and advancing years brought to a ripe maturity.

During the cholera epidemic of 1832 his exertions were so untiring, and his skill in the treatment of disease so remarkable, that the dispensary committee honoured him with a testimonial and a piece of plate in appreciation of his useful medical services.

About 1839 he was appointed to the Skibbereen Dispensary vacant by the death of Dr. McCarthy, and in 1841 he was elected medical officer of the Skibbereen Workhouse on its foundation, which post he held and filled with the highest honour and credit to himself, and advantage to his patients, until the year 1870, when he was obliged to resign owing to failing health.

From the beginning of his career Dr. Donovan displayed great surgical skill, and when a young man, performed some serious surgical operations. In the workhouse hospital, from time to time he performed most of the capital operations which are usually witnessed in the hospital theatres of the metropolis or large cities, viz., amputation at the hip-joint, ligaturing the femoral artery for popliteal aneurism, various amputations of the thigh, leg, and arm, the removal of formidable tumours. He was a bold and fearless operator whom no complication could unnerve; being possessed of great judgment and resources, which were equal to any emergency. His surgical operations were almost invariably attended with fortunate result, and deserve to be recorded from the fact

that they were performed under great disadvantage, such as attend on practice in a remote country town, and the absence of all those necessary supplementary aids which a surgeon can command at will in the centres of progress and civilisation. However, it was owing to his heroic and great exertions during the terrible crisis of 1847 that his name has become a household word for pure philanthropy and most earnest and unselfish devotion to the poor when famine and pestilence swept over Ireland during the terrible years of 1847 and 1848. Dr. Donovan was in the prime of mental and physical vigour. All the resources of his intellect, all the energies of his mind, he devoted with the most self-sacrificing zeal and courage, grappling with disease in its most dangerous type, and fighting bravely in the glorious cause of suffering humanity. At this period, the letters which emanated from his facile and graceful pen, written for the *Cork Daily Reporter*, and London papers, exposed in their true colours before the world, and in powerful and explicit language all the harrowing details, the melancholy sufferings and privations the poor people in the south of Ireland, especially about Skibbereen, were undergoing at the time. Scenes we never hope to see again, and sufferings no one can realise, except those who were engaged as busy actors during that terrible tragedy. He made a great number of autopsies during this period, and his observations of the *post-mortem* changes as the result of acute and chronic starvation, were so accurate and original as to establish him in the medical world as the chief authority regarding the distinction between death from famine and disease.

Casper, the celebrated Professor of Medical Jurisprudence, at Berlin, regards his observation on the Signs of Starvation, as the most conclusive and reliable authority.

Dr. Donovan was a contributor of various articles to the medical press within the last 30 years, and his articles were marked with great originality of thought, deep research, close observation, and graceful elegance of language and classical refinement of style.

At his funeral which left the town of Skibbereen for the family tomb at Rosscarbery on Wednesday last, all the inhabitants of the town and surrounding neighbourhood, and many from far distant places, assembled to do honour to his memory. There was an immense gathering of rich and poor, and of persons of all creeds and classes, as he was universally beloved and esteemed.

No language could describe the deep wail of sorrow, and the mounful sympathy of the poor welling up like some deep fountain of sorrow. The remembrance of his heroic struggles and philanthropic zeal during two famine years was not forgotten, nor his valuable services to the destitute poor during his thirty years' active career as medical officer of the Skibbereen workhouse. The tomb has closed on his mortal remains, but the love and esteem of his relatives and numerous friends for his honoured memory and good deeds will only strenghten with time, and his name as a philanthropist, a public benefactor, skilful surgeon, accomplished physician and amiable generous-hearted man will be embalmed, and trasured in the minds of the future generations in his native land.

Correspondence.

MR. McDOWELL ON THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring, in an article which appeared in the issue of your journal for the 11th ult., to the meeting of the British Medical Association at Manchester, at which the question of the desirability of extending or of repealing the Contagious Diseases Acts came under discussion, you state, and state truly, that I opposed the extension of those Acts, and that "I expressed myself very emphatically in favour of the Abolitionists." This is also the fact.

I am well aware, Sir, that your journal, as well as that of the British Medical Association, has uniformly advocated an opposite course. But I claim the right to state that, whilst I favoured the repeal of the Acts, I did not urge the withdrawal of hospital accommodation provided by Government. On the contrary, I pleaded for it, testifying to the great success of its working in this city, upon the voluntary system. That hospital accommodation is necessary is a self-evident fact; but, as I now again urge, for many reasons that have been adduced, not upon the coercive system. Our object is to arrive at the truth, and the great question is—Will hospital accommodation, without having recourse to these measures, exercise as salutary an effect in lessening the extent and virulence of the disease as it has here done hitherto? My opinion is that, if properly worked, it will. I freely admit that, in various places, in which there was no previous hospital accommodation, but in which the Acts were simultaneously put into operation, the disease has diminished: but can it be stated that it would not have diminished to an equal extent upon the voluntary principle?

In my treatment of the subject at the Manchester meeting I did not indulge in a sentimental ground of argument—indeed, I scarcely touched upon the ethical and social view of the question. I gave the results of my experience, extending over a period of sixteen years, in the Westmoreland Lock Hospital here, and of some ten years in Mercer's Hospital, and I brought forward facts and figures to prove my argument. I have since caused the annual admissions, cures, and mortality for fifteen years to be carefully tabulated, by which I find that the daily average number of patients under treatment for the three months ending 30th September, 1877, may be put down at 52, whereas, during the corresponding months of 1861 the average daily number was 72. The figures thereby indicated, copied, as they are, accurately from the records of the hospital, prove incontestibly that the disease has diminished greatly in its extent in this city. Much more could be said as regards the modification of its virulence in its varied forms. Severe phagedena is rare in hospital practice—the true Hunterian sore rare. Gonorrhœa, in its more inflammatory types, has, during the last four months, it must be admitted, to some extent increased; but the bad forms of secondary affections, such, for example, as rupia, ecthyma, papulæ, &c., have, during the last few years, presented themselves only in a modified form in my hospital experience—and this, as I believe, for the simple reason that the patients, knowing the advantages they derive, come *at once and voluntarily* for treatment.

It would extend this letter to too great length to enter into a description of the various improvements which have been effected in the Institution by the governors of the Lock Hospital here for the benefit of the patients, in every way, and the success which has attended their efforts. I shall not, therefore, dilate upon them—facts will speak for themselves; but I do take leave to say that these Acts have, to my mind, proved a failure, and that, in their practical application, they are degrading to our profession.

I cannot help thinking that if medical men exert themselves for their extension (knowing, as I do, the facts, and knowing, also, the force of feeling that exists upon the subject, particularly in this country), that they will rob themselves of that legitimate influence which they now possess.

More humane resources are within our reach, and in successful operation, for limiting venereal disease, than those measures.

I would now, Sir, in conclusion, beg to say that I have neither the time nor the inclination to continue this controversy: and in doing so, I think it right to add that I did not speak at the Manchester meeting as *a partisan*, nor do I now write with any biassed feeling.

I am, Sir, yours faithfully

B. F. McDOWELL,
Fellow and Member of Council, Royal College of Surgeons, &c.

29 York Street, Dublin,
1st Oct., 1877.

THE VAGINAL SPECULUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In the "Armamentacium Chirurgicum Scaltoti," printed at Amsterdam, 1662, at page 42, there is an engraving of a "speculum matricis," consisting of a tri-bladed speculum, dilated by a screw. Also another form consisting of two blades, much the same in principle as the aural speculum. The two-bladed speculum is described in the text as "speculum ani et vaginæ uteri." At page 176, both forms are shown in use, and in the text directions

given. This brings the date very near that of "Obstetricus," and may be what he seeks to know.

Faithfully yours,

JOHN JONES, M.D.

Drumcomath, co. Meath.

WILLIAM GALE'S LONG WALK.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The power of human endurance under prolonged bodily exertion has been tested so conclusively, by Captain Barclay and Mountjoy in former years, and during the last year by Weston from America, and by O'Leary, Vaughan, and other noted pedestrians in this country, that any repetition of the kind might appear superfluous, were it not that the feat which Gale has accomplished in the grounds at Lillie Bridge, by walking 1,500 miles in 1,000 consecutive hours, at one mile and a half every hour, is an achievement which surpasses all similar cases on authentic record. The entire period of sustained exertion is the same as in Barclay's famous walk on Newmarket Heath, 1809; but the ground covered in that case was 500 miles less, or 1,000 miles in 1,000 hours; and the terms of the undertaking permitted of any two miles being walked, the one at the end and the other at the beginning of an hour, thus allowing an hour and a half for sleep or rest between each heat, whereas Gale undertook to walk his mile and an additional half mile at the commencement of each hour, leaving little more than half an hour for any recuperation, in his hourly probation, by day and night, for the six weeks.

Gale is 44 years old, under the average height, and not of marked muscular development. He is a remarkably quiet and unassuming man, but self-contained, and has the fullest confidence in his own resources. He dislikes applause, as it "puts him out," and he would rather "do this sort of thing in a field by himself." These peculiarities of temperament and mental character, coupled with an habitually simple mode of living and abstinence from alcoholic stimulants, in both respects following his own natural desires, seem to constitute the fitness of the man, as evinced by his previous successes in the course of twenty years, and by the consummation of his recent task, which has placed him at the head of all pedestrians, past and present. The same qualities of strong will, patient perseverance, and self-control, underlie all other great human efforts, and whether they are applied in one direction or another, such qualities are, in themselves, equally worthy of admiration.

Certain particulars relative to the condition of a man at the termination of a six weeks' walk cannot be uninteresting from a physiological point of view, observing that the miles covered had been thirty-six every twenty-four hours, and the sleep by snatches of about half-an-hour, amounting, I believe, to an average of four hours only out of the twenty-four.

On the afternoon of the final day, Saturday, October 6th, I again visited him between three and four p.m., and on his coming off the track into the adjoining hut, he threw himself on the couch, and complained of feeling very cold; and, indeed, his hands and arms were quite cold up to the elbows. The pulse was 80, feeble, and very irregular. This state of collapse may have been partly due to his having imprudently taken a cold shower-bath an hour before. I immediately gave him a cup of brandy and egg, and had the hut cleared of all persons excepting his brother and sister. In ten minutes some reaction commenced, and he turned on his side and slept quietly until the time-bell rang. After the next mile and a half he had evidently revived. He said that he then felt the blood circulating. I gave him, however, some more egg nourishment with a little brandy, and sent a message ordering the brass band to stop their discordant noise that he might sleep again. But Morpheus refused all solicitation to return. On his leaving the hut for this the final heat, I expressly enjoined him, and he promised, not to spurt for the gratification of the vast unthinking concourse of people around the track, and who occupied every window and every roof of the adjoining houses.

But after one or two laps, he walked at the rate of quite six miles an hour, responding yet more and more to the deafening plaudits. In a few minutes after the completion of the 1,500 miles within the time specified, I examined him, kindly assisted by Dr. Farr of Earlswood, and Dr. McOscar. The pulse had risen to 88, but was quite regular; the heart's action corresponded, and there was no murmur at base or apex. The temperature, by the thermometer within the mouth, registered 106·1. The man was quite rational and calm; the expression of his face not in the least haggard, and neither pallied nor suffused, but having the appearance produced by exposure to the sun and air. There was slight congestion of the conjunctivæ under the eye-lids; the pupils were not dilated, and answered to the influence of light. On inspecting the legs, the calf of the left leg presented a large varicose patch, the external saphena vein having become dilated and tortuous, into an eel-like form. This condition had been increasing daily, although he had worn, by my request, a strong elastic stocking. Just below the knee-joint, behind, a thin and much dilated portion of the vein threatens to burst. Not the slightest œdema of the legs had occurred, nor was there any swelling of the knees, or ankle-joints.

The feet were quite sound, excepting a slight blister under the ball of the right great toe. To conclude, there was no tendency to varicocele, or hernia. After standing up for this part of the examination, and the lapse of twenty minutes, the pulse remained at 88, but had become feeble and somewhat irregular, and the temperature had fallen to 97·5. We, therefore, administered another cup of the brandy and egg mixture, making five eggs which he had thus taken, with avidity, in the previous two hours and a half. His "friends" would have him scaled on the spot, and it was found that he had lost only 10 lbs. in the course of his prolonged exertion and deprivation of sleep, for a period of six weeks.

Your obediently,

F. J. GANT.

THE CHAIR OF ANATOMY AND PHYSIOLOGY IN GALWAY.

THE transfer of Professor Cleland to the Chair of Anatomy in the Glasgow University vacates a position which ought to be one of the prizes of anatomical study in Ireland. The Galway Professorship is said to be worth at least £700 a year to an active teacher, and no doubt the succession to it will be earnestly contested. We understand that Dr. Collins, Demonstrator of Anatomy in the School of Physic, and Surgeon to Jervis Street Hospital, is a candidate; also Dr. Pye, Professor of Materia Medica in the Galway College; and Dr. Anderson, of Belfast. Pre-eminence in anatomical knowledge will no doubt be the first qualification of every eligible candidate, but we hope that the competency of a competitor to give clinical surgical teaching will not be overlooked. The hospital instruction of students at Galway is not so superabundant as to bear to be disregarded in the choice of a professor and an anatomist. *Et præterea nihil* will certainly not supply the wants of the school.

Endemic Disease Resembling the Plague.

THE ancient cities of Yunnan-fu and Ta-li-fu, in China, have, since the Tai-ping rebellion, been cursed with an endemic disease resembling the plague. It is called the symptom disease, in consequence of the critical enlargements of the lymphatic glands at the arm-pits. Sometimes it attacks one side only of a street. It first kills animals, and then the population, if they have not profited by that warning. The treatment consists of supplying the patient with a jarful of water to drink, and leaving him quiet in his state of stupor, only rousing him once a day by poking him with a long pole through the window. But, notwithstanding "treatment," the mortality is heavy.

Malt Extract as an Emulsifier.

PROFESSOR GEO. F. H. MARKOE recently called attention to malt extract as an emulsive agent for cod-liver oils and other oleaginous preparations. At the present time, when cod-liver oil is extensively employed as a therapeutic agent, anything that will neutralise or overcome its disagreeable oily character and bad taste will be welcomed by patients. Extract of malt possesses the power of producing a perfect emulsion with cod-liver oil, and a mixture of equal parts of cod-liver oil and extract of malt was exhibited, having a semi-solid consistence, in which the taste of the cod-liver oil was more perfectly concealed than can be accomplished by any other known process.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after i has passed through the post.

A correspondent writes: An Irish practitioner will get on well enough in England in private practice; as for public appointments, the preference *is* given to Englishmen. The following advertisement from a Liverpool daily simply shows the bias:—"Wanted, for ——— Lunatic Asylum, Male Attendants. None who have served in Irish Asylums need apply." If this is the case in small things is it not likely to be so in great? However, so long as "astute Albion" gets her business well done she does not care much whether the doer is an Irishman or a Heathen Chinee.

CLEOPATRA'S NEEDLE.

To the Editor of the Medical Press and Circular.

Sir,—Amidst the conflicting opinions as to the most appropriate site for Cleopatra's Needle, now on the way to this country; possibly, if it be asserted that, as Parliament has not provided the necessary funds for its transport, therefore, Parliament Square has not the slightest pretention upon the generosity of Prof. Erasmus Wilson's purse, in order to gratify the not unnatural ambition of the British Senator.

If it be inquired where else this fine relic of Egyptian antiquity ought to rest, possibly in Lincoln's Inn Fields, between the College of Surgeons and Sir John Soane's Museum, where, under the care of one of our most distinguished Syro-Egyptian scholars, the sarcophagus discovered by Belzoni is so carefully preserved, and whose linguistic knowledge might then be made available in the deciphering of the varied inscriptions to be found in this world-famed monolith.

Another object might also be obtained, namely, commemoration of the site of the decapitation of Lord William Russell, July 21st, 1683, in the reign of James II., and to whose memory no votive bust in bronze or marble has as yet been dedicated.

I have the honour to be, Sir,
Your obedient servant,
An Old Member of the Oriental Club.

Historicus.—It is sa'd that the views made popular by Mr. Darwin on the origin of species are entirely due to his grandfather, Dr. Darwin.

Analyst.—The examination of urine was practised by the older physicians, for Lord Bacon says in one of his letters: "These advertisements which your lordship (the Earl of Essex) imparted to me and the like I hold to be no more certain to make judgment upon than a patient's water to a physician; therefore, for me, upon one water, to make a judgment were indeed like a foolish bold mountebank, or Dr. Birket."

REMARKABLE CASE OF LONGEVITY.

To the Editor of the Medical Press and Circular.

Sir,—Will you kindly allow me to bring under your notice the following remarkable case of longevity which I met with in my practice during the past fortnight, and which may interest some of your readers:—

Mary Egerton, widow, mother of ten children (nine still living), the eldest being over 81 years of age, died at Brownhills, Staffordshire, on the 22nd ult. in her 110*th year*, in full possession of all her faculties. She was able to take part in household duties up to within ten days of her decease. Her age can be authenticated by three of her children who reside in the immediate district.

I am, yours, &c.,
D. Edgar Flinn, L.K.Q.C.P., L.R.C.S.

Brownhills, Staffordshire,
Oct. 3, 1877.

Rusticus.—Your letter is inadmissible in its present form, but if you wish to discuss the propriety of recognition of hospital attendance in county infirmaries we will be glad to give you facility for so doing.

Anatomist.—The anatomical drawings of Leonardo da Vinci are in the Royal Library at Windsor Castle.

Alpha.—The appointments in the Cape Colony can only be dealt with personally on the spot. The climate is magnificent. For appointments in the Emigration Service you must apply to the Emigration Commissioners, Westminster. There is very little doing by these last-named at present.

Dr. G. Griffiths—It is only a matter of space; we shall be happy to receive further communications from you when we are a little free of our present manifold engagements.

ASYLUMS FOR NEEDY PATIENTS.

To the Editor of the Medical Press and Circular.

Sir,—Can you inform me of any asylum where a patient would be received at a weekly charge—from 16s. to 21s.—and well taken care of at that price? Yours faithfully,
Oct. 3, 1877. W. H. M.

Ped., Manchester.—We do not think Ferrier is any relation of the Dr. Ferriar, of Manchester, the friend of William Roscoe, the historian. The names are different, *e* and *a* in the last syllable.

M.R.C.S., Hampshire.—We have seen the paragraph referred to; perhaps Mr. Pomery may give some information which may explain the insertion of this advertisement. See our recent numbers in reference to hydrophobia.

Dr. P.—We think that the action of the coroner shows clearly an animus in your case; probably, he thinks you know too much for him.

CASE OF MADEMOISELLE TITIENS.

To the Editor of the Medical Press and Circular.

Sir,—The death of this gifted *cantatrice* will be regretted by every lover of music. I am aware she was attended by a surgeon whose achievements in his special branch have shed a lustre on modern surgery. I should like to know whether ablation of the uterus was suggested in her case, and, if so, what reasons were urged against it? It has been performed, though not for the same disease, by Dr. Parro, of Pavia, and Prof. Spaetts, of Vienna, with success.

Yours faithfully,
L.R.C.S.E.

[*** The history of this case will be probably given in detail.]

The Penge Case.—We have received letters from the following in support of our view in this extraordinary case; further remarks will be found in another column:—M. P., Dublin; Lex; Pathologist; Jurist; A Sympathiser with the Victim; Dr. W.; Mr. Tonge; M.D.; Starvation; C. T. M., Salford; Mr. Booth; Mr. Adamson; A Lady, &c., &c.

Anti-Vaccinator.—We cannot insert your letter as it has already appeared in another journal. Moreover, the objection is not new.

W. Smith.—Inquire of your London instrument-maker about Meniere's apparatus. As you are fond of novelties there is another one exhibited by M. Duvergier, of Lyons, at the late French meeting at Havre. It is an epilator for removing the hair in affections of the scalp.

Paterfamilias.—Consult our Students' Number, Sept. 19th, in which you will find all the information you require.

CURIOSITIES OF MEDICAL LITERATURE.

FROM PROVINCIAL EXCHANGES.

Medical Operation.—A man who had his hand injured by a thrashing-machine a few days ago has been under treatment at the Midleton Union Hospital. On Saturday it was found necessary to remove the arm, and the operation was successfully performed by ———, assisted by ———.

Medical Operation Extraordinary.—Lurgan, Monday—Dr. ———, of the Turkish service, has succeeded in a very important operation. He cut the lingual *artery* (*sic*) of a young man who was never known to articulate a word. I heard him speaking to-day distinctly and well.

VACANCIES.

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff, both honorary. Testimonials to the Committee at the Hospital before the 2nd proximo.

Kilmacthomas Union Workhouse.—Medical Officer. Salary, £90. Election, Oct. 23.

Royal Hospital for Diseases of the Chest, City Road.—House Physician. Salary, £80. Applications to Mr. Lowther Kemp, at the Hospital.

Strabane Union, Castlefin Dipensary.—Medical Officer. Salary, £120. Election, Nov. 5th.

Westminster Hospital.—House Physician. Board and lodging provided, but no salary. Candidates must send in their names to the Secretary before the 16th inst.

APPOINTMENTS.

Caddy, H., M.R.C.S.E., Medical Officer for the Probus District of the Truro Union.

Duncan, A., M.D., B.Sc., F.R.C.S., Pathologist and Medical Tutor to St. Mary's Hospital.

Foot, R. H., M.D., L.R.C.S.I., Medical Officer and Public Vaccinator for the Wells District of the Walsingham Union.

Gipps, A. G. P., M.R.C.S.E., Assistant House Surgeon and Dispenser to the Kent and Canterbury Hospital.

Reeves, H. A., F.R.C.S.Ed., a Surgeon to the Royal Orthopædic Hospital.

Roberts, H., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for the Llanfair District of the St. Asaph Union.

Smith, J., M.R.C.S.E., L.M., &c., one of the Honorary Surgeons to the Royal Surrey County Hospital, Guildford.

Births.

Jennings.—Oct. 1, at 32 Merrion Square South, Dublin, the wife of C. B. Jennings, Army Medical Department, of a son.

Tincler.—Sept. 20, at Newry, the wife of Blennerhassett M. Tincler, Surgeon Army Medical Department, of a son.

Deaths.

Barclay.—On Sept. 21, at Blue Anchor Road, Bermondsey, S.E., Francis Barclay, Surgeon, aged 88.

Bow.—On Sept. 29, at Queen's Crescent, Edinburgh, John Campbell Bow, M.D., Deputy Surgeon-General, Bengal Service.

Clarke.—On Oct. 4, at 3 Ormond Road, Rathmines, Dublin, Francis Clarke, M.A., M.B., F.R.C.S., late of Marlacoo House, Armagh, aged 68.

Dickinson.—On Sept. 29, at Chelsea, William Dickinson, M.R.C.S., aged 81.

Donovan.—On Sept. 30, at Skibbereen, co. Cork, Daniel Donovan, sen., M.D., aged 69.

Ellison.—On Sept. 24, at Poplar, Samuel Kitching Ellison, M.R.C.S., aged 64.

Fenton.—On Sept. 26, at Upper Duke Street, Liverpool, John Fenton, M.D., aged 60.

Michell.—On Sept. 26, at North Richmond Street, Dublin, Humphrey Michell, M.D.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 17, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Some Practical Remarks on Aural Affections. By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin., Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.... 313

Observations on Renal Affections in Children. By W. H. Day, M.D., M.R.C.P. Lond., Physician to the Samaritan Hospital for Women and Children..... 316

CLINICAL RECORDS.

St. Mary's Hospital.—Under the Care of Mr. Spencer Smith.—Reported by J. B. Coumbe, M.D., M.R.C.S. Eng., House Surgeon.—Lympho-Sarcoma of the Cervical Glands—Ulceration—Hæmorrhage—Death 318

PAGE

TRANSACTIONS OF SOCIETIES.

International Medical Congress Held at Geneva from the 9th to 15th September 319

Morphinism 320

LEADING ARTICLES.

Medical Reform.—IV..... 321

Post-Mortem Examinations in Workhouses 323

NOTES ON CURRENT TOPICS.

Abuse of Medical Charity 323

The Pursuit of Literature by Medical Men 324

Disease and the Emancipated Negro 325

Contagious Diseases Acts 325

Public Amusements..... 325

Mortality in Dublin..... 326

Gastro-Elytrotomy and Ablation of the Uterus 326

Local and Preventive Treatment of Puerperal Fever 327

PAGE

The Prosecutions against Counter-Prescribers in England 327

A Death after Ether..... 328

Epilepsy Caused by Polypus of the Larynx 328

CORRESPONDENCE.

Infant Mortality 329

Impacted Fæces—Intussusception..... 329

LITERATURE.

Transactions of the Pathological Society of London 330

The Professorship of Anatomy in Galway 331

Poor-Law Union Inquiry Commission 331

Death from the Use of Chloral 331

The late Dr. Graves..... 331

American Chloral..... 332

Notices to Correspondents, &c. 332

Vacancies 332

Appointments 332

Deaths 332

Original Communications.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page* 296.)

MUCUS IN THE TYMPANUM.

We have considered briefly the effects of closure of the Eustachian tube and catarrh of the tympanum. One of the most frequent of these is the accumulation of mucus in the tympanum. A patient presents himself with a history of a recent cold, or it may have been a throat attack, and this has been succeeded by a deafness of generally one ear. On testing the hearing with the tuning-fork, we find that it is heard loudest in the affected ear, and that there is no marked difference on closing the meatus of this ear; that is, the tuning-fork is not then heard louder. There is frequently tinnitus. There is, at times, conveyed a moist or gurgling sound with the otoscope. The membrane has perhaps lost its transparent look; it is either concave and white, or at times it is bulging forwards. We may at once suspect a recent accumulation of mucus in the tympanum. But we more frequently, perhaps, meet chronic cases in which no treatment has been pursued; or, if any, some useless, empirical course of blistering and leeching, which has been energetically pushed, with a pleasing variation in the administration of remedies internally, while the tympanum has been gradually filling with dry mucus, this hardening and producing, it may be, irremediable changes. As to the appearance of the membrane in cases of accumulated mucus, I must confess that in my experience there is no one form characteristic of this condition. It may bulge in a part, or appear as if the entire membrane bulged outwards; or, on the other hand, it may appear abnormally concave, and this bulging or concavity may be accompanied by every variety of change in the position and shape of the membrane, and irregularity in the position of the malleus. These alterations in the form of the membrane do not, as a rule, bear any definite relationship to the degree of deafness or the tinnitus. The membrane may appear but slightly changed, and yet the deafness and tinnitus be extreme. There can be no doubt that impairment of the nerve frequently attends on the presence of mucus in the tympanum. This I have on many occasions noticed. Severe mental shock; the occurrence of a fever with brain complications, have produced the nervous derangement, while an accompanying relaxed state of the throat has left imprisoned secretions in the tympanum. So, in other cases, a gouty or syphilitic taint has often been the source both of the nervous derangement and of the accumulated mucus. It is, unquestionably, often very difficult to diagnose positively the presence of mucus in the tympanum, especially in old chronic cases complicated with other lesions, whether of the nerve, ossicles, or membrane. In such cases the operation of paracentesis must be purely experimental, and may be, and often is, followed by negative results. Yet in many instances where we do not succeed in obtaining any proof of the accumulation by evacuating the mucus, still we have the satisfaction of seeing our patient benefited by the treatment, and the hearing decidedly improved. Not long ago I had a patient, an old pensioner, who came to me extremely deaf, not hearing the watch when pressed to the ear, and whose conversational hearing power was very bad. There was an old syphilitic history. The tuning-fork was well heard, but closure of the meatus produced no difference, the membrane had a bulged appearance, and the sound with the otoscope was of a gurgling character. I determined to incise, and accordingly, after some previous syringing with warm iodide of potassium, punctured both membranes and kept the apertures free. I succeeded in getting a quantity of semi-transparent mucus of a brownish colour through both openings. This man, with his head turned from me, subsequently heard me

conversing in a low tone across my study. I have just such another case attending me at the present moment, in which the previous warm syringing of iodide of potassium solution, through the tympanum, preparatory to puncture, has produced considerable benefit. The treatment of accumulated mucus must to a great extent depend on the duration of the affection. If recent, and that the accumulation has not gone to a great extent, we can do much by warm alkaline injections (two to five grains to the ounce) of carbonate of soda, iodide of potash, common salt, chloride of ammonia, &c., into the tympanum; also by injection of sulphate of zinc (two to five grains to the ounce), or the passage of iodide vapour. Such means, combined with the free use of the air douche and the nasal syphon douche, or the sniffing up of tepid salt and water off a saucer into the nostrils often afford complete relief. For the nervous complication at times present in these cases, perchloride of iron, with strychnia, where there is general debility, is *the* most valuable combination. At times, in hysterical patients and delicate women, the combination of bromide of potassium, or bromide of ammonia, with iron, I find most useful. For the tinnitus, the internal use of bromide of potassium and hydrobomic acid may be tried. Nitrite of amyl I have found useful in some instances of troublesome tinnitus, but it has often failed. Iodide of potassium in gouty and syphilitic systems, and also bichloride of mercury in the latter, are of service. Thorough cleaning out of the Eustachian tube and tympanum, combined with such internal remedies as give tone to the system, at the same time that we keep the secretions regular (with Freidrichshall and Hunyadi water), is the summary of the treatment of mucus accumulation in the tympanum. Then the question of artificial perforation remains. I have elsewhere alluded to this operation and the mode of performing it. Whatever doubt may remain as to the propriety of this step as an experimental effort in obscure cases of deafness, combined at times with division of the tensor tympani, to afford relief, especially to troublesome tinnitus, none can exist as to its utility, where accumulated mucus is the cause of the trouble, or in those acute cases, before referred to, which are so ambiguously grouped under the heading of "acute aural catarrh."

Brain Complications in Cases of Acute or Chronic Catarrh of the Tympanum.—A little girl was attending the hospital with aural catarrh. She came with the meatus considerably contracted, and there was great difficulty in introducing the smallest speculum; however, after a few days, by careful cleansing and syringing, I was enabled to see the membrane. I determined to puncture the membrane on seeing its bulged-out and inflamed look, and expressed my anxiety as to the danger of some secretion being retained in the tympanum. The child was to have been operated on the following day, but the friends neglected to bring her. I afterwards learned she died with comatose symptoms, followed by convulsions. This was just one of those cases where close attention to the ear and incision of the membrane might have saved life. In children especially, this brain mischief is apt to creep on unperceived. The rapidity with which brain complications make their appearance in the midst of perfect health, in cases of long-standing ear disease, should always be borne in mind. Increase of pain and deafness and constitutional symptoms, such as rigors, increase of temperature, furred tongue, rapid pulse, mark the outset of the mischief, and as, perhaps, the discharge from the ear has ceased, attention is directed from this organ. But often, notwithstanding every effort, the patient rapidly succumbs. The pain increases in the ear, and radiates over the entire head. The pulse falls, the bowel is costive; obstinate vomiting may ensue. The mind generally remains clear, but finally the patient sinks comatose or convulsed.

A few years since I lost a dear friend with just such a train of symptoms as those above-mentioned. He had been a patient of Mr. Toynbee's, and had occasional discharge from the ear, and a large perforation which was never properly healed. This discharge broke out occasionally and caused him great annoyance. Suddenly, before the fatal attack, it ceased. He was seized with violent pain, and he died in a few days comatose.

I am aware of two cases in which death by pyæmia from implication of the lateral sinus occurred. In treating such cases there must be no delay or tampering. Prompt and energetic action is required, thorough exploration of the meatus, removal of all discharge and any polypus if present instantly removed, repeated fomentations, the application of leeches, free incision of the membrane if we suspect pent-up secretion, and the same over the mastoid process, or the use of the trephine if there be any bulging or inflamed part, and that we suspect the presence of purulent matter in the mastoid cells. On these occasions I have seen life saved by a free incision made down to the mastoid process, this incision being followed by the escape of pus and dead bone.

PERFORATION OF THE MEMBRANA TYMPANI.

It is not possible, keeping within the scope of this work, to do more than allude very generally to the important class of diseases of the ear which terminate in perforation. Troltsch classifies aural catarrh under these heads: Simple acute, and simple chronic, sub-divided into dry and moist. Acute suppurative catarrh, chronic suppurative aural catarrh, or chronic otitis media. On inquiry we find that all these abnormal states are but various degrees of inflammatory action occurring in the tympanic cavity or the passages. The inflammation may be acute, and not pass into the purulent form. The secretion is increased, but preserves its mucoid nature, mucus becomes accumulated in the tympanum, and if it is not allowed a means of exit by paracentesis of the membrane, this accumulation leads to a chronic catarrhal condition of the tympanum in which the bones and lining membranes become affected. This is simple catarrh, and seldom causes perforation. "Acute suppurative catarrh" is a very different disease; we have it typically represented in the attack which accompanies or follows scarlatina or typhus fever. Here we have severe constitutional symptoms, pain, tinnitus, deafness, and discharge of pus from the meatus. Perforation of the membrane occurs in periods varying according to the severity of the attack. It is in the neglect of the warning afforded by the aural mischief, and in mistaken notions about brain complications, causing the attention of the medical man to be diverted to the head, when in reality the trouble is purely aural, that the surgeon is so apt to commit an error. Irreparable deafness—perhaps mutism—is the consequence. Paracentesis of the membrane is *the* remedy. In "chronic suppurative catarrh," we recognise that frequent source of perforation which is so commonly presented to us in hospital practice. The patient comes, complaining of deafness and discharge; there may or may not have been attendant pain. When we inquire into the cause, especially in children, we find that it is not easily ascertained. It may be attributed to cold, or some feverish attack, or have supervened on some one of the exanthemata. Its origin may have been a foreign body or an injury. On examining the ear there is often a quantity of yellowish discharge concealing the membrane from view, and this is chiefly pus mixed with epithelium. On washing this well out, we see the membrane in varying degrees of thickness and shades of colour, most frequently perforated. These perforations are often large, and not uncommonly a polypus is detected growing from the tympanum, through the perforation, or projecting from it. On examining the throat in these cases we may find an explanation of the ear trouble. Catarrhal states of the nasal and pharyngeal mucous membranes, enlarged tonsils, are conditions which accompany Eustachian obstruction or closure. A perforation, unless it present the form of a mere rent in the membrane, or a minute pinhole, is easily seen, and if not seen, recognised by means of the otoscope. A source of error to beginners is the bright bubble of air and liquid which sometimes obscures the orifice. On throwing a good ligh

on the membrane, and desiring the patient to close the nose and blow, the air will be seen to bubble out through the aperture in the membrane. Sometimes these perforations pulsate; this is due to the arterial throb. This pulsation may alarm one not accustomed to examine acute perforations; it is valuable as a diagnostic sign. As to the character of a perforation, this may vary in size from a small pinhole or chink, to a large ragged opening. One or all the bones may be destroyed, ankylosed, or attached by adhesions, to the tympanic walls. A mere rim of membrane may be all that is left, or even this may be absent. Before passing to the treatment of perforations, there are a few practical points worth noticing. The first is the large number of patients who have extensive perforations yet retain remarkably good hearing power. The greater the number of cases we treat, the more are we astonished at the percentage of patients whose hearing varies, say from 3.50 to 10.50 with the watch test, and whose conversational power is excellent. As noticed by Politzer, Wilde, and others, this hearing power does not appear to depend so much on the size of the perforation as the part implicated. It of course more particularly refers to any abnormality of the stapes itself directly, through adhesions, ankylosis, &c., or indirectly through the direction of the perforation (Politzer), and the transmission of the sound waves to this bone. This is to be remembered in the application of artificial membranes, the good effected being not so much attributable to closure of the opening by the disc or wool, as to properly-applied pressure on the stapes. Hence it may be only after two or three trials that we get the desired result, in applying a membrane for the first time. The second point I wish briefly to notice is—the large number of children who apply for relief for perforation of the membrane. Aural catarrh, acute or chronic, is often shamefully neglected in children; the younger the child, and therefore the less competent to make its complaint known, the greater the probability of neglect. Aural mischief is, in a very young child, often masked by symptoms which direct attention to other parts, the brain, stomach, or the teeth. Discharge from the ear is long neglected, and the ignorance of its cause or the results of its continuance induce many to fancy that to arrest it is a mistake. Therefore it is that in children, where there are obscure head symptoms with feverishness and restlessness, the surgeon should always examine the ear. Discharge continues often for a long time in children with but little effect on the hearing, and no pain. When the ear is seen for the first time there is frequently perforation of the membrane, a granular state of it, or polypus. The present neglect of aural complaints in young children is a fact that cannot be too strongly animadverted on. Too frequently it happens that the surgeon is asked for advice only when irremediable and fatal brain complications have arisen. If this be on the part of friends, culpable, how much more so in the case of the medical adviser, who, through carelessness, has permitted these warnings to pass unheeded, which might, if noticed in time, save life.

To successfully treat any aural case, the surgeon must always remember the cycle of causes which set in motion the actual train of symptoms from which a patient suffers. The disease may have its origin in the throat, and pass to the Eustachian tube, and thence to the tympanum with its ossicles, involving the membrane, and lastly the external meatus; or the reverse of this order may mark the course of the disease. So in perforation. In treating a case all through, we must not merely direct our efforts towards healing the membrane, but we must also attend to all the passages, as for example, any relaxed or congested state of the mucous membrane of the pharynx, enlarged tonsils, and to the naso-pharyngeal mucous membrane. If the throat be engaged, astringent washes, lozenges of kino, guaicum, chlorate of potash, catechu, plain or effervescing (Throat Hospital Pharmacopeia), douches, or sprays with carbolic acid, or permanganate of potash solutions, &c., are useful. Touching the pharynx and Eustachian tube with solutions of nitrate of silver, chloride of zinc, or perchloride of iron, insufflation of finely powdered guaicum, through the nares or on the pharynx; these are a few out of the many means which may be resorted to. If the tonsils are much hypertrophied, they should be removed with Mackenzie's tonsilitome. Often as I have removed the tonsils, I have never had any trouble, save some bleeding, with this instrument—none which a little alum gargling, or the use of perchloride of iron did not immediately restrain. The suction of ice before and after removal is a precaution I always adopt. If the Eustachian tube is closed or obstructed it must be attended to, cauterised and washed out with warm alkaline solutions. So also the tympanum if there be any accumulated secretions; Politzer's air douche is here indispensible. But when we come to deal with the perforation itself, the first essential is perfect cleanliness, through washing out of the tympanum and meatus of all discharge. This is best done after cleansing the meatus by passing a stream through the tympanum—the head bent forward and allowing the fluid to run from the nose. In this manner the entire passages are cleansed. I select generally a chloride of zinc solution (gr. ij. to gr. iv. to the ounce), with a little glycerine or carbolic acid. I always first pass a stream of water through, and then the astringent or disinfectant solution. In fact, in all syringing of the ear, pure water should first be used, so as to clear out all old discharge before employing a medicated solution. The healing of the perforation, which is generally a tedious process is best effected by repeated topical applications of various stimulating and astringent solutions. Talc powder, tannic acid, nitrate of silver, chloride of zinc, sulphate of zinc, alcohol, and glycerine are some of those most frequently used with success. Having cleansed out the meatus and perforation well the latter should be then thoroughly dried with cotton wool rolled on the aural probe, and then with this same probe the nitrate of silver or other solution carried well down to the perforation, and its margin touched. If the talc powder be used it must be very gently blown with a fine tube, and quite on to the surface of the membrane, and care must be taken that it is washed out every third day before it is again applied.

I rely chiefly in all these cases on nitrate of silver (ten to twenty grains to the ounce). I find it, after various trials, the most efficacious remedy for healing perforations. Alcohol and glycerine, equal parts of each, I find also most useful for cleansing and hardening the membrane. I know no better lotion for the patient's own use than that of sulphate of zinc and glycerine with carbolic acid. However, these remedies and others must be alternated and varied in the treatment of perforation, the secret of treating them successfully being constant attention and cleanliness on the part of the patient, combined with the application almost daily by the surgeon himself, of the more powerful remedies.

In the acute stages preceding the perforation, every means should be adopted to arrest the force of the inflammation, and to relieve pain; such as leeches, warm formentations (never poultices), gentle warm washings-out of the meatus, attention to the throat, and, I am old-fashioned enough to recommend in many cases, vesication over the mastoid. When discharge does accumulate, it should be gently and carefully removed. If paracentesis is indicated the operation should be performed without delay.

With reference to the application of artificial membranes, I have previously described the different forms of these, and the best mode of their application. I seldom, lately, resort to the membrane, I frequently use the plain cotton wool. In some cases there is marked improvement, but I must say that in my experience, in a large percentage of perforation cases, that improvement is not sufficient to compensate for the inconvenience and slight risk which attends the use of the artificial membrane. This is particularly so in the poorer classes of society, where neglect of the artificial membrane is often found to be followed by bad results. I prefer in such patients to get the membrane and perforation into as healthy a state as possible, enforcing then a periodical visit, and unless they are very intelli

gent, I do not trust them with an artificial membrane. This I give as my experience and practice, but every one can try the artificial membrane for himself in these cases, taking the precautions already laid down. The feelings of his patient, and the success of the experiment are the best tests which he can have of its utility in any individual case.

HEREDITARY SYPHILITIC DEAFNESS.

I have already referred to the large number of cases of deafness which are due to inherited syphilis. I have also briefly alluded to the other characteristics which enable us to detect the syphilitic taint. I have remarked that in many of the patients there is no abnormal appearance of the membrane which can be looked on as pathognomonic. In several others I have seen the membrane dull and thickened, it has lost its transparency, is rather of a grey colour, and inflates with a dry click. I believe, however, that it is *impossible* to define any typical appearance in this affection, in which I regret to say that treatment has with me proved of little avail. If taken in the early stages, or when the symptoms first manifest themselves, much may be done by a rapid mercurialisation (inunction), followed by iodide of potassium internally, at the same time that the Eustachian tube is attended to and the tympanum kept free by warm iodide of potassium injections. But when a case comes with extreme deafness (both with the watch and tuning fork), and presenting the characteristic teeth of Hutchinson, and bearing the proofs of an attack of insterstitial keratitis, either remote or recent, I have never had a good result from *any treatment*.

OBSERVATIONS ON RENAL AFFECTIONS IN CHILDREN. (a)

By W. H. Day, M.D., M.R.C.P. Lond.,
Physician to the Samaritan Hospital for Women and Children.

Of *permanent* albuminuria possessing clinical features of unusual interest I shall cite the following remarkable case which is still under frequent observation. I record the case fully, because the general health is perfect, whilst the composition of the urine betrays many of the characters it did when the patient was anasarcous and confined to bed.

E. S., æt. 9½, was admitted into the Samaritan Hospital, under my care, on June 15, 1875, suffering from acute desquamative nephritis and nausea. The patient is a pallid, strumous-looking girl, and very tall for her age. She had measles five years ago. She had been ill two months, though her mother said she began to swell at Christmas, and that the swelling commenced in the eyelids. She was taken worse on the 13th, but kept regularly at school till within a month of admission, when her mother made her lie up, as her legs then swelled less. She had frequently suffered from catarrh in foggy weather, and for a long time before admission her urine was scanty. The father and mother are healthy, though there is consumption on both sides; one sister died of phthisis and rickets at the age of two years and nine months. There are two other sisters quite healthy. The parents state that she had never scarlet fever, nor any of the family, nor had the disease prevailed in the house or neighbourhood.

State on admission.—The eyes are almost obscured, especially the left, from œdema of the lids, which gives the base of the nose a very broad appearance, and the features are distorted and puffy. The arms, thighs, and legs are tense from œdema and stretching of the skin, but the swelling is chiefly in the thighs, none being observable over the chest or above the elbows; the left forearm indicates recent effusion, and the back of the left hand is puffed, but the right is free. The abdomen is very prominent and tender. There is, in addition to the infiltration of fluid into the cellular tissue of the abdominal parietes, a little free fluid in the peritoneum. There is a dull pain across the loins and lower part of the back, the skin is pallid and translucent. The heart is healthy, but the action irritable; temperature, 100·1; pulse 120, small; respiration 32. Respiration free in both lungs, except in the lower lobe, where the heart sounds are obscure, and the percussion-note dull.

The urine is scanty, high coloured, reaction acid, sp. gr. 1010; it is very thick and frothy on boiling, and the addition of nitric acid rendered the whole an albuminous curd-like mass adherent to the test tube.

Diet.—Skim milk, weak beef tea, water flavoured with lemon. Ten grains of compound jalap powder were ordered to be taken in the morning, and repeated in six hours if necessary.

June 16th.—12 a.m.—The patient slept well, and the bowels acted three times from the powder. There was a large patch of herpes at the right angle of the mouth, and a thermometer placed in the axilla registered 102·2. There was much more œdema of the feet and legs, particularly over the ankles. The urine was extremely thick, muddy and dark-coloured, and only eight ounces had been passed in twenty-four hours; sp. gr. 1030, reaction acid. On heating it became partially clear, and then rapidly coagulated in large and divided clots. The addition of nitric acid converted it into a thick soapy mass, which admitted of the tube being inverted, while only a little fluid escaped. Under the microscope it was found to contain some amorphous deposit and lithic acid in fair quantity, but there was not a trace of blood corpuscle, or urinary cast, or epithelial cell, which is said always to be the case with this albuminous condition of the urine. She was ordered T. Digitalis, m. v.; potass. acet., gr. x.; aquæ, ℥ss., every four hours.

17th.—8.30 a.m.—Temperature 101·0; bowels acted; passed a restless night.

6.0 p.m.—Temperature 101·4. She had passed eight ounces of alkaline urine since yesterday at 5 p.m.; it was not so turbid, but higher in colour, sp. gr. 1030; the quantity of albumen was considerably diminished. Under the microscope there were one or two crystals of lithic acid, and a few faint-looking blood corpuscles. The tongue was coated with a creamy fur, and there was a faint blush on the pharynx, but no soreness of throat or change of voice; skin hot and rather dry; pulse 136, very weak; respirations 32. She has complained of much pain in the back of the head since yesterday, and the body was very tender over the splenic region, where it was also a little fuller; pressure could not be borne here without the child crying out. Over the abdomen, thighs, and lower ribs there were patches of erythema. The left thigh was much more distended than the right, and it measured 1½ inches more in circumference; the legs were uniform in size; the integument of the thorax was somewhat stretched from infiltration into the tissue beneath. The first sound of the heart was a little more blowing than usual, but both sounds were distinct, and there was no sign of reduplication, or of tension in the pulse. There was some effusion into the left pleural sac, and the lower intercostal spaces were less distinct than on the right side. In the semi-erect posture in bed the percussion note was clear to the inferior angle of the scapula, and even an inch below this; from this point downwards the note was dull, and respiration was indistinct, though it was heard in the lowest lobe. There was some fluid in the left pleura.

18th.—Thirteen ounces of urine have been passed in 22 hours; it is of a reddish-yellow colour, sp. g. 1022, acid reaction, and throws down no deposit on standing; it is clouded by heat, but to a much less extent, and the addition of nitric acid throws a flocculent deposit of albumen. At 4 p.m. she was sleeping heavily, and when awoke disposed to sleep again; she was very restless during the night. Temp. 100·2, pulse 112, small and weak; respirations 28. Both eyes are now completely closed; she has neither headache nor thirst; bowels have acted

(a) Read before the British Medical Association at Manchester, August, 1877.

three times since yesterday. The body to-day is marked with the most curious indentations in the cellular tissue in consequence of position, and she appears tender when touched, especially across the loins, where there is continuous aching pain.

19th.—Temp. 104·0°, pulse 140, very small and weak; respiration 32. She was very restless during the night, and complained of being in pain, but is less drowsy; her intellect is quite clear, and all her answers are sensible. She drank about a quart of milk, and a pint and a half of beef tea since yesterday. During the last half hour she has complained of great frontal headache, but has had no vomiting, and the bowels have acted three times since last report.

Since yesterday at 4 p.m. has passed 38½ ounces of rather cloudy urine of an orange colour, but throwing down no deposit on standing; sp. gr. 1014, reaction acid. On moderate heat it becomes paler, frothy, and opalescent; on boiling very frothy; the addition of nitric acid darkens it, and increases its cloudiness. On standing five minutes a large flocculent mass of albumen is precipitated, and at the end of two hours, when cool, rather more than a third of the whole consisted of albuminous deposit.

The general appearance was improved; the face brighter, and the lips red, whilst there was less puffiness of the face, and both eyes were beginning to be seen. Where the thighs approximated there was a blush of erythema. The depending parts as the buttocks are also red; tongue nearly clean; skin hot.

There was still a little fluid in the right pleura, and on carefully listening to the chest below the scapula there was caught occasionally with the inspiration a grating sound as though something was slipping over a dry and uneven surface. This is due to the costal pleura rubbing against the roughened pulmonary pleura. It is only heard on full inspiration. The percussion note is clearer lower down on the right side. As the pulse was weak and the temperature high, I ordered half an ounce of the solution of acetate of ammonia, with half a drachm of the tincture of cinchona, in a tablespoonful of water every four hours.

10 p.m.—Temp. 104·2. Is more feverish, thirsty, and inclined to sleep; complains greatly of her head.

12 p.m.—Temp. 103·0. Since 4 p.m. has passed 11½ oz. of urine, sp. gr. 1014, rather darker in colour and frothy on standing; reaction acid. On boiling it looked like milk to which a little brown sugar has been added; the addition of nitric acid scarcely alters it, except to make the brown stratum rather darker and thicker. Her general appearance was more favourable, and she looked less puffed in the face; pulse 140 small, respirations 32; her head was better, but the back of the neck ached much.

20th.—Temp. at 8.30 a.m., 100·2.

„ „ 12.0 „ 100·4. She was very restless all night and thirsty, but quite conscious. She looks much better this morning, and is quite cheerful. She sees clearly, and does not complain of headache or discomfort, the arms are diminishing in size, and the hands, ankles, and insteps; but the right thigh is much infiltrated, smooth, and tender, and still covered with a superficial patch of erythema; the dark patches are less apparent to-day.

Heart's action regular and quiet, the blowing sound is not heard; friction murmur is gone; respiration is clearly heard on *right* side; on the left a little crepitant *râle* is now detected, and the note on percussion is less dull, so that the effusion is disappearing, though there is clearly some quantity as the percussion note varies with position. Both thighs, especially the right (and the knee of the same side, which is much swollen), have a hard brawny feel, as though there was some obstruction to the circulation. Niemeyer has well pointed out that "the dropsy of croupous nephritis, like that of parenchymatous nephritis, shows a great tendency to shift its position; the swelling increasing in one part of the body, whilst it diminishes in another." (*a*)

The specimen of urine examined last night, on standing till this morning looks like barm, and half of the deposit consists of albumen.

Thirteen ounces of urine were passed between 12 p.m. last night and 6 a.m. this morning; it is without deposit, but rather cloudy and dark, sp. gr. 1010, reaction acid; on boiling it is frothy and milky looking. From 6 a.m. to 1 p.m. 9½ ounces of urine were passed with a cloudy deposit, sp. gr. 1010, reaction acid. Slight heat renders it a little clearer, but on boiling it soon becomes milky, and the addition of nitric acid throws down a deposit of albumen which consists of one-fifth. The microscope shows large epithelial cells, probably from the straight portion of the tube, and numerous blood corpuscles, some of them altered or shrunken. A few epithelial cells from the convoluted portion of the kidney, and two short and small granular casts. There is now acute nephritis with a limited degree of desquamation.

Temp. at 7 p.m. 103·2; pulse 124, resp. 28.

„ „ 10 p.m. 103·0; 12½ ounces of urine passed since 7 p.m., much less cloudy on heat and nitric acid.

21st.—Temp. at 8.30 a.m. 99·6.

„ „ 5 p.m. 101·0. Slept well during the night, and took nourishment at intervals; bowels acted twice since yesterday; thighs and face much less swollen; 37 oz. of rather high coloured urine passed since last report; neither heat nor boiling makes it more cloudy; it becomes frothy, but there is no deposit, reaction acid, sp. gr. 1010. Since 8 a.m. this morning has taken one quart of milk, 1½ pints of beef tea, one egg, and barley water. Temp at 10 p.m. 99·6.

22nd.—Temp. at 8 a.m. 99·4 Slept well, and is altogether better; the features being much more normal, and her expression bright; the œdema of the eyelids has quite disappeared. The hard and œdematous condition of the right thigh is less, as well as the erythematous blush, but there is to-day great redness of the lower part of the right leg and instep, and it is very hot like ordinary acute erythema; pulse 104; respiration 28.

Forty-four oz. of rather pale urine have been passed in 24 hours, sp. gr. 1010; reaction alkaline. A few hyaline looking casts, small and large, with here and there a renal gland-cell under the microscope. The urine is less albuminous. The following mixture was substituted for the one now being taken:—

T. cinch. co. ℥ss.,
Acid. hydrochl dil. m x.
Aquæ ℥ss. t.d.s.

Temp. at 10 p.m. 99·2.

23rd.—Temp. at 8 a.m. 99. Slept well, and is gaining strength, but the right leg to-day at its upper half is soft, and almost free from tenderness; the ankle-joint and the instep, as far as the toes, are more puffed and inflamed than yesterday; pulse 84; respiration 20. No headache or thirst.

Nine ounces of urine were passed yesterday from 4.30 p.m. till 10 p.m., rather more high coloured, with cloudy deposit, slightly acid, sp. gr. 1014, cloudy on heat, and rendered very turbid and milky-looking from an increase in the quantity of albumen. Twenty-eight ounces of straw-coloured odourless urine were passed from 10 p.m. last night till 10 a.m. this morning, sp. gr. 1010. This is rendered opalescent by heat, but throws down a much less deposit of albumen.

These two specimens of urine, left to stand after boiling and nitric acid, show a large deposit of albumen, especially the one from urine later in the day.

Note.—The fluctuation in the quantity of urine now passed is very remarkable, though she has taken a less amount of nourishment. She wakes up eight or nine times in the night to pass water, and this she now does in large quantities at a time. During the night she took one pint of milk; half a pint of milk and one egg at 8 a.m.; half a pint of beef tea at 10 a.m.; minced meat at 12 a.m.; half a pint of milk at 3 p.m. Thirty-eight ounces of pale urine have been passed from 10 a.m. till 5 p.m., faintly acid, and only slightly clouded on heat. The bowels have acted twice since yesterday; there is no

(*a*) Niemeyer's "Practical Medicine," vol. ii., page 18.

sign of liver or spleen disease, and no evidence of pleuritic effusion.

Note.—The urine on standing passed between 4 30 p.m. and 10 p.m. last night contains four times as much albuminous deposit as that passed between 10 p.m. last night and 10 a.m. this morning; the last from 10 a.m. this morning till 5 p.m., also contains rather less. Seventy-five ounces of urine have been passed in 24 hours. In consequence of this excessive quantity yesterday's mixture was omitted, and the following prescribed:—

℞ Tinct. ferri perchloridi, m x.
Aquæ ad. ℥ss. ℿ.

To be taken every four hours.

During my visit at 5.45 she passed at one time 12½ ounces of clear pale urine, having an alkaline reaction and a sp. gr. of only 1004. Temp. at 8 p.m. 98·6.

During the remainder of her stay in the hospital, she passed above the average amount of urine, in fact as the healthy function of the kidneys were in slow process of restoration, the more simple process of eliminating water was first regained. On the 24th of July she left the hospital feeling quite well, and presenting no trace of dropsy, though the urine was highly albuminous.

On Oct. 9th of the same year, the patient was readmitted with symptoms of acute desquamative nephritis. There was much anasarca of the face and limbs, which increased for a few days after admission into hospital. The urine was highly albuminous and contained granular casts indicating the desquamation of cells already morbid; moreover, numerous cayenne-pepper crystals of uric acid were found proving imperfect elaboration of the nitrogenous principles in the blood, from reduced functional activity of other organs.

Jan. 27th, 1876.—At her mother's request the patient left the hospital, her general health was good and all dropsy had disappeared. The urine was clear, acid, sp. gr. 1020; it contained only a trace of albumen on boiling and the addition of nitric acid. This favourable change was attributable to the bichloride in the medicine, which she had continued regularly up to this time.

June 11th, 1877.—She came to the hospital with her mother, who brought a younger sister. She was perfectly well in health, and has remained so ever since she left in Jan., 1876. She has never any headache, sickness, or diarrhœa, and the mother thinks her as well as at any time of her life. She is fed on oatmeal porridge and milk every morning, and has meat three times a week.

Analysis of Urine.—Clear bright yellow, with mucous cloud, sp. gr. 1024, faintly acid reaction. Becomes very milky with heat, and the cloud is partially cleared with effervescence, by the addition of a few drops of nitric acid (phosphates). Albumen a sixth part.

The microscope showed ordinary squamous epithelium and a quantity of hyaline tube casts, but they were very indistinct. The high specific gravity is unusual with such albuminous urine.

Remarks.—There are several points in which this last case is both suggestive and instructive, showing as it does in a very striking manner that the presence of a large amount of albumen in the urine is not incompatible with active growth of the body, and a vigorous state of health. When such cases as these occasionally come under close observation, and opportunities are afforded of studying their course and progress, we may reasonably commit ourselves to the assertion that whenever an amount of albumen like the present is daily separated from the blood, it must indicate pathological changes in the renal organs themselves of an incurable nature.

It is remarkable, and very exceptional, that the retained urinary excreta should cease to give rise to any constitutional symptoms when there was no vicarious discharge from the stomach or bowels going to wash out the impurities from the system. There was no flatulence, dyspepsia, or any complaiat whatever, and the slender ankles, healthy features, and the hue of the countenance indicated a return to health, though the patient was living in a poor home, without much care or attention to diet. In this case we may explain the phenomenon of the co-existence of albuminuria with good general health on the hypothesis that a mild subacute inflammation of one or even both kidneys was at one time going on. Such a condition is not incompatible with an almost perfect functional activity of the kidneys in other respects, and may be compared with chronic catarrhs of the mucous membrane of the nose and bronchi, where inflammatory products are discharged for years. But the fact must not be overlooked, in this and similar cases, that continued congestion, whether it be inflammatory or otherwise, ultimately tends to modify the nutrition of the kidney, and to alter the glandular structures, so that in time it leads to atrophy and contraction of the organ.

A word as to diet and the general management of these cases. When the primary cause of the disease can be ascertained, we may do much in mitigation or cure of the symptoms by directing careful attention to all those points which bear upon the original malady. If the albumen be due to pressure from morbid growths or enlargement of the spleen or liver, we know the best plan to adopt in mitigation of the evil; if the thoracic organs are unhealthy, they may induce renal changes through obstruction to the circulation. We may excite the action of the skin by the warm bath, and by diaphoretics; we may relieve the portal circulation by efficient purgation, and thus we can indefinitely prolong life if there is no hope of saving it. But all drugs and therapeutic agents are secondary to diet, for the closest relation exists betwixt the solids and fluids taken in as food, and the condition of the urinary secretion. If a man drinks more fluid than he wants, he passes more water by his kidneys; when he takes in more albuminoids than his system needs, then the excess of albuminoids appears in his water, so that in treatment the point is not so much to meet the waste of albuminoids in the water, as it is to reduce the albuminoids of the food to the wants of the system, in order that the excess may not appear as albuminuria.

I have placed these two cases in juxta-position, because it is generally acknowledged that renal disorder from simple passive congestion presents different clinical features from those of acute desquamative nephritis. In the one the constitutional disturbance may be very slight, whilst in the other uræmic symptoms are of common occurrence; yet notwithstanding the daily loss of a large quantity of albumen, and microscopical evidences of tubular engorgement, the general health is in all respects undisturbed at the end of two years. We cannot, however, with such evidence before us, doubt that there are changes in the tubes, and very probably growth of connective tissue between them, when the condition has persisted for a very long time.

Clinical Records.

ST. MARY'S HOSPITAL.

(Under the care of Mr. Spencer Smith.)

Reported by J. B. Coumbe, M.D., M.R.C.S.Eng., House Surgeon.

Lympho-Sarcoma of the Cervical Glands—Ulceration—Hæmorrhage—Death.

S. C——, admitted June 8th, 45 years of age, married, no family, general history good. Six years since she received a pinch in the side of the neck, and two years afterwards noticed a hard kernel in this region, which gradually increased in size two years ago, when it was the size of an egg. The skin ulcerated over it, and it has since continued to discharge a sanious inoffensive fluid. As it pained her greatly she now attended some

time at a metropolitan hospital, but receiving little benefit, she discontinued doing so, and a new growth rapidly appeared in front of her neck over the thyroid region.

At present her general aspect is healthy. There is a large nodulated swelling fluctuating anteriorly seven inches in diameter, situated in the right side of her neck, stretching across the mid-line and over the clavicle. The skin is tensely stretched over the whole growth, and adherent in parts, fungating in two places through cleanly-cut holes in the skin. The right arm is swollen and can scarcely be lifted to her head, and is often the seat of severe neuralgic pains. Some difficulty in breathing and swallowing, and aphonia. She gradually became more anæmic and restless, until July 3rd, when, during the night, she thought she swallowed some of the fluid contained in the anterior part of the growth, which she had refused to have opened. An incision was then made in this region, and four ounces of bloody fluid escaped. Afterwards the patient breathed and swallowed easier for a few days, when the discharge became very offensive, the wound sloughing, and recurrent hæmorrhage ensued, and she died on the 8th July.

Post-mortem examination.—Trachea, œsophagus, and thyroid pressed on one side, but not invaded or affected; tumour irregularly lobed, of a pale milky appearance and granular aspect, with a fibroid centre radiating in all directions. Many glands in the neighbourhood infected, extending into the axilla; on microscopical examination, it proved to be a lympho-sarcomatous growth.

Transactions of Societies.

INTERNATIONAL MEDICAL CONGRESS HELD AT GENEVA FROM THE 9TH TO 15TH SEPTEMBER.

(*Continued.*)

Fourth General Meeting.

M. Lebert read a paper on

SIMPLE CHRONIC ULCER OF THE STOMACH,

from which he drew the following conclusions, founded on an analysis of 252 cases observed at the clinical and poly-clinical hospitals:—

1. The frequency of gastric ulcer varies in different countries and in different parts of the same country. Taken on the whole, we find four per cent. of the autopsies connected with gastric ulcer. At Breslau the proportion is two per cent. for the *post-mortem* examinations, but less than one per cent. for those made in the two hospitals. The cause of the ulcer sometimes escapes discovery; at other times it can be traced to general anæmia or nervous depression, possibly of the vaso-motor nerves. Hence its frequency in cases of chlorosis.

2. The chief clinical forms of the simple ulcer are:—

(*a*) The acute, with perforation of the stomach and extensive peritonitis, terminating in death; (*b*) the hæmorrhagic form; (*c*) the scorbutic—a variety of the hæmorrhagic; (*d*) the dyspeptic, resembling gastric catarrh, but more painful; (*e*) the gastralgic, distinguished by paroxysms of pain; (*f*) a form in which vomiting is the principal symptom; (*g*) the cachectic form; this may resemble cancer, and we find then often narrowing of the pylorus and dilatation of the stomach.

3. Vomiting of blood, either pure or under the form of melæna, was observed in four-fifths of the cases, and was the cause of death in three per cent. of the hospital cases. A much higher rate of mortality may be deduced from other records; but these are of little value, as not taking sufficient note of the exact nature of the affection. The same remark applies to perforation of the stomach, in which 3·5 per cent. of the clinical cases terminated in females between puberty and thirty years of age, in males after the age of thirty. The chloro-anæmic diathesis in young females is a predisposing cause of perforation, which may occur while the health is apparently good.

The mean duration of the disease, even in favourable cases, is from three to five years, with alternations of improvement and relapse. It is sometimes latent to such an extent that cicatrisation and a cure may ensue without any very apparent disturbance of the health. No fixed conclusions can be drawn relative to the duration of the disease. It may be short, or may last for years; in the latter case often recording the history of ulceration setting in and being cured at different periods of life.

The treatment of ulcer of the stomach must, in the main, consist of measures calculated to improve the general health. The best effects which the author has obtained were from a milk diet, care being taken not to pass too abruptly to a more substantial regimen, and to continue watchfulness for a long time after apparent cure. Constipation will require opening remedies, especially aloes. When the pain is not alleviated by attention to diet, recourse must be had to opiates by the mouth, or in the form of morphine injections. As alterants, the author had most benefit from subnitrate of bismuth and nitrate of silver. He always avoided the use of any medicine, not rigorously necessary. Vomiting of blood he met by astringents and ice.

M. Marey gave a remarkable lecture "On the Electric Discharge of the Torpedo" which was received with general applause.

After a long discussion raised by M. Gille (Bruxelles), and M. Seguin (New York), the first on the necessity of a universal Pharmacopœia, the second on a uniform clinical method for every country, the congress adopted the following motion:—

"A commission shall be nominated and instructed to report to the next congress on the question of a universal Pharmacopœia."

Fourth Sectional Meeting.—*President*, Dr. Mayor.

Professor Trelat delivered a long communication on the Indications relative to Plastic Operations in Division of the Vault and Velum Palate.

Dr. Ehrmann had not for a long time operated on adults but the results of M. Trelat encouraged him to try the operation again. He agreed with MM. Trelat and Smith, that the most favourable age for the operation was from two to three years. The prognosis seemed to him favourable in cases of complete and profound fissures.

M. Trelat declared that the operation ought not to be performed before the sixth month, and Dr. Rottenstein supported this opinion.

Professor Julliard presented a case of fracture of the small trochanter, and a case of recovery from tuberculous ulceration of the tongue, and then read his paper on

THE GALVANO CAUTERY.

Professor Mazzoni (Rome), declared that it could not be always used without hæmorrhage.

Professor Verneuil employed the galvano and thermo cauteries, and announced that Dr. Paquelin had devised some very fine instruments which might replace those of the thermo cautery. For cauterisation of deep and voluminous masses, neither one or the other would replace the actual cautery.

Professor Trelat.—The superiority of the galvano cautery is due to the galvanic handle, and the high temperature is much superior to that of the thermo cautery.

Dr. Paquelin.—With the thermo cautery we can arrive at fusion of platinum, that is to say, 250 degrees.

Professor Voltolini presented a pair of special scissors for dividing pharyngeal polypi, and also another instrument to remove laryngeal polypi.

Dr. Roussell exhibited an artificial index for the reduction of strangulated hernia, and his transfusor.

Dr. Millio exhibited an instrument for the extraction of projectiles and foreign bodies of cast-iron.

Professor Gille exhibited an instrument for the extraction of foreign bodies, as hair-pins, from the female bladder; and a set of new instruments for vesico-vaginal fistulæ.

Fifth General Meeting.

The Commission was appointed in accordance with resolution passed at last meeting, and is thus constituted:—Dr. Pacchiotti (Turin), President; Dr. Seguin (New York), Dr. Wilkinson (Manchester), Dr. Marion Sims (New York), M. Gelle (Bruxelles), Professor Madsen, Professor Gubler (Paris), Professor Brun.

Dr. Vogt, after resigning the chair to M. Worlomont made his report on human entozoa.

Dr. Vogt delivered a farewell address, and declared the session closed.

Holland was fixed upon for holding the next International Medical Congress.

MORPHINISM.

WHILE every effort is now being made to check the habits of intemperance, an evil of a kindred nature threatens to assume considerable dimensions. Within the period of three months Dr. Berkart had occasion to observe four cases of what Fidler and Levinstein describe as morphinism, a passion of certain individuals to use subcutaneous injections of morphia for the purpose of the stimulating effects of the drug. Considering its extensive employment, especially by the nervous patients of the better classes, the inference seems not unfounded that they are acquainted also with the exhilarating effects of the drug, and addicted to its abuse. Whether or not such is the case, can be decided only when the decided clinical aspect of the affection is more widely known, and to contribute to the knowledge of it the following case may be stated :—

Mr. X. three years ago had all the symptoms of dyspepsia, viz., flatulence, pain in the right hypochondriac region, loss of appetite, and constipation. These symptoms were soon accompanied by a disturbance of accommodation and weakness of the left arm and leg, which was described as an incomplete paralysis, lasting for about three hours. As the patient had been in the habit of smoking more than twenty cigars a day, his complaint was recognised as due to tobacco intoxication. He therefore readily gave up smoking altogether. Most of the symptoms improved, but there remained the pain in the right side against which morphia was used in subcutaneous injection. Under the influence of the drug the pain subsided, but was replaced by one of an excruciating kind, in the left side, extending to the sacrum, and accompanied by the sensation as of the presence of a cork in the rectum. Morphia was therefore continued. So long as the effect of this lasted the pain ceased. The patient was thus enabled to attend to his social duties, and nobody seeing him under the influence of the drug could have imagined that he was suffering in any way. His appetite was not impaired ; on the contrary, he was eating all day long, from five o'clock in the morning till ten at night. But there was obstinate constipation, and occasionally difficulty of and call for micturition. The urine contained nothing abnormal, nor was there any disease of the prostate, as in a patient of his age might be expected. But when the effect of the morphia passed off all his sufferings returned. Not only was the pain in the region of the stomach of an excruciating character, but there were a train of symptoms like melancholia. The patient was greatly depressed, life was nothing to him, all he wanted was a dose of poison to terminate his wretched life. He threatened to commit suicide, and all cutting instruments had to be removed from within his reach. He wept bitterly, complaining of his wretched condition. This miserable scene was changed as by a charm under the effect of the next injection. The depression of spirits gave way instantly to a feeling of confidence, and even hilarity ; a fresh vigour seemed to be infused into his limbs ; his conversation was of an animated kind, and all he had to complain of was the pain in the region referred to, which, unless the means mentioned were resorted to, was such as to embitter his life.

Three years had now passed under such miserable conditions, during which two grains of morphia had been used every day. But the medical attendant and the friends of the patient became alarmed at the habitual use of the morphia, and endeavoured by persuasion and deception to check the habit. But all was in vain. Now, as before, he counted the minutes until the time came round for the next injection, and he was fully aware of any reduction, so that he instantly demanded his ordinary dose.

He was seen in consultation on the 20th of June, at 2.30 in the afternoon, two hours after the injection of one grain of morphia. He was of an under size, inclined to obesity. His movements were hasty and unsteady. He could not or would not sit down to talk quietly. He confessed himself unable to do so, but rushed about from one corner of the room to the other. His restlessness was such that the wife of the patient expressed great concern for his mental condition ; his conversation was about his garden, the exact area of it, the costs of his house, stables, and horses; he boasted of his fortune, but in the midst of his conversation he recurred to the inevitable complaint that there was the gnawing of his stomach, and the cork in the rectum, and repeatedly stated, that to be delivered from these feelings he would gladly sacrifice all his fortune.

Although his left leg was somewhat turned outwards, he could walk steadily without a stick. His eyes closed ; the pupils were greatly dilated, and there was a slight arcus senilis. His sallow complexion was somewhat hidden by a hale rosy flush of the face. The temperature of the face and hands was slightly elevated, the skin covered with gentle perspiration, and the whole surface presented the appearance that may perhaps be attributed to paralysis of the sympathetic. He complained of oppression of the chest, and pointed to the pit of his stomach, of difficulty of respiration. The conjunctival, buccal, and pharyngeal mucous membranes were of pale colour, as was also the lining of the rectum as far as it could be seen without speculum. The tongue was large and flabby, and quite smooth ; no trace of a coating, but its colour resembled that of boiled salmon. The pulse 78, rather soft, but regular. The cardiac impulse could neither be seen nor felt, but the heart's sounds were feeble and not accompanied by murmur. The lungs were emphysematous, covering the heart ; respiration was feeble, and moist rhonchus was heard at both bases. There seemed to be also abnormal secretion of the nasal mucous membrane. The urine was of pale colour, neutral in reaction, sp. gr. 1,012, contained morphia, as ascertained by means of sulph. and nitric acid, and also with molybdenate of soda. Pressure upon the abdomen produced no pain or flinching. There was great tympanitis, so that the size of the liver could not be made out.

A furious delirium, however, appeared when the effect of morphia ceased. The patient was now a prey to the most sombre ideas. His face was now of an ashy colour, the pulse at wrist almost imperceptible, the arteries contracted, and the pupils narrow, but regular on both sides. He would not wait now any longer for the next dose, but, come what may, morphia he must have !

Remarks.—Dr. Berkart says : The course of the disease explains to some extent the nature of the pains in the left hypochondriac region, for as soon as the morphia is left off, there is in such cases profuse diarrhœa. Now considering that morphia is eliminated through the mucous membranes as a rule, and that they are dry and do not secrete, the fæces accumulate, and keep up the irritation ; of course the patient, though his bowels may act, retains a quantity of hardened fæces. Therefore, commencing the treatment it is necessary to remove the fæcal matter by enemata, or suitable purges, such as Hunyadi Janos and Carlsbad water, 8 oz. Carlsbad, with ℥ij. Hunyadi, together in warm water, because these salts produce, by osmosis, a free flow of water into the intestines without irritation, whilst other purgatives only act when there is a sufficient flow of bile.

The second process in the treatment is the administration of diffusible stimulants. De Quinzy reports that he derived the greatest benefit from the ammoniated tincture of valerian. Stimulants, if freely used, prevent collapse and delirium, which would follow on the diminution or omission of morphia doses. Brandy would be one of the best means, but it is really leading the patient from Scylla to Charybdis. Dr. Berkart prefers musk and ammonia ; he has seen several cases in which it has been very successful. Musk produces a stimulating effect, but soon passes off by the skin and mucous membrane. It has, so far as is known, no affinity to any of the constituents of the tissues, and is for this reason preferable to alcohol. Levinstein uses tepid baths and cold affusions. The treatment of an opium eater need not last longer than a week or a fortnight, but should be continued so long as the morphia appears in the urine. The most reliable test is that proposed by Husemann, namely, boiling the urine

with sulphuric acid, then adding nitric acid till the violet colour appears.

Of course, the patient cannot be consulted in the matter. One who has experienced the beatific visions produced by the opium, and felt the exquisite tortures in consequence of the omission of the drug, is not likely to consent to any procedure that is to deprive him of the pleasure, and expose him to the pains. Even those whose mind has not been so completely changed as to disregard the consequences, and have voluntarily entered institutions in order to be cured of their troubles, regretted the step they had taken as soon as they felt the pain produced by the omission of the morphia, and would have lapsed into their previous habits, unless the discipline of the asylum had prevented them from doing so.

Often, unfortunately, the relatives cannot be persuaded of the injurious consequences of continuing with the morphia. They see only the sufferings of the patient, and are ignorant of the price by which the spurious relief is purchased. So much greater then is the responsibility of the medical attendant who has the confidence of the family. It is not by an amiable weakness that he will obtain the cure of his patient, but by firm and energetic measures.

As regards the pathology, there is no doubt that some individuals are more susceptible to the influence of morphia than others. In patients in whom there is a tendency to mental diseases, Esquirol and Feuchtersleben are of opinion that morphia should be very cautiously used, because not only is this, in their opinion, absolutely useless, but it produces, increases, or excites maniacal attacks. It is not at present known why morphia in certain races, as negroes and Malays, induces convulsion, delirium, and homicidal tendency; whilst in the Caucasian race such symptoms have never been observed. This circumstance should not be lost sight of in those cases in which it appears appropriate to use large doses of morphia for the relief of pain, such as neuralgia. For although our present knowledge justifies us in speaking of those cases as merely functional derangements of the nervous system, we do not know whether there are not subtle changes in the chemical composition of the nervous tissue, which, under the influence of morphia, develop into the various forms of mental disease or derangement.

This hypothesis obtains a certain confirmation by the fact that some may indulge in alcoholic excesses for a long period and yet be perfectly free from *delirium tremens;* whilst others who are comparatively abstemious become affected by slight excess for a comparatively short time. We can only say that these and other circumstances prove that it is impossible to lay down any definite and applicable rules in all cases, but the business of the practitioner should be to adjust the treatment not only for the requirements of the moment, but also with a consideration of ulterior consequences.

Dr. Wm. Hume Hart has, in consequence of domestic affliction, resigned the office of Assistant-Physician to the Rotunda Hospitals. The Board of Governors, in accepting his resignation, past a resolution expressing their sympathy with him in his bereavement, and their regret at the necessity he felt of severing his connection with the institution.

The Thirteenth Anniversary Festival of the Guild of St. Luke, the Physician, will be held to-morrow, being St. Luke's Day. There will be a celebration of the holy communion for the members of the Guild at St. Thomas's Church, Regent Street, at 8 a.m. After evensong there will be a general meeting of the Guild for the election of officers, &c.

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The Medical Press and Circular

"Salus Populi Suprema Lex."

WEDNESDAY, OCTOBER 17, 1877.

MEDICAL REFORM.—IV.

(*Continued from page* 284.)

We have endeavoured to illustrate the gradual perfection which would result from a well organised system of medical instruction, and we have insisted on the desirability of higher education with the two-fold object of benefiting society, and of elevating our own position. We are anxious that those destined for the medical profession should take a high stand in the general progress of social advancement, and assist in the improvement of social life. Primary education is the first preparation for other studies; a year's pupilage the second acquirement of intellectual instruments, which should assist in the further acquisition of scientific knowledge; and the want of this primary education is always felt, and is a serious drawback both to the student and to the teacher. We have said but little about the qualifications of the teacher, for we felt a natural diffidence in treading on this ground in view, of the opening of the medical session, and of the introductory lectures that have just been delivered. The introductory lectures afford us excellent illustrations of the qualifications necessary for successful teaching, and are evidences of the necessity and the benefit of high-class literary education. When a body of young men about to enter on the study of medicine are introduced to it by a lecturer, whose discourse is characterised by method, clearness, and earnestness; by richness, ease, and grace of language; by breadth of view, fertility of illustration, and explanation; by happy periods and well-turned sentences, their interest is excited, and a greater respect is generated for the profession, amongst which they hope to be numbered. This effect would be proportionately enhanced if the auditors were themselves of an intellectual class, for there would be a spontaniety of

mental action, which would enable them to catch the spirit of the subject, to appreciate with a more intense feeling the special excellencies of the oration, and to admire the mental acquirements of the teacher under whom they have placed themselves. It is not given to every lecturer to possess the Ciceronic grace of diction that characterised the lectures of Sir Thomas Watson, but it is possible for every lecturer to make his course of teaching methodical, clear, and instructive. As the introductory lectures attract public attention, and are read by thousands besides those to whom they are delivered, we feel some gratification that they have this year sustained the reputation of the profession, for thus they excite a greater respect for, and a higher appreciation of, the value of medical services. The general determination on the part of lecturers to elevate the moral tone of the student, the earnest and serious words of advice on the duties and responsibilities of our profession, the sound and practical instruction as to the best ways and means of study, cannot be too highly commended; and they offer us a reasonable guarantee, that the student during his course will receive that moral support and intellectual guidance he is entitled to. The lecturer of our student days has almost disappeared, and we look back with mingled feelings of wonder, that he should ever have been tolerated, and of regret, that we had not the advantages offered to the students of to day. Having briefly sketched an outline of what we deem a *methodus studendi ac docendi*, we venture upon the debatable ground of medical examination, but not without a certain amount of fear and trembling, knowing how in the past it has occupied the attention of some of the wisest and most intellectual of our profession, and that even at the present day there is the greatest diversity of opinion as to the best solution of the question. Twenty-nine years ago the advantages of an alteration in the mode of examination were insisted on by many eminent members of our profession before a Select Committee of the House of Commons. Twenty-nine years ago the indivisibility of medicine and surgery was clearly demonstrated; twenty-nine years ago uniformity in medical education, uniformity of examination in all parts of the United Kingdom, were also suggested, and the necessity of an examination by a board composed of both physicians and surgeons was also pointed out. A quarter of a century has elapsed—a quarter of a century brim-full of startling discoveries, of gigantic improvements, of radical reformation, not only in the medical but in the general world—and we are still moving in the same groove, and we have again to go over the beaten track, in order to make some impression upon those who have charge of our medical education. During this quarter of a century medicine and surgery have advanced *pari passu*, and we are progressing in the direction of the Eldorado of our predecessors—the attainment of the one-portal system.

It is the only rational solution of the difficulty. We want one examination, equal in degree and efficiency—one examination which shall afford the public some security that from the very onset of the power to practice the candidate has been tested as to his fitness and qualification for the important and sacred functions which will come under his province. From the mint of a national examining body should be turned out those who are licensed to practise, in the same manner as the currency of the realm, the purity and test of which is guaranteed by the august imprimatus of our Soveriegn. We are likely in England to advance one step further in this direction by the combination of the English licensing bodies, but we are far from the consummation of what, all thorough reformers desire; but we must be thankful even for such a slight indication of progress, knowing that the evolution of medical reform has been slow in the past. The records of the Parliamentary committee affords us ample evidence of how long it takes for the recognition of great truths, how principles of the simplest order require time before they are generally adopted, how slow but sure is the process by which wave-thoughts diffuse themselves through the various strata forming society, increasing in strength, in intensity, and power each year, until they finally culminate in one concentrated wave, which hurls down at one dash the feeble bulwarks of prejudice, of ignorance, of interest, ineffectually raised to withstand its progress. The pioneers who advocated one examination for all ranks of the profession are apt to be forgotten; their ideas are borrowed by their successors without acknowledgement, and dignified in a new form of words, advanced as original suggestions. But there is no novelty as regards this question, as we can show by referring to the Minutes of Evidence; and the principles as laid down in 1848, as they were based on truth and reason, are equally applicable in the present day. The medical legislator will find much valuable information in the report of that committee, which might be utilised even at present. We shall make one extract from the evidence of a representative general practitioner, whose enlightened views and whose practical acquaintance with the requirements of the bulk of the community entitled him twenty-nine years ago to the respect of his professional brethren, and whose opinions have not lost any weight by being matured by twenty-nine years' immurement in the columns of a blue-book.

He was a general practitioner residing at Croydon, who had been for thirty-seven years a member of the Royal College of Surgeons of England, who practised medicine, midwifery, surgery, with success, and who may be looked upon as one of the highest types of what a general medical attendant should be. He was chairman of the Associated Surgeons of England, and was opposed to a college of general practitioners as degrading, and in this opinion he was supported by the majority of English surgeons. His name was George Bottomley, and we select a few portions of his evidence, and it is only a specimen of the views of many other intelligent practitioners of the time.

On Tuesday, July 4th, 1848, Mr. Bottomley was examined before Sir Thomas Birch, Colonel Muir, Mr. Wakley, and Sir Henry Halford, and we give his evidence in the form of question and answer.

5139. Do you approve of the registration in classes?—To a certain extent.

5140. Supposing classes be adopted, how many do you consider necessary?—Two, physicians and surgeons.

5141. Do you concur with the two witnesses (Mr. Cartwright and Mr. Ottley), who have already been examined to-day relative to the curriculum of education that should be observed by both physicians and surgeons?—I do.

5142. Do you consider that both should be educated in all the departments of medical knowledge?—I do.

5143. And having proved his competency in all that then the practitioner might select in what department he would practice?—Certainly.

5144. Is it your opinion that a physician should be fully educated in what is called surgery?—Certainly.

5145. And that the surgeon should be educated in all the departments of knowledge called medicine?—Most undoubtedly they are indivisible.

5146. You regard medicine as a generic term, and that it necessarily includes surgery?—Certainly.

5147. Before what body or board would you have medical practitioners examined?—I should like to see a board composed of physicians and surgeons.

5153. Do you approve of placing the courses of study to be observed in all the institutions of the United Kingdom under one council?—I think it would be desirable.

5154. In order to promote as far as may be possible uniformity?—Certainly.

5156. Do you approve of the title of general practitioner?—Certainly not; it is a name without a meaning.

5157. Then the only designation by which you would have medical men known would be physicians or surgeons?—Certainly.

5172. In answer to Sir Henry Halford—I consider that every practitioner, in the provinces more particularly, as he ought to be a good physician or a good surgeon, should be on a par with the first physician or first surgeon in London. He ought to move on with the times, and be quite competent to undertake the treatment of any medical or surgical case that may happen to fall to his charge.

5173. In answer to another question—Anything that would deteriorate the character of the professional man, must inflict a direct injury upon the public generally.

Our space does not allow us to enter any further at present on this subject; the extracts we have quoted were in advance of the time, and by many will be deemed Utopian at the present day, but they have the vitality of truth, and we are sufficiently sanguine to believe they will ultimately prevail.

It would be useless for us to insist on the immediate adoption of the one-portal system, but we must wait for time to bring it about, and in the meanwhile we recommend to our Irish and Scotch corporations the action of the English bodies.

POST-MORTEM EXAMINATIONS IN WORKHOUSES.

THE recent tragedy at Penge has demonstrated the necessity of *post-mortem* examinations, and has also shown how essential it is for members of our Profession to be acquainted with pathology, and with the appearance of the dead subject. Every practitioner, at any moment, is liable to be called on to perform an autopsy, and upon the result of his observations, and the accuracy of his opinion, one or more lives may depend. Unless he is familiar with the changes produced by disease he will be liable to mistakes, and his evidence may be the means, either of acquitting a criminal or of punishing an innocent person. In the ordinary course of practice there are not many opportunities of pursuing the study of pathology, unless the medical man is connected with some hospital or public institution. The value of accurate scientific evidence cannot be over estimated, and our readers will agree with us that a valuable means of advancing our knowledge of disease is lost by the restrictions injudiciously imposed on medical officers of workhouses. When we consider that there are, at least, two thousand workhouses in Great Britain supplied with medical officers whose standard of qualification is even higher than that required for general practice; that the numbers of sick are four times as great as those attended by our voluntary hospitals, and the diseases are of the most varied and oftentimes of a most uncommon nature, we all the more regret the existence of the impediments placed in the way of such essential examinations. The restrictions are opposed to justice, to science, and even to humanity. They are unjust because they do not apply to asylums or to voluntary hospitals; they are prejudicial to scientific advancement because many problems of vital importance are thereby left unsolved, and they are injurious to our fellow beings and to the welfare of society, from the fact of their arresting such scientific investigations. If the medical officer of a workhouse is fit to be trusted with the care of the lives of so many sufferers, surely he should be allowed to exercise his discretion as to the necessity of making a *post-mortem* examination, especially as it is not undertaken for gain, but is even attended by a certain amount of personal risk. Without invidious comparison, medical officers of workhouses are as competent to be trusted with the powers enjoyed by medical officers of asylums, are as interested in scientific advancement as their *confrères* who are attached to voluntary institutions, and we consider the time has now arrived for them to assert their claims to an equality of rights, and to urge upon government the desirability of repealing the provisions relative to *post-mortem* inquiries. Our "Obituary" of the 10th, recorded the death of an Irish workhouse medical officer, whose medical and surgical knowledge, whose zeal for scientific progress, and whose ability as a *litterateur*, fully established his claim to rank with any hospital surgeon, whether in a metropolis or in the provinces. Dr. Donovan's efforts to elucidate many a problem of disease, was checked by the stringency of the Poor-law code, which withholds the discretionary power of making a *post-mortem* examination.

We must urge workhouse medical officers then to unite and assist us in obtaining for them this necessary addition to the study of disease. We shall be glad to consider the advisability of petitioning that a change be made in the obstructive clause, and invite their opinions on the subject.

Notes on Current Topics.

Abuse of Medical Charity.

THE important question of medical and provident institutions, their uses and abuses, formed the subject of a paper, and led to an interesting discussion, at the Wednesday meeting of the Church Congress.

Mr. Farlie Clarke, F.R.C.S., was the author of the paper, and in the course of his remarks he observed that with respect to London alone more than half a million

sterling was lavishly spent annually by the medical charities, and most of it in a reckless, open-handed manner, and out of all proportion to the real wants of the poor. More than half the applicants at all our London hospitals could well afford to pay a few shilings a year for that which they now seek in *forma pauperis*. What was wanted was a concurrence of opinion among the managers of these institutions, and they should be content to relieve those who, being proper objects of charity, would not be degraded and pauperised by receiving it. The present free dispensaries ought to be turned into provident dispensaries, and many more of these ought to be established throughout London. Manchester has already gone far in this direction, and Birmingham had followed the good example, Liverpool was now considering the question with a view of doing likewise. The clergy are beginning to stir in the matter, and this is a most favourable sign, for they can afford valuable aid in this matter. They are often influential members of the managing committees of hospitals, and they could influence the opinion of those who are still wedded to old abuses, and refuse to give up the hospital letter system; and they could also assist in setting on foot provident dispensaries, and in their intercourse with working people could do much in the way of explaining the advantages of mutual self-help and habits of thrift, and recommending the co-operation or provident principle to their widespread support.

We agree in a measure to Dr. Richardson's opinion of the difficulties which surround the question of hospital relief, but the public do not entertain the same view of the subject as prevailed ten years ago. Indiscriminate medical relief has outgrown in this decade all reasonable proportions; and there has been a vast and startling increase in the applicants for the benefits of hospitals of late years, and it is generally admitted that there is great abuse. How is it to be prevented? Dr. Richardson would at once recommend a closer union between the managers of hospitals, dispensaries, and provident institutions, so that all may be brought under one common system. He would beg of the public not to supply funds to those institutions where the admission was free to all comers, because this free system was at the root of the evil, and largely added to the number of applicants for medical relief, which is a sham and a mockery of charity. He would suggest that governor's letters should be suspended in respect to out-patient's departments of both hospitals and dispensaries. Dr. Richardson is strongly of opinion that our ideas on some other points are growing too large; that our hospitals should never contain more than from twenty-five to thirty beds; and no doubt there will be a great revulsion of feeling on this matter. There should be many small hospitals distributed over this vast metropolis, and this would be a great benefit to the profession, and through them to the public, as hospital practice would not be, as now, confined to the few who are not better educated or more fitted for the work than the mass of their fellows.

The Pursuit of Literature by Medical Men.

THERE are many members of our profession, even the busy general practitioner, who would do well to take a hint from the address which Dr. Richardson has just delivered at the Birkbeck Literary and Scientific Institution on "The Culture and Pursuit of Literary Life." The lecturer took a very optimist view of literature as a profession. He could see no difficulty in any man of ordinary capacity becoming a man of letters. The pursuit of literature was a healthy occupation, and even conduced to longevity. It might, when followed in a proper manner, be made profitable to mind, body, and estate. There was indeed no reason why it should not become one of the most profitable of occupations; while it was free from many of the risks incurred by the practice of other professions. Without completely endorsing a view of literary life that is rather calculated to mislead the young and inexperienced, we shall not hesitate to recommend to the medical practitioner a little more attention to that department of literature in which he is mostly interested. The great value of the experience gained by him in the course of a busy practice, and the vast amount of knowledge that is lost for want of a register, make us regret that he does not more frequently put on record such information as may be useful to posterity or such as may promote the advancement of medicine. Now this neglect does not so much arise from want of time, as from a sort of shyness to "appear in print," and from the impression he has of not being able to express his thoughts, or state a case, in such a manner as would warrant him addressing a fastidious public. Consequently many an interesting case, many wonderful recoveries, many instructive points in pathology, in diagnosis, or in treatment, are never heard of beyond his own little sphere of practice. As Dr. Richardson remarked, it has ever been the habit of the profession to which he belonged, the profession of medicine, to hold itself in close union with literature; but, unfortunately, we may add, this union chiefly obtains among the more eminent members, and is rarely observable among the rank and file, of the profession. This should not be the case, for as regards personal acquaintance with patients, family history, character and progress of incipient symptoms, &c., the general practitioner has often the advantage over the physician, and has therefore, in these respects, an opportunity of enriching our literature with important facts, which the physicians does not enjoy. Besides, if the art and science of medicine are to be improved, it is not so much by writing bulky treatises on this or that subject, but by writing short and original monographs, which, if only consisting of a few pages, may add more to our general stock of knowledge than a volume ten times their size. These monographs, or pamphlets, or papers, or whatever we may please to call them, it is often in the power of the family doctor to write, and the more engaged he is in practice, the more entitled will his observations be to the attention of the profession.

We trust, therefore, that they who have not yet ventured into the fields of medical literature will do so with as little delay as possible. The work will not be found unprofitable, and although they may not be amongst those who reap a rich harvest, they will find that even as gleaners their toil has not been in vain.

Disease and the Emancipated Negro.

We learn from the New York correspondent of the *Standard* that disease has, on the other side of the Atlantic, been very rife, both among men and among beasts, for, besides the yellow fever, which has been very prevalent in Fernandina, Florida, a fever has been raging among the cattle of Texas and other places, and elsewhere a sort of diphtheria among horses. The recent appearance of yellow fever at Fernandina was owing to the throwing ashore of some infected ballast from a Norwegian barque, and its subsequent spread and virulence appeared to depend largely upon the filth of the locality visited. In less than a week more than 70 people were affected out of a population of only 3,000. Hundreds of the inhabitants fled to the country. The fever spread mostly among the poor and ill-fed, but the most remarkable fact, to which we wish to draw attention is, that the negroes, who have generally been considered to be almost exempt from this disease, suffered far more severely than the whites. This disposition of the negroes to be affected by the disease seems to be connected with their emancipation. The fever limits itself to towns and cities, never spreading in the country even when carried there. The negro is naturally less liable to take the disease than the white, and when they were living in slavery, but well housed and forbidden to frequent infected slums, rarely caught it. "But freedom allows the negro to crowd into the cities, his poverty keeps him in the slums, and he is for some years unacclimatised, having moved from the country and from a good police restraint. Thus he becomes the food for yellow fever. It is the unacclimatised, poor, filthy, ill-fed negro that dies of this fever, while the well-to-do black of the city, who has been brought up there, and who usually serves and sleeps in the better residences, escapes the contagion just as he did before emancipation. Even without these exceptional maladies the death-rate of the black man is greater than of the whites, in some cities and for some seasons the difference being 50 per cent."

We are inclined to think that this explanation is the true one. It may even be doubted whether the negro, when subject to all the incidents and trials of a civilised life, is so capable of resisting disease as the European, however well off he may be in a social point of view. At all events the above fact is an interesting one, and is well worth the consideration of those sanitarians whose work lies among a mixed white and black population.

Contagious Diseases Acts.

The *British Medical Journal* calls attention to the fact that the official return of the number of men admitted in 1876 for these diseases in the districts where the Acts are in force shows a further improvement in the health of the troops quartered therein on their state in previous years; whereas, in the districts where the Acts do not prevail, the health of the troops has undergone no steady improvement. In the protected districts, 33 per 1,000 of mean strength were sent to hospital for primary venereal sore; and in the unprotected districts, 82 per 1,000 mean strength, or two and a half times as many. In the returns for gonorrhœa, the difference, though considerable, is not so marked; 68 per 1,000 from the districts under the Acts, against 89 per 1,000 from the districts where the Acts are not in force. Examination of the tables for ten years—1867-76—makes very manifest the gradual and steady decline of disease which has taken place at the stations under the Acts. At the stations not under the Acts, the amount of disease has varied much during the past ten years, now greater, now less, but on the whole only slightly, if at all, diminishing in a permanent manner. To illustrate the effect of the Acts in restricting contagion, a simple calculation from these data shows that, had the Contagious Diseases Acts been repealed last year, as Sir Harcourt Johnstone proposed, and intends to propose again next session, instead of 1,600 men, 4,000 would have been disabled of the 49,000 who now, luckily for themselves and the country, are quartered in the protected districts. Dr. McDowel, of the Lock Hospital, Dublin, argues that these excellent results could have been produced as readily by the establishment of voluntary hospitals as under the compulsory system. It would be a valuable contribution to the controversy if some one could give us reliable evidence as to a marked decrease in the number of prostitutes, and in the prevalence and gravity of syphilitic disease following upon the establishment of a voluntary hospital in any given locality. We cannot divest ourselves of a doubt that prostitutes would, as a rule, ever be induced to seek a cure in the earliest stages of syphilis; and we, therefore, conceive that inspection and compulsion are inevitable evils.

Public Amusements.

Last Thursday a sectional meeting of the Church Congress was held, when the subject brought under discussion was, "The Church in Relation to Public Amusements."

The salutary influence both upon mind and body of innocent recreations and amusement is so generally acknowledged by the profession that we readily endorse the more liberal views which are now entertained on the subject by many influential clergymen. The discussion which took place at the above meeting showed that the clergy now see that their duties lie far beyond the cure of souls and the preaching of the gospel, and that even they can assist the medical sanitarian in promoting the healthy tone of body and mind which constitutes the best soil in which the seeds of a pure morality and a sound doctrinal religion can be sown.

The Rev. J. W. Horsley was particularly outspoken on the subject. The people of the Church, he said, would be, and should be, amused, and it was the duty of the Church to regulate, not to ignore or condemn their deeds. "The Church had learned that there was a religion of amusement, and that the calling of an amuser was a sacred calling." He could not conceive of a christianity which was not muscular, or of a religion which ignored the capabilities of the body which God had fearfully and wonderfully made. This is good and courageous advice, and such as even medical men will do well to bear in mind. For the necessity of more frequent indulgence in the ordinary recreations of every-day life is very apt to be overlooked by those practitioners who rely too much upon medicinal agents to the neglect of those hygienic means which will be often found far more efficacious both in a prophylactic and curative point of view.

Mortality in Dublin.

THE city death-rate, to which we have several times recently called attention, continues so seriously in excess of that of even the most unhealthy towns, that the loss of life and health within the city ought to be very gravely considered. In spite of the beautiful summer weather of the past week, the mortality rate amounted to 25·3 per 1,000 of the population, largely in excess of that of overcrowded Glasgow (21·7), still farther outstripping London (19·3), and being nearly double that of Edinburgh, 14·7. That this grievous unhealthiness of the city is not the result of an exceptional sickness wave passing over it, is shown from the returns of the Registrar-general for the quarter ending 29th September, which have just been issued. Here we find that the death-rate of the city (which is under the sanitary administration of the Corporation), was 22·3 per 1,000, while that for the suburbs (which are "sanitised" by the various township commissioners), was only 16 per 1,000. The most unhealthy of the Scotch towns, Glasgow, had a considerably less death-rate (21·0) than Dublin; while London ranked for 19.3, and Edinburgh—the most healthy—for 17·8.

Dublin, from its situation and the nature of its industries, ought to compare very favourably with Edinburgh, and yet we see how terribly unhealthy it is in comparison. The difference of 4·5 per 1,000 between these respective death-rates means briefly that one-fourth more persons die in Dublin than would die if the same population lived in Edinburgh; in other words, that nearly 1,500 lives are annually sacrificed to the continued unhealthiness of Dublin. For many of these lives and much of the misery which the mortality involves, we assert that the sanitary chaos over which the Dublin Corporation presides is directly and immediately responsible. Serenely unruffled by the daily increase of mortality, and complacently satisfied with the weekly apology of their consulting sanitary officer (who assures them with monotonous regularity that the sickness is of no great account, and is due to anything but dirt diseases), the Public Health Committee make absolutely no effort to remove the causes of death. Squalor and stench in the dwellings of the poor, laziness and incompetence in the sanitary authority, go hand in hand in the settlement of the matter, and the lives and pockets of the citizens pay for this harmony of action. A hundred thousand pounds spent *honestly* on drainage, and a little more activity and less jobbery in the Town Council, would in ten years' time save an army of lives and six times the sum in money, but nothing can be hoped for while the "City Fathers" continue the laughing-stock of all thinking men.

Gastro-Elytrotomy and Ablation of the Uterus.

M. BUDIN has contributed a very interesting criticism on this subject to *Le Progrès Médical*, Sept. 22nd, 1877, an abstract of which will prove useful to our readers. Cæsarian section is without doubt the most serious operation which the obstetrician has to perform, and though, in a certain number of cases some patients placed under favourable conditions have recovered, yet, since the 26th of Feb., 1877, not one operation in Paris has been attended with success as far as regards the mother. The causes of death are numerous. To succeed in extracting the fœtus, the abdominal walls and the peritoneum have to be incised and the uterus divided. As this organ is considerably developed, and the blood vessels are larger, hæmorrhage, during or after the operation, becomes a serious source of peril. Besides other dangers, familiar to every accoucheur, and presuming that recovery may take place, there are also other perils, as in subsequent pregnancy, of the ovum escaping into the abdominal cavity, or, at labour at full time, of rupture of the old cicatrix resulting from the first operation, whilst Cæsarian section will again have to be resorted to.

Dr. Edouard Porro (Pavia) has proposed a radical measure, to prevent a recurrence of pregnancy.

After a Cæsarian operation, finding that the edges of the incision were weeping, he resolved to practise uterine ablation, which he did with the satisfactory result of the mother's recovery.

This method, so daring and serious, and against which many objections may be raised, has its advocates.

In 1876, M. Rein published a paper with the title "Extirpations of the Gravid Uterus as a Substitute for Cæsarian Section," the result of experiments on cats and rabbits. He claimed for this operation the following advantages:—

1. Only insignificant hæmorrhage during the operation.
2. No important organ capable of lesion or of undergoing complete involutions is kept in the abdominal cavity.
3. The impossibility of a fresh pregnancy.

Professor Spaeth has repeated Porro's operation on a patient, as serious hæmorrhage had occurred after Cæsarian section. The woman made a rapid recovery.

In comparison with this operative procedure, we must place gastro-elytrotomy, which was once advised in Europe, and which has lately been practised with success in America. Hæmorrhage and the injury to the peritoneum have been the most serious sources of alarm, and some authors, as Ritgen (1821), and then Baudelocque, suggested the possibility of extracting the fœtus through the abdominal walls, avoiding section of the peritoneum and uterine tissues. Hence gastro-elytrotomy, which is thus described by Ritgen: A semi-lunar incision is made, starting from the anterior and superior spine of the ilium, and extending to the spine of the pubis, the muscles, aponeurosis, and cellular tissue are then divided down to the peritoneum, which in place of being incised, is disengaged with the shaft of the bistoury, the vagina is penetrated, and extraction made through the wound. This operation was attempted by Ritgen, but after having commenced it, he was compelled to have recourse to the usual method to complete delivery.

Baudelocque compromised himself seriously in consequence of it, as whilst operating he pricked with a bistoury the external iliac artery, and this induced him to advise ligature of the iliac artery, in order to avoid such an accident. We need not, then, be astonished that this operation was condemned by almost all accoucheurs. It was definitely held in disrepute, and almost forgotten, until 1870, Thomas Gaillard (New York), attempted, in an interesting paper read before the New York Medical Association, to revive it. He related that he had practised gastro-elytro-

tomy at the seventh month, though the mother died from pneumonia, and the fœtus only lived an hour. Some time afterwards Dr. Skene also performed the operation, but the mother and child were saved.

We may briefly enumerate the steps in the operation. One condition is absolutely necessary, complete dilatation, or dilatability of the neck of the uterus. If the woman is in labour, we must wait until the orifice is sufficiently dilated, to allow the fœtal head to clear it. If, on the contrary, she is not in labour, and it is necessary to deliver rapidly, the neck must be artificially dilated, either with the fingers, or with Barnes's apparatus. When these conditions are attained, before commencing the operation we must—

1st. Provide the necessary instruments and assistants.
2nd. Arrange on a table everything requisite for the resuscitation of the child.
3rd. Place the woman on a bed, so that the surgeon may operate freely, as in the operation for Cæsarian section.
4th. Empty the bladder and rectum.

The operation may be divided into four stages.

First Stage.—The surgeon should make an incision of about fifteen to seventeen centimetres, as described, so that the head of the fœtus may be able to pass through, the peritoneum being left intact, the epigastric artery and other vessels being protected by hæmostatic forceps.

Second Stage.—The peritoneum must next be disengaged.

Third Stage.—A sound is introduced into the vagina to serve as a guide for lateral section of the canal. In place of a sound, it is easier and surer to introduce the index-fingers into the vagina (Thevenot), and to make the incision between their extremities.

Fourth Stage.—Whilst an assistant presses the uterus on the side opposite to the operator, so as to bring the orifice to the top of the wound, the hand is introduced, version performed, and delivery effected. The dressings should be simple, and the lips of the abdominal wound be brought carefully together.

M. Budin performed this operation on a woman who had died from hæmorrhage, with the concurrence of MM. Thevenot, Darolles, Manoury, and Sinety, and they formed the following impressions :—

The length of the incision and the disengagement of the peritoneum seemed alarming, but when these stages were completed, they were surprised how easy extraction took place. How very true are the French words "ce n'est que le premièr pas qui coute," and we agree with M. Budin, that if the first stages of the operation were as easy as the last, we would unhesitatingly advocate the method of Ritgen. M. Budin concludes: Is gastro-elytrotomy really superior to Cæsarian section? On this point we cannot positively affirm, for experience alone can solve the question. The success obtained by Dr. Skene may perhaps induce accoucheurs to reconsider the severe judgment they pronounced against it, especially at the present time, as we only have, as a counterpoise to the dangers of Cæsarian section, complete ablation of the uterus.

Local and Preventive Treatment of Puerperal Fever.

Dr. Fritsch, considering that this state is due to the introduction of septic matter, which acquires its specific character from the particular state of the genital organs at this period, recommends the systematic adoption of antiseptic measures.

His object is not only to prevent infection by the hand of the accoucheur or midwife, but also to arrest the products of decomposition which may develop in the uterus itself. The prophylactic measures recommended by Dr. Fritsch are thus given by *Le Bulletin de Therapeutique*—Before making an examination the hands must be well washed with soap, the nails well brushed in a solution of phenic acid, in the proportion of 30 grammes of the acid, 3 grammes of glycerine, to one litre of water. All instruments should be disinfected with phenic oil. The patient should be prepared, if possible, by a sitz bath, the vulva and perineum carefully washed with soap, and the vagina laved with a phenic solution. After confinement, particular attention should be paid to the flow of the lochia, and in the ordinary position of the patient there is danger of its accumulating at one point before its discharge. To avoid such complications, Dr. Fritsch injects a solution of phenic acid (two parts to a 100), at a temperature of 31 deg., by means of an irrigator containing at least a litre of fluid, so that it comes out at last colourless. Fritsch, for this injection, uses a silver catheter 30 centimetres long, and 6 centimetres in circumference, with a curvature a little greater than that of the forceps. This irrigation is performed three times a day, at six, one, and nine o'clock, whilst the vagina is washed every three hours by the nurse. The greatest care must be bestowed on every patient, but the irrigation need only be performed after an operation, especially in cases where the fœtus was dead or decomposed, after the injection of perchloride of iron, after clots, and in cases of a feverish condition of several days' duration. The advantages claimed for this method of treatment are—the vulvary orifice soon ceases to be painful, any œdema rapidly disappears, all wounds heal without the formation of a granular surface, the quantity of the lochial discharge diminishes rapidly, the uterus contracts more quickly, and the temperature falls with greater rapidity.

The Prosecutions against Counter-Prescribers in England.

At the last meeting of the Council of the English Pharmaceutical Society Mr. Schacht moved the following resolution :—

"That an effort be made by this Society to arrive at a distinct understanding with the Society of Apothecaries as to the class of cases of alleged infringement of the Apothecaries' Act which should be open for prosecution ; and that a committee be appointed to confer with the Society of Apothecaries to give effect to this resolution."

He said he was one of the minority who had voted systematically against the policy of the Society taking up the defence of gentlemen who, whether rightly or wrongly, were under prosecution on behalf of the Society of Apothecaries, and he was very anxious to introduce this motion in order that it might be seen that it was quite possible for him to give such a vote, and yet be equally anxious to do the best he could for the interests of the trade at large, his belief being that every member of the Council was equally desirous of arriving at such a happy result though they differed as to the processes by which

that result could be attained. There were one of two positions which seemed to him grounded on common sense which it would be only fair to speak of. In the first place, there was a distinct right on the part of the public to go wheresoever they pleased for medicine, or for anything else. No one in the world thought that a person who went to the veriest charlatan or quack for advice was actionable at law, yet it would be extremely difficult to prove logically that the receiver was not just as guilty as the giver. If a person knowing him not to be a medical man, chose to take his opinion on a medical question, if there was any offence at law the person who consulted him was as much to blame as he; the only point of importance being that the person who asked for advice should not be deceived as to the pretensions of the person giving it. This was such palpable common sense that it appeared to him there might be founded upon it some ground for inferring what was the difference between legitimate and illegitimate pharmacy. Mr. Schacht's proposal did not meet with a seconder, which fact may, we presume, be taken as proving that the Pharmaceutical Society will defend.

A Death after Ether.

An instructive case of death following four hours after ether inhalation is reported by Dr. Saundby, anæsthetist to the Birmingham General Hospital. The ether had been administered by Ormsby's apparatus to the patient, a woman of 35 years of age, for the purpose of straightening a contracted knee. Perfect anæsthesia was obtained with ease and rapidity, and no heart nor lung symptoms of any gravity were observed. When partially recovered from the insensibility she was carried across a court-yard to her ward, and afterwards conversed with the nurse, being apparently quite well. In one hour and a half she became alarmingly ill, with symptoms of dyspnœa, and died after two hours' fruitless efforts to rescue her. *Post mortem* examination fixed the cause of death as being œdema of the lungs. The case raises an interesting question as to whether the cold produced by the evaporation of the ether might be capable of producing serious lung inflammation, or whether, on the other hand, the œdema here visible may have arisen from cold caught during the patient's passage across the court-yard. In a very large experience of ether administration we have never seen a case in which anæsthesia was followed—either immediately or after lapse of time — by lung symptoms, although shortness of breath and cough are not infrequent concomitants of the inhalation. This case may, nevertheless, afford us a hint that it would be advisable to heat ether vapour on its administration, but it is quite evident that the death was not in any way attributable to the anæsthesia.

Epilepsy caused by Polypus of the Larynx.

In the *Berliner Klinische Wochenschrift*, Dr. Julius Sommerbrodt reports the following case :—A man, aged 54, from the effects of a wetting in 1867, as he believed, had become hoarse, although his general health had remained good. In 1874 he was examined by the laryngoscope. A large polypus was seen attached to the left vocal cord; the patient refused operative measures, but during the winter of 1874-75 the hoarseness increased, with the addition of a considerable degree of dyspnœa. About February, 1875, he had at intervals of many weeks, and during the night, clonic spasmodic attacks, with loss of consciousness, foaming at the mouth, biting of the tongue, &c. After one of these attacks there remained a certain degree of paralysis of both members and of the face on the same side. The attacks became more frequent, oftentimes recurring on the same day, the dyspnœa increased, and bromide of potassium, recommended by Professor Biermer, had no influence over them. The patient resigned himself at last to an operation. The tumour was then much larger, its weight causing a depression of the vocal cord, and the glottis was almost entirely obliterated. Its form was triangular, the right vocal cord was entirely free, and in spite of its relation with the tumour, the left vocal cord could be seen through almost its entire extent. After five attempts Dr. Sommerbrodt succeeded in removing part of it, on the 18th of September took away nearly the whole tumour, which on examination proved to be fibromatous. Five months after the operation the tumour had not returned, and the patient was free from his epileptic attacks.

Tumours of the larynx are not generally accompanied with epileptic seizures, and perhaps we may hesitate in assigning the epilepsy to this cause. Five years before he had attacks of a similar kind, attributed to a cicatrix on the back of the head. This cicatrix was removed and the seizures disappeared, as they did after the laryngeal polypus was taken away. This form is the thoracic epilepsy of Anthorst, that is, sympathetic epilepsy.

Mr. Charles Edward Crawford Merrington, a barrister-at-law, at present residing at Ventnor, was summoned before the Newport (Isle of Wight) county magistrates for an assault on Sidney Axhorn. The complainant was engaged by a quack doctor of Ryde to distribute objectionable medical pamphlets, and the defendant, having observed him giving them away to ladies, young girls, and children, struck him several blows with a stick, and finally knocked him down. The bench, after regretting that the law did not give them power to prevent the circulation of such pamphlets, convicted Mr. Merrington of the assault, and fined him £4 0s. 6d., including costs. It is somewhat anomalous that the law should recognise the distribution of obscenity as a crime, and at the same time avow its powerlessness to punish the act, but instead of doing so punish the person against whom the crime is committed. If the law forbids an individual dealing with such a matter himself it ought certainly to relieve the individual of the necessity of doing so by acting on his behalf against the aggressor.

The health of the country continues remarkably good, in fact the year has, so far, shown most favourably in the official death-rates. Some of our large towns gave last week only 13 deaths per 1,000 of the population, whilst the highest in the United Kingdom reached but 25 and 26 per 1,000, these being Dublin, Manchester, and Wolverhampton.

A NUMBER of deaths have recently occurred amongst the members of the Army Medical Staff, the most noticeable being—

Surgeon-General James Loraine Geddes, at the ripe age of seventy-eight, late of the Madras Army.

William Scott, M.D., Surgeon-Major of the Madras Army, aged sixty.

William Gordon Davidson, late Inspector-General of Hospitals, also of the Madras Army.

In the other branches of the Service we record the deaths of—

Surgeon-Major Joseph Lindsey Curtis, of the 1st Battalion 18th Regiment, whose diplomas bear date, L.R.C.P. Edin., and L.R.C.S., 1861.

Timothy Mullane, M.D., Assistant Army Surgeon. His degrees, M.D., M.Ch., and L.M., Queens' University, Ireland, 1876.

AT a recent meeting of the Executive Committee of the Dublin Sanitary Association, attention was drawn to a letter in one of the Dublin newspapers, complaining that a child suffering from whooping-cough was twice conveyed in a tram-car on the 24th ult., notwithstanding the remonstrances of the passengers, and requesting to be informed of the law on the subject. It was resolved by the Association to bring the matter before the Public Health Committee, transmitting extracts from the sanitary laws now in force in this country, recommending that copies should be posted in all public conveyances.

COMPARED with the mortality of the large cities of the United Kingdom, those abroad stand out very unfavourably, according to the most recent weekly returns. Thus we find in Calcutta a death-rate of 30 per 1,000 of its population; Bombay 50, Madras 123; Paris 23; Geneva 23; Copenhagen 24; Stockholm 26; St. Petersburgh 30; Berlin 29; Hamburg 25; Dresden 25, Munich 32; Vienna 21; Buda-Pesth 32, Rome 20, Naples 20, Turin 28, Venice 26; Alexandria 66; New York 26, Brooklyn 25, and Boston 21.

WE acknowledge thankfully receipt of the following additional subscriptions in aid of an Irish Poor-law medical officer reduced, by no fault of his own, to extreme peril of financial and professional ruin. The opinion of the MEDICAL PRESS as to the merits of this appeal has been already expressed and is appended to the advertisement which appears in our columns to-day. Additional subscriptions:—The MEDICAL PRESS, £1 1s.; Dr. McGusty, Slane, £1 1s.; F.M., £1; Dr. Walker, Bonmahon, £1; Dr. Anthony, Dungarvan, 10s.

ANOTHER death from hydrophobia is reported at the Radcliffe Infirmary, Oxford. The deceased, a little boy, was bitten in the thumb by a small terrier in June last; the wound was cauterised and the child felt no more of it until a few days ago, when he complained of severe pains and inability to swallow liquids. He was removed to the Radcliffe Infirmary last week, where he expired with the usual hydrophobic symptoms.

TWO chemists in Glasgow were, last week, prosecuted for selling "citrate of magnesia" which contained lead to the amount of ·37 of a grain per pound. The defence was that all commercial citric acid, and, therefore, all citrate of magnesia, contained a trace of lead acquired in the manufacture, but not enough to do the least harm. The cases were adjourned.

UNDER the direction of the Trades Guild of Learning, a course of twelve lectures on "Life and Health" were commenced in the Town Hall, Shoreditch, by Dr. B. W. Richardson, F.R.S., on Monday evening last. These lectures will be contiuued on subsequent Tuesdays and Fridays.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, Nov. 7th, at eight o'clock.

Correspondence.

INFANT MORTALITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Further experience and reflection on the subject of infant feeding since I had the honour of submitting a paper on this matter to the surgical Society of Ireland have convinced me that more favourable bills of mortality might soon be looked for if the views therein advocated were carried out, viz.—1st. Food should only be presented to the infant stomach in a perfectly fluid form. 2nd. Bread and all farinaceous substances should be excluded from such food. 3rd. Milk and pure unadulterated cocoa, deprived however of an excess of concrete oil, being both nitrogenous compounds, are the only substances to be relied on for affording sound wholesome nourishment to the young infant. Both should be modified according to circumstances, and administered from a feeding-bottle kept scrupulously clean. 4th. Attention to all the other details of hygiene being strictly enforced—the babe, as it sleeps, should not, under any pretence whatever, be covered above the chin, otherwise vitiated air must necessarily be respired.

These principles are very simple, perhaps too simple to command the attention that long experience has convinced me they deserve.

I am, dear Sir, faithfully yours,

W. FAUSSETT.

IMPACTED FÆCES—INTUSSUSCEPTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The following case, from its complication and termination may be worth notice. On the 3rd of June I was called to see a woman, whom I found suffering intense pain. She was vomiting, and had not passed anything from the bowels for ten days previously. The pulse was quiet and tongue clean. There was a tumour in the right iliac region, about four inches in diameter, in shape like a tomato; it was an ovarian tumour, surrounded by a belt of intestine, which was completely occluded by impacted fæces. Linseed poultice and turpentine enemata were of no avail, and purgatives added to the distress; general tympanitis existed, with loud eructation and vomiting. Sleep and temporary relief from pain was given by doses of ether chlor. and tr. opii, but the patient always awoke as bad as ever. On the 6th Dr. Forbes, of Wood-Hey, saw the patient with me; we continued the poultice all through, added friction over the abdomen, with ungt. belladonna, and gave a pill, cal. gr. ij., opii j., ext. hyosciami. gr. ij., every sixth hour. Next day the vomit was stercoraceous, and so continued till the 12th inst, when, after a soap-and-water enema, which brought away some black putrid masses, a profuse diarrhœa, white in colour and horribly offensive, set in. The patient now took freely and retained iced brandy and water and strong beef-soup, swallowed in lumps,

cold also, but she was in a state of semi-collapse all day. She rallied well towards night, slept well, and next morning passed more than six inches of rotten rugged intestine still containing hardened fæces; the intestine was looped up into separate pouches, the openings from one to the others of which would admit a cedar pencil. I preserved the piece of intestine in paraffin; it is more than six inches long, the upper end tapering off into long ribbands. The tumour still remains; the bowels perform their functions satisfactorily, and the patient left for home, looking wonderfully well, a fortnight after the intestine came away.

We were in doubt as to whether this tumour was ovarian or simply impacted fæces. Well, it seems it was both, and "intussusception" also, without which latter I presume there would have been a fatal termination, and we certainly did not expect any other result. During all the time this case lasted the tongue was clean and moist, and the pulse firm and quiet, never rose as high as 80, except on the day the diarrhœa set in.

I am, Sir, truly yours,

W. B. PHELAN.

Cheshire, 26th Sept., 1877.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (a)

ON very many former occasions it has fallen to our lot to notice the "Transactions" of this Society, and each succeeding year has only added to the vast stock of information on the subject; and when we reflect on the comparison between the present period and a quarter of a century since, in reference to the advances made in the study of morbid anatomy, we cannot but conclude that the gain to the profession, and through it to the public at large, must have been immense. An acquaintance with the results of diseased action is not now confined to the few, but is most widely spread amongst the profession; and as long as knowledge of this kind is kept within its proper limits, its tendency is to place medicine on a surer foundation, and so bring it nearer to the nature of an exact science. To some minds this last observation may appear strange; nevertheless, we believe it to be the truth, for the natural tendency of many is to connect directly the symptoms presented during life with the morbid appearances found after death. Need we say how dangerous a proceeding this is? We are not acquainted with any acute disease in which the symptoms may not be more or less latent—pneumonia, pleuritis, pericarditis, may be and often are so; and thus it is that the proportion, if we may speak of it in this way, between symptoms and morbid states, is often lost. Whether this be due to what is known as temperament we will not take on us to determine. But certain it is it exists; and so we may have on the one hand extensive and even fatal disease, and the symptoms at the same time wonderfully little developed; or on the other, the symptoms may be of a very aggravated character, and yet the morbid results may be very slight. It would be easy to dilate on this particular topic, but our limits do not allow us to do so. It is one of the dangers however to which the study of morbid anatomy, when carried too far, may lead.

In casting our eyes over the present volume, we are not sure we discern as much of interesting matter as we did former occasions. It is more than probable that disease repeats itself, and so it is that the number of interesting cases, or what may be called new diseases, must diminish yearly. We will not determine whether this be so or not, but will now proceed to notice, in the briefest way, some of the cases which appear to possess more than ordinary interest.

(a) "Transactions of the Pathological Society of London." Volume xxvii. Comprising the Report of the Proceedings for the Session 1875-76. London.

Diseases of the Nervous System.

Case I, by Mr. T. Dowse, M.D., is entitled "Sub-arachnoid Hæmorrhage of Spinal Cord." We are at a loss to see why it was so named, for though blood was effused on the surfaces of the spinal cord, it was also poured out on the brain itself. The case was that of a man of 50, and a drinker. Ten days before his death he was exposed, whilst working, to the sun, and was suddenly seized with symptoms like sunstroke. During his illness the temperature reached 103°. The case would have been much more complete had the state of the other organs been ascertained, and more particularly the heart. There was no albumen in the urine.

No. II, by W. S. Greenfield, M.D., is entitled "Aneurism of the anterior Communicating Artery of the Brain, Rupture, Sub-arachnoid Hæmorrhage." We cannot give the details of this interesting case, and only notice it here because the rupture of the small aneurism seemed to arise directly from external injury. This caused a state of things which rendered a diagnosis impossible. The man fell a height of thirteen feet, and though he got a scalp wound and a fracture of the pelvis, he seemed to be going on well for eight days, when he died suddenly in a convulsion. There was evidence of the hæmorrhage found to show that it must have occurred three several times at least. This case is followed by different examples of the disease now known as glioma. When we read these, as well as other forms of tumour of the brain we are tempted to ask, will the time ever arrive when a correct diagnosis can be made of such cases? We fear not; though on the other hand it would be most injudicious, by raising such questions, to throw any difficulties in the way. The discovery, for we may call it such, of the way in which syphilitic disease affects the brain and its membrane is one of the most important advances made in practical medicine within the last quarter of a century. For over this form of disease medicine has a distinct controlling power, and we are now able to rescue patients from almost certain death by therapeutic agents. With such facts before us we must not despair, but hope that by continued perseverance and well-observed cases, and experiments on the lower animals, we may ultimately arrive at a true solution of the physiology of the brain. For through this means it is we may ever expect to make our diagnosis accurate.

No. IX., by W. R. Gowers, M.D., is a case of "Myolipoma of the Spinal Cord," in which a fatty tumour grew from the pia mater. The existence of such a tumour here must be very rare. The patient suffered from locomotor ataxy, and had sclerosis of the posterior columns. But the tumour was not only fatty, for it contained striated muscular fibres. There is an engraving of this remarkable growth.

No. X., by S. Coupland, M.D., for Dr. Balding, is an example of tumour of the sciatic nerve, occurring in a man of 34, and from the suffering it caused it had to be removed. This case will be read with interest. But we see no notice taken of the great work of the great Professor Smith on this special subject. The removal of this tumour seems to have completely crippled the patient.

No. XI, by W. Cayley, M.D., for G. Brown, is a rare example of a cyst of the choroid plexus, formed in the brain of an infant of four months old. The cyst filled one of the ventricles, and most probably existed at birth, though it gave rise to no symptoms till ten days before death. The case will be read with interest.

No. XII., by P. H. Pye-Smith, M.D., is a case of "Chronic Hydrocephalus in an Adult." We must refer our readers to the details given, and only allude to the fact here that fourteen ounces of fluid were formed in the ventricles.

No. XIV., by W. R. Gowers, M.D., consists of two specimens of disease of the spinal cord. It is the second one to which we would draw attention. The patient, a man of 30, died of epileptic convulsions. He was not

known to have had any spinal symptoms, and yet when the cord was examined, it was found to be much sclerosed. How this is to be explained we must leave others to say. The brain was healthy.

Diseases of the Organs of Respiration.

No. I., by C. H. Fagge, M.D., is a case of "Enteric Fever, with Extreme Ulceration of the Larynx, and but little Affection of the Ileum." The case had the spots of this fever well marked, and yet there was scarcely any affection of the ileum. We should have liked the state of the colon to have been described, but it is not alluded to at all. We have seen cases where there was much more disease in the colon than the ileum, and it may have been so here. Under any other explanation this case is very anomalous. If this were the place for it we would make some remarks on the treatment of this form of fever, for we have very great misgivings as to the plan so generally pursued, and carried out in this instance. It is not that we object to the use of stimulants, but that food is given so indiscriminately. But we cannot take up this subject here.

No. II., by W. S. Greenfield, M.D., is entitled "Syphilitic (?) Pneumonia." We think the author was right in putting a query in such a case, for there is no such evidence, it seems to us, as would connect the case with that poison. The patient was an infant of twelve months old, and the entire right lung was found solidified from what we would consider as chronic pneumonia. In the adult, where the syphilitic poison has attacked the lung, it has not, as far as we know, assumed this form, but has been found in distinct patches. We do not recollect to have read any single case where the entire lung was involved. Besides all this, there was no history of syphilis to be traced. We notice particularly this point of the syphilitic poison attacking single organs because we believe great errors have been and are being made about the matter.

A few pages further on in this volume is a case by P. Gould, entitled "Case of Syphilitic Heart," which bears out what we have just stated. Why it is so called we are at a loss to understand. There is avowedly no history of syphilis, and, except pulmonary apoplexy, of which the man died, no other disease was found but this of the heart. The anterior wall of the right ventricle was composed of a greyish-white tissue, in which there was no trace of muscular fibre. The same state affected the musculi pectinoti. Now this may have have been due to syphilis, but it may also be a modification of fatty or fibrous disease, and under any circumstances, and with our present knowledge, we think it would be very much more prudent to speak with reserve on the point. These remarks apply to numerous cases scattered through this and former volumes.

No. IV. in this series, by C. H. Fagge, M.D., is entitled "A Case of Embolism of the Pulmonary Artery in the Fourth Week of Enteric Fever." There are two points in this case which induces us to notice it. In the first place, it seems to us very questionable whether the clots formed in the pulmonary artery, or rather its first divisions, had been formed in the femoral veins, and then transferred to the pulmonary artery. We have seen clots of the same form as those described, and in the same divisions of the artery, and no evidence at all of their having been formed elsewhere. Besides, here the author expressly states that these clots could be followed into "most of the primary divisions of the vessels in each lung." This was surely a state of things which could not have arisen from a clot conveyed from a distance. In the second place, we cannot but express surprise at no notice being taken of the state of the heart in this instance. In describing it the author says: "Heart flabby; its muscular tissue pale and soft; the valves healthy." With a fatty heart, which this appears to us to have been, the explanation given by the author of the cause of death seems incomplete. We consider that a heart in such a state was liable at at any moment to give rise to serious, or even fatal, symptoms, and that such an event was the more likely to occur in a frame but partially recovered from typhoid fever, as was the case in this instance. At any rate, we have a decided impression that the state of the heart must have had some direct share in the patient's death.

(To be continued.)

THE PROFESSORSHIP OF ANATOMY IN GALWAY.

In addition to the candidates whom we have already named as claiming to succeed Professor Cleland, Dr. J. Cunningham, Senior Demonstrator to the University of Endinburgh, is a declared competitor. Dr. Cunningham was for some years assistant to Professor Turner, and has distinguished himself by several papers of the highest character on human and comparative anatomy, especially the anatomy of the cætacea. If it be considered necessary or desirable for the Queen's University to seek a professor outside Ireland, and the ranks of its own *alumni*, few candidates can be found who possess greater claims to the chair than Dr. Cunningham.

POOR-LAW UNION INQUIRY COMMISSION.

The Council of the Irish Medical Association have addressed a letter to the Poor-law Inquiry Commissioners expressing their hope :—

1. That in the event of re-arrangement of dispensary districts their areas and form may be carefully considered; and that the dispensary and registration districts may be conterminous.

2. That more easily available hospital accommodation may be provided for the sick poor, inasmuch as, owing to the great distances at which the existing workhouse hospitals are situated, hospital accommodation is practically unavailable in many instances.

3. That in the event of abolition of any workhouse, fair compensation or retiring allowances shall be secured to those medical officers whose services may thereupon be dispensed with.

The disproportion between the length and breadth of many districts, as well as the irregular shape of several, have also been referred to.

DEATH FROM THE USE OF CHLORAL.

The wife of Surgeon-Major Preston died on Friday night, it is stated, in consequence of an overdose of chloral, at 38 Parkgate Street, Dublin. Prior to the lady's death, medical assistance was summoned, but she succumbed before it arrived.

THE LATE DR. GRAVES.

The statue about to be erected to the memory of the late Dr. Robert James Graves arrived on last Saturday in the King and Queen's College of Physicians in Ireland. It is the work of Mr. Bruce Joey, of London, and is made of white marble, veined with black. The deceased gentleman is represented standing in the attitude of addressing an audience, and holds between his hands the notes of his lecture. His tall commanding figure has been sculptured with masterly skill and artistic delineation. His position is intent, natural, and free, and the majestic appearance of the statue is considerably increased by the graceful folds of the long, flowing, academic robe which falls from his shoulders to his feet. Every lineament of his thin, intellectual countenance have been vividly chiseled; while even the most minute matter of dress is marked by scrupulous precision and accuracy of detail. A pedestal, about four feet and a half in height, is surmounted

by the statue, and bears on the front side the following inscription:—"Robert James Graves, M.D., President of the King's and Queen's College of Physicians in Ireland, MDCCCXLIII."

Prevalence of Pus Growths in Hospitals.

Lately, M. Nepveu, head of the Laboratory at La Pitié, has presented an account of his researches in this direction to the Biological Society. A square metre of one of the surgical wards having been washed for the first time in two years, the liquid pressed from the sponge was carefully examined immediately afterward. It was found to contain micrococi in great numbers (50 or 60 in the field of the microscope), some microbacteria, a small number of epithelial cells, some pus globules and red globules, and some irregular black masses and ovoid bodies of an unknown nature. Every precaution was taken to prevent error, the sponge being new, and previously washed in distilled water. These facts give some idea of the elements constituting what has been called "nosocomial poison," and enable us to see how the germs of a great number of diseases exist in the air of hospitals, and render them liable to become centres of infection. Although in a lesser degree, the same conditions may prevail in civil practice, especially in winter, when patients are long confined to beds surrounded by curtains and insufficiently ventilated.

American Chloral.

Dr. Oscar Liebreich states that American chloral is especially badly prepared. It should not be used in cakes, but in crystals. Of the amount to be taken he says:—

"As regards the dose, it is not possible to speak of a normal dose. I have already pointed out that ordinarily small doses aggravate the condition in trismus and tetanus. Here I have used as much as eight grammes with a good result. In the case of drunkards, however, I would recommend caution. It is also most advisable not to allow milk to be taken, as was done in the Balham case, since under its use the formation of chloroform goes on rapidly, and may occur in the stomach.

"That exceptionally large doses of chloral may be taken by men is proved by the injection of chloral into the veins. An injection of 6·75 grammes of chloral produced in eleven minutes complete anæsthesia, and a sleep which lasted thirteen hours. I merely mention this fact, without entering on a criticism of the treatment."

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

CHLORIASTOS.

To the Editor of the Medical Press and Circular.

Sir,—Your readers will ask what is it? It is nothing more than a saturated solution of chloride of lead, the new disinfectant recommended by Dr. Goolden; and in order to ensure its use I have given it a name. What's in a name? ask the proprietors of the "Specialité" sherry, of the "Eureka" shirt, of "Aleximorhygiastikon," "Chloralum," "Sanitas," &c., &c. I can testify to the excellent qualities of chloriastos, and my nurses also can give testimony to its efficacy. As Dr. Goolden made the public a present of his discovery, I also offer them this name. Yours faithfully,

Oct. 5, 1877. Medicus.

Middle-class Asylum.—If you have any suggestion to make address it to Dr. Crichton Browne, and he may probably assist you.

ANCIENT SPECULUMS,

To the Editor of the Medical Press and Circular.

Sir,—I must thank the two medical men who have so kindly given me the information I required. Yours,

Oct. 10, 1877. Obstetricus.

Medical Reform.—We regret to have to disagree with you. We fully appreciate the efforts of Dr. Cameron, M.P., and Dr. Lyon Playfair. It is hardly fair to accuse us of hindering their efforts, we believe they are sufficiently enlightened as to think otherwise.

The Harveian Society.—Dr. Wm. Squire will bring forward "Some Cases of Acute Pneumonia in Children" at the next meeting.

Dr. O'Flanagan.—The Clinical Record has been received, and will be inserted in about three weeks' time.

Dr. T.—We can insert no more communications on the subject for the present.

Mr. Absolom.—"The cobbler should stick to his last." Novelists' law is rather weak; logic, there is none in the letters.

Baby-farming.—You may have a conscientious feeling of foul play and evidence satisfactory to your own mind, but unless you have some positive proof and some witnesses to corroborate your testimony your suspicions are valueless.

Cleft Palate.—The description of the case referred to cannot be found, but there is an account of an obturator in the number issued on the 19th April, 1876, under the head "Clinical Society of London."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Atlas of Human Anatomy. Part I. By R. J. Godlee, F.R.C.S. London: J. & A. Churchill.

On Hare-lip and Cleft Palate. By Francis Mason, F.R.C.S. London: J. & A. Churchill.

A Treatise on Chemistry. By Professors Roscoe and Schorlemmer. Vol. I. London: Macmillan and Co.

Handbook of Practice of Medicine. By M. Charteris, M.D. London: J. and A. Churchill.

Clinical Lecture on Squint. By C. Bell Taylor, M.D., F.R.C.S. London: J. and A. Churchill.

Spinal Disease and Spinal Curvature. By Lewis A. Sayre, M.D.

Surgery, Past and Present. Two Addresses. By T. Spencer Wells, F.R.C.S. London: J. and A. Churchill.

The Treatment of Skin Diseases. By R. Liveing, M.D. London: Longmans, Green, and Co.

Does Vaccination afford any Protection against Small-pox? By T. B. Sprague, M.A.

Journal of Psychological Medicine. Vol. III. Part II.

The Obstetrical Journal. Guy's Hospital Gazette. Science Gossip. The Practitioner. Monthly Microscopical Journal. Westminster Review. The Clinic. Le Progrès Médical. La France Médicale. L'Echo. Nature. The Shield. The Spectator. The Students' Journal. L'Année Médicale, &c. &c.

VACANCIES.

Birmingham General Hospital.—Two Assistant Physicians, Two Assistant Surgeons, and a Dental Surgeon for a term of three years; there is an Honorarium of £100 per annum attached to each office. Applications, under cover, to the House Governor before the 29th inst.

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff, both honorary. Testimonials to the Committee at the Hospital before the 2nd proximo.

Kilmacthomas Union Workhouse.—Medical Officer. Salary, £90. Election, Oct. 23.

Queen's College, Galway.—Professorship of Anatomy. Applicants must send their testimonials to the Under Secretary, Dublin Castle, before the 22nd inst.

Rotunda Hospital.—Assistant Physician. The appointment is made on the nomination of the Master.

Strabane Union, Castlefin Dipensary.—Medical Officer. Salary, £120. Election, Nov. 5th.

Wolverhampton General Hospital.—Assistant Surgeon. Board provided, but no salary. Applications to the Hon. Sec. at the Hospital.

Worksop Dispensary.—Resident Surgeon. Salary, £50, with board. Applications to Dr. Hamill, at the Dispensary, Worksop, Notts.

APPOINTMENTS.

Cameron, J. S., M.D., M.R.C.S.E., Medical Officer of Health for the Huddersfield Urban Sanitary District, and Medical Attendant to the Hospital for Infectious and Contagious Diseases.

Cleland, J., M.D., L.R.C.S.Ed., Professor of Anatomy at the University of Glasgow.

Gaisford, M., M.R.C.S.E., House Surgeon to the East Suffolk and Ipswich Hospital.

Gibson, G. A., M.B., D.Sc., Junior Demonstrator of Anatomy in the University of Edinburgh.

Jones, D. J., M.B., C.M., Assistant Medical Officer to the Somersetshire Lunatic Asylum, Wells.

Joynes, F. J., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 3. District of the Dursley Union.

Lyndon, G., L.R.C.S.I., L.K.Q.C.P.I., Medical Attendant to the Royal Irish Constabulary, Bellananagh, co. Cavan.

Mitchinson, G., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer to the Lincolnshire Gaol, Lincoln.

Neale, J. E., M.R.C.S., House Surgeon to the Westminster Hospital.

O'Dea, P. St. Lawrence, L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Oranmore Dispensary District of the Galway Union.

Scott, J., M.B., C.M., Assistant House Surgeon to the Royal Infirmary, Bristol.

Smith, J. G., M.B., C.M., House Surgeon to the Royal Infirmary, Bristol.

Deaths.

Crompton.—On Oct. 4, at Bolton, Harold Crompton, L.R.C.P.Ed., aged 30.

Grammer.—On Sept. 29, at Calne, Samuel Richard Grammer, M.R.C.S., aged 52.

Knipe.—On Oct. 3, at Morehampton Road, Dublin, John Copeland Knipe, M.R.C.S.E., late Surgeon Major 36th Regiment.

Lawson.—On Oct. 4, Henry Lawson, M.D., Assistant Physician to St. Mary's Hospital, and Lecturer on Physiology, aged 36.

Mathew.—On Sept. 7, at Mussoorie, Bengal, Charles Bartholomew Mathew, L.R.C.S.I., Surgeon-Major, Army.

Timm.—On Oct. 8, at Torquay, Charles Timm, M.D., aged 78.

Willans.—On Oct. 3, at Cootehill, co. Cavan, Thomas Henry Willans, L.R.C.P.Ed., aged 44.

Wood.—On Oct. 5, at Sowerby Bridge, John George Wood, L.F.P.S.G., aged 40.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

ABSTRACT OF REPORT OF THE

Proceedings of the Committee of Council during the Quarter ended 25th September, 1877, read at the Quarterly Meeting of the Council, held 25th September, 1877. DR. GRIMSHAW, Chairman of Council, in the chair.

(Continued from our last).

ASSUMED PROFESSIONAL TITLES.

Your Committee having received a communication to the effect that a dentist, practising in a country town, (one of whose advertisement cards was forwarded), had assumed the titles of "Surgeon" and "Licentiate Apothecary," and having failed to find the name of this person in the Medical Register, directed that the communication be forwarded to the governor and company of the Apothecaries' Hall of Ireland, with a view to their taking the subject into consideration, as the matter reported more nearly appeared to affect that body.

INTERFERENCE WITH PRIVATE RIGHTS.

A newspaper report of the proceedings of the Board of Guardians of Tipperary Union was forwarded to your Committee, who thereby observed that the guardians had appointed a Committee, consisting of a few of their members, to report as to the advisability of reducing the salaries of their doctors; but when the document was read no allusion whatever appeared to have been made regarding the subject to be reported on. However the committee of the guardians appear to have given considerable time and attention to a subject concerning which the Board of Guardians had no right whatever to interfere, viz., the amount of the fee which, in their opinion, would be sufficient for the doctors to accept for attendance on their *private patients*. The Board adopted the report, and a portion of it was communicated to each of the medical officers, which recommended their acceptance of a fee of five shililngs for attendance upon persons not rated beyond £25 pound a year. During the discussion on the report several guardians are reported to have made statements concerning professional etiquette, and the fees accepted in Dublin and England, which are as absurd as they are unfounded. Your Committee advised the medical officers to take no notice of the communications sent to them.

MEDICAL WITNESSES AT SESSIONS.

A dispensary medical officer was recently summoned to give evidence in a civil case on behalf of the Plaintiff, who had been assaulted; but, as the plaintiff was unable to pay his fees, the medical officer applied for, and obtained from the magistrates, an order recommending that his fees should be paid by Government; this he forwarded to the under secretary at Dublin Castle, and in reply, was informed that his claim could not be entertained; whereupon he wrote a further letter to the under secretary, quoting a similar case, in which the medical witness had received his fee from the under secretary, in reply to which he received notice that the crown solicitor had been instructed to pay him one guinea.

This case is peculiar in some respects. The assault case was heard and adjourned. The magistrates recommended a fee of two guineas to be paid to the medical witness for his evidence at the first hearing, and one guinea on the adjournment; the circumstances were the same in each case, and although the first application was not entertained, the second was complied with. Your Committee have this matter still under consideration.

A dispensary medical officer in his capacity as registrar of marriages was lately summoned to give evidence on behalf of the crown at Petty Sessions, relative to a forged certificate, and applied for the fees ordered to be paid to medical practitioners, under the Attorney General's rules, but was refused. Your Committee are making inquiries concerning this case, and are informed, that there is precedent for payment of professional fees to registrars of births, deaths, &c., for their evidence given *as such* in courts of law.

WORK-HOUSES AMALGAMATION COMMISSION.

Your Committee, having observed that a commission had been appointed by Parliament to inquire into, and report upon, the advisability of amalgamating Poor-law Unions in Ireland, deemed it right, in the interests of the work-house medical officers, the sick poor, and the public, to offer all the assistance, in the power of this Association to afford, to the commissioners, and directed your hon. secretary to inquire, with that view, what subjects would be considered by them. The secretary, in his courteous reply, forwarded a manuscript copy of the warrant, under which the commission was appointed, from which it appears that it is empowered to consider—

1.—The expediency of dissolving and amalgamating certain Unions; and report which, or what portions thereof, should be so dealt with.

2.—The re-arrangement of the present dispensary districts.

3.—The expediency of dispensing wholly, or in part, with existing work-houses, and providing proper accommodation for the sick thereof; and what provision should be made for the removal of the aged, sick, and infirm.

4.—Whether additional accommodation is required for the adequate relief of the sick poor, considering distance from the work-houses.

5.—Whether the work-houses to be dispensed with might be made available for the reception and treatment of the lunatic poor, or other purpose; and

6.—Generally to investigate the changes, if any, required in the existing distribution of destitute poor, especially children, throughout the work-houses in Ireland.

The commissioners are empowered to call and examine witnesses, and to receive documentary and other evidence; and are expected to make their report on or before the 1st February, 1878.

Your Committee trust that the work-house medical officers, generally, will *at once* communicate their views on this subject to your hon. secretary, in order that they may be made known to the commissioners in due time.

FINANCE.

Owing to the great demands on the funds of the Association this year, chiefly in consequence of the action it was found necessary to take concerning the "Public Health Bill," your Committee directed the hon. treasurer

to remind the members that subscriptions were payable n advance, *on the 1st day of June in each year*, in accordance with rule 2 ; unless this rule be strictly observed the objects of the Association will inevitably be frustrated, for rule 7, clause 5, provides, as one of the duties of your Committee, that *they shall not enter into any engagement which will make the Council or the Association liable for any sum beyond the amount which would remain in the honorary treasurer's hands, to the credit of the Association, after providing for all previously existing liabilities ;* it is therefore essential, in the interests of the Association, that the subscriptions should be paid in advance, to enable its objects to be carried out in the most efficient manner possible ; and as your Committee are personally liable for all debts incurred in excess of the amount of funds at their disposal, they cannot otherwise be relieved of responsibility on this score.

The subscriptions of several members are still due for one or more past years ; and the vast majority of the subscriptions due for the current year are still unpaid.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF SEPTEMBER, 1877.

SEPT. 6th.—O'Callaghan, Robert Thomas Alexander, Wilmount, Queenstown, co. Cork, Lic. R. Coll. Surg. Irel. 1876.

7th.—Hoctor, Wm. Henry de Durge, Carnlough, Belfast, Lic. R. Coll. Surg. Irel. 1877.

10th.—Bracken, Wm. Henry, Toarn, Blacklyon, co. Fermanagh, M.D. Q. Univ. Irel. 1877.

15th.—Orr, David Wilson, Carnagill, Loughgall, co, Armagh, M.B. 1877 and B.Ch. 1877 Univ. Dub., Lic. 1877, and Lic. Mid. 1877 K. Q.Coll. Phys. Irel.

18th.—Bothwell, Jas., Tiverton, Devon, Lic. R. Coll. Surg. Irel, 1877.

18th.—Thompson, Andrew Colquhoun, Londonderry, Lic. R. Coll. Surg. Irel, 1877.

22nd.—Canton, Thomas, Mullingar, co. Westmeath, Lic. R. Coll. Surg. Irel. 1877, Lic. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

24th.—McDonnell, Edward Patrick, 3 Aylesbury Road, Merrion, co. Dublin, Lic. R. Coll. Surg. Irel. 1877.

27th.—Dunne, Alexander, Drum, co. Monaghan, Lic. R. Coll. Surg. Irel. 1876, Lic. R. Coll. Phys. Edin. 1877.

28th.—Spowart, Wm. Ribton, 15 Havelock Square, Dublin, Lic. R. Coll. Surg. Irel. 1877.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 7, 1877.

Total registered deaths in Dublin and suburbs* ...	153
Ten years average of same week	127
Excess of mortality above average	26
10 weeks ratio of deaths Rathmines	19·2 per 1,000
" " " " Donnybrook†	16·4 "
" " " " Blackrock	20·9 "
" " " " Kingstown	14·0 "
" " Entire Dublin District	25·3 "
COMPARATIVE RATIOS—London ...	19·3 "
" " Glasgow ...	21·7 "
" " Edinburgh ...	14·7 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic disease registered during the week is 29 ; average number in the 40th week of the last ten years 32·9. The deaths from the diseases include 2 from fever (both typhus cases), 5 from scarlet fever, 4 from measles—3 of which occurred in Peter Street District—4 from whooping-cough, only 3 from diarrhœa, against an average of 10·6 for the corresponding week, 2 from croup, 1 from quinsy, &c.

Eleven children died from convulsions.

The deaths from bronchitis amount to 28, being 17 over the average number for the 40th week ; 2 deaths were attributed to pneumonia, and 3 to lung disease unspecified.

Heart disease proved fatal in 7 instances, aneurism in 1, apoplexy in 3, cephalitis, paralysis, and brain disease unspecified each in 2, jaundice in 1, liver disease unspecified in 4, and cystitis in 1.

Phthisis caused 13 deaths, hydrocephalus 5, mesenteric disease 3, scrofula 1, and cancer 2.

Belfast.—Four deaths each from fever, measles and diarrhœa, and 2 from scarlatina were registered during the week.

QUARTERLY SUMMARY ENDING SATURDAY, SEPTEMBER 29th.

Births.—In the Dublin District, the ratio of births registered during the quarter, was 28·5 in every 1,000 of the population.

The ratio in the city was 29·4 ; and in Rathmines, Donnybrook, Blackrock, and Kingstown, 442, or only 25·5 in every 1,000.

There was registered in London during the same period an annual birth-rate of 34·9 ; in Glasgow 37·4 ; and in Edinburgh 31·1 in every 1,000.

Deaths.—The deaths registered in the Dublin District amounted to 1,757, or 22·3 in every 1,000 of the population ; the average number in the third quarter of the previous ten years was 1,716.

The ratio of deaths north of the Liffey was 21·8, south of the river 23·7. In Rathmines, Donnybrook, Blackrock, and Kingstown, 16·6 in every 1,000 of the population.

The ratio in London was 19·3 ; in Glasgow 21·0 ; and in Edinburgh 17·8 in every 1,000.

Diseases.—The outbreak of measles, which in the preceding three months caused 146 deaths, continued to prove unusually fatal during July ; since then the mortality from this disease and its complications has not been remarkable, still it has been over the average, and the deaths for the quarter amount to 122. A counterpoise to the heavy mortality from measles is found in the small number of deaths from diarrhœa, only 58 fatal cases of which disease were recorded against an average of 136 for the third quarter of the last ten years. Deaths from scarlet fever, too, were exceptionally few, numbering only 18. Among the deaths from other zymotic diseases are 54 from fever (10 typhus, 36 typhoid or enteric, and 8 simple continued fever), 2 from small-pox, both of which were registered in the first month of the quarter, 22 from croup, 20 from whooping-cough, 5 from erysipelas, 2 each from diphtheria, quinsy, and dysentery.

The total number of deaths from zymotic diseases registered is 342 or 19·5 per cent. of the deaths from all causes, an equal to an annual mortality of 4·3 per 1,000 inhabitants, the number being 98, or nearly one-fourth, less than the average for the corresponding quarter of the ten years, 1867-76. The deaths, last quarter, from the seven principal diseases of this class are equivalent to an annual rate of 3·5 per 1,000 persons.

One hundred and thirty-two children died from convulsions against an average of 143 in the corresponding quarter of the last ten years.

The deaths from bronchitis are considerably over the average for the September quarter ; they number 176 ; 47 deaths resulted from pneumonia or inflammation of the lungs, 4 from pleurisy, 2 each from laryngitis and asthma, and 21 from lung disease unspecified.

Heart disease caused 93 deaths, aneurism 12, pericarditis 1, paralysis 31, apoplexy 29, cephalitis 15, epilepsy 9, insanity 3, chorea or St. Vitus's dance 2, brain disease unspecified 35 ; hepatitis 1, liver disease unspecified 24 ; nephria 12, cystitis 2, diabetes 1, and kidney disease unspecified 16.

Phthisis proved fatal in 213 instances, or 12 per cent.

of the total deaths, mesenteric disease in 40, hydrocephalus 25, scrofula in 13, cancer in 29, and gout in 6.

Fifty-five violent deaths were registered: of these 52 resulted from accidents or negligence, 2 were cases of suicide, and in the remaining instance the return was too vague to admit of classification.

The annual rates represented by the deaths from all causes in the several districts ranged from 15·1 per 1,000 inhabitants in Kingstown to 28·8 per 1,000 in Meath-street District, and the annual rates afforded by the mortality from seven zymotic diseases varied from 0·9 per 1,000 inhabitants in Donnybrook District, to 6·1 per 1,000 in Meath-street District, and to 10·0 per 1,000 in Blackrock, the high zymotic rate in the last-named district being due to measles, which caused 16 deaths, or nearly one-half of the mortality from all causes in the district.

The total death-rate for the city was 22·9, and for the suburbs 16·6; the rate represented by deaths from the seven principal zymotics being 3·8 per 1,000 inhabitants in the city (3·1 on the north side, and 4·3 on the south), and 2·4 per 1,000 in the suburbs.

Provincial Towns.—The death-rates in seven Provincial towns are:—Belfast, 23 per 1,000; Cork, 22; Limerick, 19; Londonderry, 16; Waterford, 19; Galway, 14; and Sligo, 22.

One death from small-pox, 30 deaths from measles, 11 from scarlatina, 6 from diphtheria, 5 from whooping-cough, 47 from fever, and 55 from diarrhœa were registered in Belfast, these 155 deaths forming 14·7 per cent. of the deaths in the district from all causes.

There were no deaths from small-pox registered in any other of the districts above-named. In Sligo 16 of the 97 deaths registered were caused by fever.

MONAGHAN UNION.

SANITARY.

THE Clerk read a letter from the Town Commissioners directing the attention of the Guardians, as the Sanitary Authority, to the existence of a water-closet which had been erected over a well from which the poor of the neighbourhood draw water for domestic purposes. A pailful of the water had been taken to Mr. Whitla, the county analyst, for analysis, and he had stated that the water was so bad there was no necessity to analyse it.

Mr. Murray—What have the Town Commissioners to do with it? Sure they are not the Sanitary Authority?

Clerk—No; but they refer you to the facts, taking, as they do, an interest in the welfare of the town.

Mr. Murray—That is very kind of them; but we have a sanitary inspector, and if he does not look after these things he is not fit for his office.

[The concluding words of the report are an instructive commentary on that which precedes—"No order was made;" of course not. Probably, the owner of the water-closet was not as friendless in the Board of Guardians as the poor who are obliged to drink the filterings which are patronised by the Board of Guardians.—ED. M. P. & C.]

MARYBOROUGH DISPENSARY.

INCREASE OF SALARY.

THE Committee proceeded to consider Dr. Syme's application for an increase of salary.

Chairman—The Committee, I suppose, can only recommend the increase?

Dr. Symes—You must remember that I am here in a district where there are two established practitioners, so that I can only do a very little private practice, and have almost altogether to depend on my salary.

Mr. James Vanston—And he has neither the fees for births, or deaths, nothing but vaccination fees.

Dr. Symes—When I was without a horse, working the Heath Dispensary alone cost me £11 odd a year in car hire. My car hire for dispensary work alone for one year was £55. It now costs me £50 a year for a horse and £20 for a servant. I may mention that the population of the entire dispensary district is 6,428.

After some further remarks, the following resolution was unanimously adopted:—

Resolved—"The Committee of management of the Maryborough Dispensary have received an application from the medical officer for an increase of salary. Believing such to be desirable and necessary, we recommend the Board of Guardians to fix a suitable increase."

An increase of £25 a year was agreed to.

MOUNTMELLICK UNION.

THE CONSULTING SANITARY OFFICER.

DURING the reading of the minutes,

Mr. Cullen took objection to that portion of them relating to his notice of motion. The notice sent out to the guardians by the clerk was that, "inasmuch as this board can have no confidence in the consulting sanitary officer, &c., we dispense with his services," whereas what he wrote in the original motion was that "inasmuch as the board cannot have 'sufficient' confidence."

The Chairman asked how it was that the word "sufficient" was omitted from the notice paper.

The Clerk replied that it was an error.

A resolution was adopted, "That inasmuch as Mr. Cullen did not propose the resolution attributed to him on the minutes, that they be not confirmed."

A SUGGESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—It having appeared to many that the time has fully come when an Amended Medical Charities Act should be sought for and obtained, I would, therefore, respectfully suggest, that the mind of the whole of the dispensary medical officers should be ascertained on this subject now, during the Parliamentary recess, with the view of applying to Parliament in the ensuing session for an amended Act.

The imperfections, abuses, and grievances of the present law, have been sufficiently ventilated from time to time in your valuable journal. The needed improvements and amendments have also been hinted at in a limited manner. But it is altogether useless to continue teaching that which is already known; and equally useless to expect an alteration in the law from the existing authorities, as they are bound by the letter of the law, and could not even if they would. Nothing short of an Act of Parliament can remedy the defects, or supply the needful requirements of this most active and useful charity.

A hasty retrospective glance at his daily experience, would enable every dispensary medical officer to furnish in a few minutes a body of evidence, on which to establish a claim to be heard, and attended to, by the Government and Legislature, when exercising our constitutional privilege in asking for an Amended Medical Charities Act.

D. D. D.

DUBLIN SANITATION.

Abstract Report of the Executive Committee of the Dublin Sanitary Association.

(Continued.)

BURIAL OF DISEASED CATTLE.

DURING the months of January and February last a large number of diseased cattle, which had been slaughtered

under the authority of the guardians of the South Dublin Union, in accordance with the provisions of the Cattle Diseases (Ireland) Act, 1876, were buried within the city in a field adjoining Love Lane, South. The matter was early brought under the notice of your Committee, and the facts were investigated by a sub-committee appointed for the purpose. Complaints were successively brought before the Public Health Committee (who were, however, legally powerless in the matter), the Board of Guardians, the Local Government Board, and the Privy Council, and a voluminous correspondence ensued, much of which was published and commented on in the daily papers at the time. Finally, on the interposition of His Grace the Lord Lieutenant, by whose orders Professor Ferguson was especially directed to examine and report on the case, the grievance was redressed by the issue of a new Order in Council permitting the Guardians to have the carcases boiled down, instead of being buried within the city, a dangerous practice, which it is to be hoped will not be again resorted to.

LABOURER'S DWELLINGS.

It was stated in the last annual report that the preliminaries for the incorporation of a limited liability company for providing healthy dwellings for artisans had been arranged, and your Committee have great pleasure in stating that the company has since been incorporated, with a capital of £50,000, which the Company has power to increase to any amount that may be thought advisable.

Blocks of buildings capable of accommodating 141 families are in course of erection in Upper Buckingham Street, Upper Dominick Street, and Echlin Street.

Your Committe are happy to say that the corporation have taken steps to put in force the provisions of the "Artisans and Labourers' Dwellings Improvement Act, 1875," and have adopted an "Improvement scheme" affecting two unhealthy areas; one bounded by the Upper Coombe, Pimlico, Cole Alley, and Meath Street, containing over four acres, and inhabited by 984 persons; the other including portions of Denzille Street, Sandwith Street, Bass Place, &c., containing about three-quarters of an acre, and inhabited by 95 persons. Your Committe understand that both these areas when cleared will be taken by the Artisans' Dwellings Company.

When, on the 22nd March, the attention of the Committee was directed to the improvement scheme proposed by the Corporation, your Committee referred it to Mr. Furlong and Dr. Grimshaw to report thereon, and on the report of those gentlemen being submitted to them they passed the following resolution:

"That the Executive Committee of the Dublin Sanitary Association, having considered the Artisans' Dwellings Scheme proposed by the Corporation with reference to the Upper Coombe and Boyne Street, are decidedly of opinion that the scheme is defective in so far as it does not extend its operation to all the houses on the west side of Meath Street between the Coombe and Cole Alley, and all the houses on the south side of Cole Alley, and in so far as it does not extend its operations to the houses from 40 to 46 Denzille Street, and that a deputation be requested to attend on behalf of the Association before the Local Government Board Inspector at the City Hall to-morrow, Friday, April 13th, to advocate the views of the Executive Committee."

The provisional order to carry out the scheme has just been issued by the Local Government Board, and includes the whole of the areas suggested by your Committee.

ANTAGONISM OF POISONS.

DR. F. L. HAYNES has published in the *Philosophical Transactions*, of Philadelphia, for 1877, some experiments on this subject. From 143 experiments on rats, cats, rabbits, and dogs, he concludes: 1, that strychnia and nicotin are in no degree antagonistic; 2, that strychnia increases the convulsive action, and does not diminish the motor paralysis of nicotin; 3, that nicotin, even in paralysing doses, increases the convulsive action of strychnia; 4, that both poisons cause death by paralysing the respiratory apparatus; and lastly, that animals may be killed by injecting together doses of the two poisons which, singly, are not fatal.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, October 6th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, OCT. 6, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	25	162	153	28	36	..	4	5	...	4	2	3	6	4	34
BELFAST . .	20,687	182,082	17	112	59	16	8	...	4	2	...	...	4	4	...	...	4
CORK . .	13,816	91,965	21	40	28	4	10	...	1	...	...	...	2	2	...	...	13
LIMERICK .	8,509	44,209	22	36	19	8	3	...	...	...	...	...	...	2	1	2	8
LONDONDERRY	21,865	30.884	17	20	10	2	2	...	...	...	...	...	...	...	...	...	1
WATERFORD .	17,209	30,626	14	12	8	1	2	...	..	...	...	..	1	...	...	...	...
GALWAY .	21,358	19,692	13	12	5	1	3	...	...	...	...	...	...	...	...	...	3
SLIGO . .	30,835	17,285	18	1	6	2	2	...	...	..	..	...	1	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 24, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Observations on some Points in the Pathology of Syphilis. By James R. Lane, F.R.C.S., Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital 333

Rapid Cure of a Unilocular Congenital Cyst of the Ano-Coccygeal Region. By Dr. J. A. H. Depaul, Professeur de Clinique d'Accouchements à la Faculté de Médicine de Paris, Membre de l'Academie de Médicine, Commandeur de la Légion d'Honneur. Translated for "The Medical Press and Circular" from "Le Paris Medical," September, 1877 .. 335

Case of Hydrophobia 336

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society..... 338

PAGE

Clinical Society of London—

Cases Illustrating the Behaviour of the Carbolised Catgut Ligature upon Human Arteries 339

Recent Cases of Paracentesis Thoracis.. 339

"The Medical Press" Special Report on the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom 340

LEADING ARTICLES.

Fever Hospital and Convalescent Home..... 343

The Queen's University in Ireland.... 344

NOTES ON CURRENT TOPICS.

A Delicate Substitute for Litmus 345

Artificial Atrophy of the Globe of the Eye 345

Registration Omissions 345

Cleopatra's Needle.—What will He do with It? 346

A Costly Correction 346

Drugs in English Workhouses 346

Our Navvies 347

PAGE

Analysts' Testimonials 347

The Penge Case 348

The Piano in Uterine Affections 348

Drying-Yards for the Working Classes.... 349

Methylated Tinctures 349

A Centenarian 349

Treatment of Vicarious Hæmorrhages 349

Treatment of Lumbago 349

Injections of Morphia in Cases of Obstruction of the Bowels..... 350

New Anæsthetics 350

Endosmosis of Bile into the Bronchi..... 350

Lady Chemists 350

Patent Medicines 350

CORRESPONDENCE.

Post-Mortem Examinations in Workhouses 350

Hydrobromic Acid in Tinnitus Aurium.... 351

MEDICAL NEWS.

Queen's University in Ireland 351

Royal College of Physicians in Ireland 351

Royal College of Surgeons, Edinburgh 351

Notices to Correspondents, &c. 352

Vacancies 352

Deaths 352

Original Communications.

REMARKS ON SOME POINTS IN THE PATHOLOGY OF SYPHILIS.

By James R. Lane, F.R.C.S.,

Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital.

HEREDITARY SYPHILIS.

The question of hereditary syphilis is one of great practical interest, and it is important that a distinct and comprehensive idea of the modes in which, so far as is known, this form of contamination is possible, should be present in the mind of every practitioner. I venture, therefore, to offer a brief epitome of the ascertained facts and prevailing opinions on the subject.

The following are the various ways in which hereditary transmission may take place:—(1) From father to child; in connection with which arises the question whether the mother may remain healthy throughout or whether she will probably be infected by the diseased fœtus during pregnancy; (2) from a previously healthy mother who becomes infected during pregnancy; (3) from a previously diseased mother, the father being healthy; (4) when both parents are diseased.

1. The first question is—Can a syphilitic father beget a diseased child through the influence of the semen on the ovum, and if so, may the mother remain healthy, or does she, probably or necessarily, become infected secondarily through the diseased fœtus? The possibility of the father thus infecting the child has been doubted, but the balance of opinion is now strongly in favour of its occurrence; in fact, in the late debate at the Pathological Society, all the speakers who alluded to the subject seem to have adopted this view as beyond all doubt. The question of the mother becoming infected under such circumstances requires more consideration. This mode of infection of the mother has been disputed, partly on account of the difficulty of proving that she has not contracted the disease in some other way, but also on the ground that there is no direct communication between the maternal and the fœtal blood-vessels. The latter objection is not worth much, when we consider the interchange of blood-material constantly taking place between mother and fœtus. Still, many good authorities have supported the view that the mother may, and in fact frequently does, escape. Recently Dr. Kassowitz, of Vienna, has investigated a large number of cases at the Lying-in and Foundling Hospitals there. In seventy-six of these his information was sufficiently accurate to exclude, in his opinion, every source of fallacy, and in forty-three of them the mothers were not syphilitic, the fact being established, it is said, by a careful watching of their health, continued over a series of years. (*a*)

Such evidence, at first sight, seems conclusive; still, one cannot help doubting the frequency, to say the least, of so favourable a result, and for the following very cogent reason:—If perfectly healthy mothers frequently gave birth to diseased children, their subsequent infection by suckling such children would surely have been often noticed before now. It is well known that a diseased child almost invariably infects a healthy wet-nurse who suckles it, but the infection of a mother by suckling her own diseased child is as yet unknown. This fact was first noticed by Abraham Colles, of Dublin, so long ago as 1837, and quite recently Mr. Hutchinson has again drawn attention to it, speaking of it as "Colles's law." Mr. Hutchinson puts the very pertinent question, "Has anyone ever known a case in which a mother suckling her own syphilitic infant contracted a chancre on her nipple from its mouth?" No such case has, I believe, yet been recorded.

In favour of the possible transmission of syphilis through the fœtus to the mother, most authorities, both British and foreign, are agreed. Ricord, who for a long time denied the communicability of secondary syphilis in any other way than by hereditary transmission, has always taught that a man may beget an infected child which shall convey the secondary virus to its mother. Depaul, in 1851, said the embryo, alone diseased for a

(*a*) See *Brit. Med. Jour.*, Feb. 5th, 1876.

time, may, in its turn, during its sojourn in the womb, infect the mother. Mr. Hutchinson, twenty years ago, published fifty cases confirming this, and he believes that the liability of the mother to contagion of this kind is very great; whereas the cases are rare in which a wife contracts disease from her husband until pregnancy supervenes, always supposing, of course, that he has no symptoms of a directly communicable kind. Mr. Hutchinson thinks, further, that when the mother is thus infected, the form of disease conveyed to her closely resembles that of the father, so that if the father has passed the secondary stage and possesses only a taint of the blood or tertiary manifestations, the mother is likely to possess symptoms resembling the tertiary class. Dr. Broadbent also considers that when a woman becomes contaminated through a syphilitic fœtus, she may have no secondary symptoms whatever, but pass straight to the manifestation of tertiaries. My own experience would be confirmatory of these opinions as regards the mothers to this extent: that they may from the first show symptoms, such as nodes, usually referred to the tertiary class, but they also very often develop symptoms belonging to the secondary period; and I very much doubt whether the blood contamination belonging more especially to the latter period is ever altogether absent in such cases, and whether close inquiry would not generally reveal some evidence of its existence. But although one or both parents may have the disease in a form which may perhaps be transitional between the secondary and tertiary periods, this is quite exceptional in the child, which almost invariably shows symptoms of early secondary disease in a severe form. Why there should sometimes be this marked difference in the character of the disease in the mother and the child there is at present no satisfactory explanation at hand.

Again, there are cases in which the mothers of diseased children present no symptoms whatever, instances of which have probably come under the notice of most practitioners of experience. But something must have happened to them, or how is it they are never infected by their own children? Mr. Hutchinson suggests that they are probably examples of the secondary stage being passed through without external signs, except, perhaps, some slight indefinite ailments during pregnancy, and that they have thus obtained their immunity, but that they may develop tertiary disease after long intervals. "We have here," he says, "a form of syphilis which is protective, but which is unattended with any cutaneous outbreak. Thus, syphilis acquired by blood-contagion from the fœtus would appear to be for the mother a parallel with vaccination with regard to small-pox; she gains immunity without suffering from any severe form of disease."

There are, then, ample grounds for the belief that the ovum may be infected by the semen of the father, and equally so that the mother may be infected through the fœtus, and there is also good reason to believe that the complete escape of the mother, under such circumstances, is of exceedingly rare occurrence.

2. The second case for consideration is that of a mother becoming first infected during pregnancy, and conveying disease to a healthy fœtus in utero. This is analogous, inversely, to the case of a fœtus diseased by the father infecting in utero a healthy mother. If the one can take place why not the other? Ricord taught that until the sixth month the mother may transmit constitutional syphilis acquired during gestation, but if the infection of the mother take place during the last three months, it is not certain that transmission is possible. The evidence available seems to be pretty clear that a mother contracting syphilis during the first six or seven months of pregnancy may communicate it to her child before its birth, and that the earlier she is infected the greater will be the risk. Diday gives eleven cases of its occurrence, though to the genuineness of some of them exceptions have been taken, and indeed it is extremely difficult to find cases so complete as to exclude all the numerous sources of fallacy. There will often be strong probability, but seldom absolute certainty.

3. Next, supposing the mother to be diseased before conception, the father being healthy. It is generally admitted that in this case the probability of the child being diseased is very great. There is a double chance of this happening—first, through the infection of the ovum by the mother *ab initio*, which is analogous to infection by the semen of the father; and secondly, through the maternal fluid during intra-uterine existence. At the same time, it is not a certainty that a diseased mother should infect her child. Mr. Berkeley Hill records three cases under his own observation in which the children escaped, although the mothers all showed symptoms during the pregnancy.

4. The only remaining case is when both parents are diseased. This is a question which hardly requires discussion; for, if hereditary transmission is admitted, these are the circumstances most favourable for its occurrence; and, in fact, there are many who have denied that the child can possibly escape. This, however, is probably too sweeping a conclusion. As Diday remarks, when both parents are under the influence of a diathesis weakened by time and by the action of remedies, may it not be that this double chance is less serious than the single one in which one of the parents has the disease in a severe form?

My own belief is that syphilis may be transmitted hereditarily in every one of the ways above-mentioned, but that in every one of them the child will occasionally escape. The older the disease in the parents, the greater is the chance of immunity. The possibility of escape is shown by the occasional birth of a healthy child intervening between others who are diseased—a fact which has been repeatedly observed. When this occurs, the diathesis in the parent is probably temporarily in abeyance under the influence of remedies or from some other cause, and is incapable of conveying the infection.

The ordinary history of hereditary syphilis is pretty much as follows. At first the ovum perishes and abortion takes place, usually at an early period. Subsequent impregnations are also followed by abortion, but probably at a later stage. So common is this that repeated abortions in early married life afford strong grounds for suspecting syphilis, and investigation will probably reveal present symptoms or a syphilitic history in one or both parents. Later on a child is born at the full term, but with well-developed symptoms at birth; this, however, is not very common; but when it does occur, such children, I believe, usually die. Much more frequently the child is born apparently healthy, but the ordinary train of symptoms sets in a few weeks after its birth. Mr. Hutchinson suggests as an explanation of this that the development of the syphilic yeast, as he calls it, is restrained during intra-uterine life, and comes into full activity only with the function of respiration. These children, under judicious treatment, very frequently recover. In the end, the taint in the parents appears to wear itself out, and healthy children are born who may show no evidence of disease throughout life.

I do not, of course, mean that the whole series of events just sketched occurs in any given case; I merely wish to indicate the *kind* of sequence which is met with in practice. It will coincide more or less closely with the stage of the disease present in the parents.

The question of the period at which hereditary transmissibility ceases is another point of interest. The general opinion has long been in accordance with that originally enunciated by Ricord, that when the tertiary stage is reached the disease is neither contagious nor hereditarily transmissible. The secretions of tertiary syphilis have been inoculated, but never successfully, and the evidence is altogether negative as to the occurrence of contagion in this stage. Again, it is certainly the rule that when the parents have reached the tertiary stage the children born to them are free from all signs of syphilis. Mr. Hutchinson, who thinks that syphilis is no longer a blood disease after

the secondary period, believes that the power of hereditary transmission persists long after the cessation of blood contamination; but I venture to ask—How can we ascertain when the blood ceases to be contaminated? and is not the fact of the transmission sufficient evidence that it still is so? It is often noticeable that symptoms of both the secondary and tertiary stages coexist; the two stages, in fact, overlap each other; and perhaps the tertiary stage which is setting in attracts more attention than the secondary stage which is dying out. Are not these the cases which have been supposed to be examples of hereditary transmission in the tertiary period? I would ask, further, whether there are any instances in which persons who have fully passed into the tertiary stage, and are suffering, we will say, from gummata or destructive bone disease, have produced syphilitic children?

What I have just suggested would be corroborative of Mr. Hutchinson's view that syphilis is only a blood disease during the secondary stage, and that tertiary symptoms may be sequelæ arising perhaps out of deposits in the tissues which have been left over from the secondary period, and have been long quiescent. Several distinguished speakers in the late debate argued that syphilis is a blood disease from beginning to end; but if it is so, it has undergone very remarkable modifications in the tertiary stage, as shown by its mode of action on the individual, by its non-contagious effects on others, and I would say, also, by its non-transmissibility to offspring. The instances of re-infection and the production of an indurated sore during the tertiary stage afford striking proof of the change which has taken place.

In relation to hereditary transmission the question is often asked of us by men who have had syphilis whether they may safely marry? The answer should always be a very guarded one. It is impossible to fix the time positively when the taint has disappeared, but a year at the very least should have elapsed after all the symptoms have ceased before a man is justified in marrying, and he should be told that even then he does not do so without some risk, the responsibility of which he must take upon himself.

The effects of inherited syphilis in after-life are interesting and remarkable. Here, again, it is to Mr. Hutchinson that much of our present knowledge is due. He has pointed out the connexion between infantile syphilis and the affection of the cornea known as chronic interstitial keratitis, which has been generally accepted by the profession as arising from inherited taint. The infantile symptoms may have passed away at the end of a year, and the child appear perfectly healthy; but at the age of ten or fifteen, or later, the corneitis makes its appearance. He considers that although it is so long deferred, it should, nevertheless, be classed amongst the secondary affections, partly because it is usually symmetrical, but also because in the rare cases in which it has been observed in connexion with *acquired* syphilis, it has been associated with the early secondary stage. Mr. Hutchinson has also described a form of deafness which is not unfrequently met with in the subjects of inherited syphilis, which, like the corneitis, he considers to be a delayed secondary manifestation.

Another point which, as is well known, has been much insisted upon by Mr. Hutchinson as evidence of inherited syphilis, is the presence of a peculiar lunated notch in the lower border of the permanent central incisor teeth of the upper jaw. His views on this point, however, have not been quite so generally accepted. At a meeting of the Association of Surgeons practising Dentistry the relation between these teeth and hereditary syphilis, though acquiesced in by the majority, was called in question by several speakers of note, and amongst them by Mr. Henry Lee, who believes them to be merely the result of impaired nutrition, whether caused by syphilis, scrofula, or any other condition. I have myself never been convinced that these deformities of the teeth are pathognomonic of congenital syphilis, and I agree with Mr. Lee that much unhappiness may be occasioned in families by the too ready assumption that they are invariably so caused.

Another peculiarity in connexion with inherited syphilis on which Mr. Hutchinson has laid stress is that the subjects of it seldom present the conditions which chiefly attract attention in the tertiary stage of acquired disease. Gummata in the cellular tissue, muscles, viscera, or cerebral meninges are, he thinks, almost unknown, and also the paralysis of single muscles and other affections of the nervous system, which, from recent researches, are now believed to be not unfrequent in the subjects of acquired disease.

I think, however, that on this point Mr. Hutchinson's views are open to question, for in my experience, tertiary affections, and especially soft nodes and destructive bone disease, are at least as frequent in the after life of the subjects of inherited syphilis as the corneitis and otitis which he has described.

RAPID CURE OF A UNILOCULAR CONGENITAL CYST OF THE ANO-COCCYGEAL REGION.

By Dr. J. A. H. Depaul,

Professeur de Clinique d'Accouchements á la Faculté de Médicine de Paris, Membre de l'Academie de Médicine, Commandeur de la Légion d'Honneur.

Translated for The Medical Press and Circular from *Le Paris Medical*, September, 1877.

The history of congenital tumours of the lower extremity of the trunk is not yet perfectly known, although such affections are not very rare: MM. S. Duplay, Kung, Constantin Paul, Moltz (Strasburg), Halmer (England), have published some observations on this subject, and by

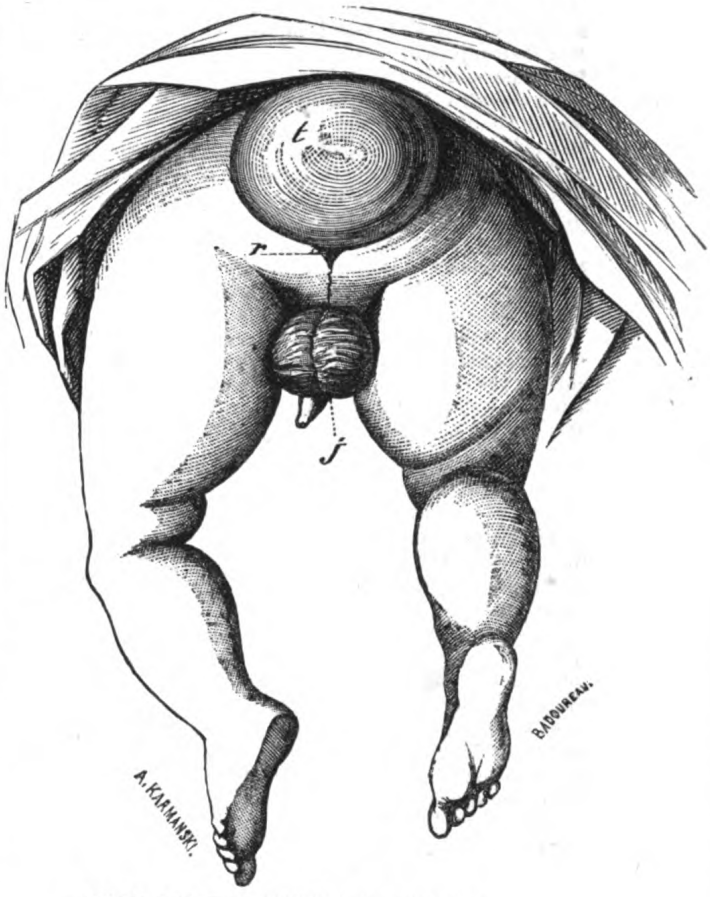

PLATE SHOWING POSITION OF TUMOUR.
t Tumour. *r* Anus. *j* Scrotum.

b

collecting all the scattered cases M. Depaul has compiled a memoir published in the last number of the *Archives of Toxicology*, from which the following case is quoted :—

On the 5th March, 1877, a male child, aged four days, waa brought for advice to the clinique of Dr. Depaul, having a tumour the size of a small orange on the perineal region. On examination, at the bottom of the spine was an irregular fluctuating swelling, transparent when examined in certain positions. The skin covering it was almost normal through its whole extent, except in the depending part, it appeared a little thinner and covered with small veins. There was no adherence to the neighbouring bones, and neither in the lumbar region, nor in the posterior region of the sacrum, was there any trace of division of the spinal apophyses. The spinal canal was evidently complete. The coccyx embraced in the posterior wall of the tumour was elevated, but could be felt through the whole extent ; on pressure it was pushed back, but it returned to its original place ; its examination did not seem to excite any pain. The tumour partly covered the anus, which was otherwise naturally formed, and through which the fæcal matter passed regularly. No modification in its consistence was produced by cry or efforts.

Dr. Depaul considered he had only to deal with a sac filled with fluid and not prolonged into the deeper parts, and having obtained the consent of the relatives, on March 7th punctured it with a small trochar, drawing off 17 drachms of transparent fluid, slightly yellow, tinging on red. The tumour completely emptied, and the skin creased especially in the vertical direction. A fresh examination did not reveal anything particular, and the child was seen again in two days to complete the operation.

On March 9th the tumour was again filled with a quantity of fluid, and about 15 grammes of a somewhat similar character escaped on puncturing it, but there was a slight quantity of blood mixed with it. Some iodine was then injected, and after four or five minutes allowed to escape. At the end of two days the tumour seemed to have assumed its original volume, but little by little it began to diminish, and on the 3rd of April the cure seemed complete. There was a little thickness of skin and some folds showing its position, but up to the present the child has remained well, and there was no evidence of its return.

Dr. Guilippe analysed the fluid, which contained some red globules and leukocytes but no fibrine. Dr. Depaul considers it a rare instance of a unilocular cyst of the coccy-anal region, not containing a solid mass, and having no communication with the spinal canal. From the chemical nature of the fluid, it might be admitted that during the uterine period of life, some communication existed between the tumour and the spinal canal, but if so, it disappeared without leaving any trace.

CASE OF HYDROPHOBIA.

In view of the interest which is manifested at this moment upon the nature and treatment of hydrophobia, an interest to which we bear testimony by the publication of a Special Report on the subject this week, it has been suggested to us to republish the narrative of a case communicated a few years since to the Surgical Society of Ireland, by Mr. Robert Persse White, Surgeon to the Meath Hospital, Dublin. The considerations which the case suggests, are as well deserving of discussion to-day as then. We are requested by Mr. White, to state that he will be glad to be afforded the opportunity of seeing and studying any genuine case of the disease which may come under the notice of any of our readers. Mr. White's narrative is as follows :—

Those who have made a study of the records of the many cases of hydrophobia which have occurred in England and on the Continent will not for a moment doubt but that this was a case of that dreadful disease, and they will, at the same time, be struck with the wonderful likeness which all these cases bear to one another. In all the long period of incubation, seldom shorter than thirty days, often reaching to many months—this case being one of the latter class ; the depression of spirits, as he said, "as if something was hanging over him ;" the painful or unpleasant sensations in the cicatrix or its neighbourhood. Then the restless agitated manner, the parched mouth and dreadful thirst ; and yet the horror of fluids, not as fluids, but from a dread of the spasm of the pharynx and diaphragm caused by any attempt to swallow them ; the mania coming on late, and so like that in delirium tremens, but also having a special character of its own—the constant raving about dogs and animals, the diaphragmatic spasm causing the peculiar barking sound ; the constant expectoration of thick viscid saliva ; the irritation of the generative organs ; and, as the last stage approached, the congested face, the profuse sweat, the fixed upturned eyes, and constant muttering. These are all the common symptoms described by various writers, and all of which were but too well marked in this case. In addition to these there is one point to which I wish to draw attention, and which I have not found noted in any former case, and that is the quantity of albumen existing in the urine, the albumen occupying a fourth of the bulk of urine in the test-tube on the day of his admission, and on the afternoon before his death it had increase fully to one-third. My friend Dr. Foot kindly examined the urine, and found it normal in all its constituents, except the albumen, and a great excess of lithates.

We know the great danger to life in many diseases where albumen is found in the urine in quantities far less than in this case ; and how strong and well-grounded often is our dread of serious nervous complications where we find such a state, as, for example, in diphtheria and in the puerperal state. Here it will be well to call attention to the fact that the albumen in the urine was albumen as we find it in the diseases alluded to, and that there was no trace of red blood present in the urine. This seems necessary to be noted, as the suggestion has been made that the albumen was the result of that congestion of the kidneys which was found to exist on *post-mortem* examination ; if it was the result of such congestion we doubtless would have had urine in character similar to that to be found in congestion after scarlet fever and like states. It is to be regretted that we have no notice taken of the state of the urine in any of the recorded cases, except where Mr. Forster, in one of his reports says, "has passed about eight ounces of perfectly clear urine ;" and Romberg in his one case says,—"The urine of a pale yellow colour ;" for if albumen be constantly present it would open up a new view of such cases, and might prove to be an early symptom in persons who have been bitten, perhaps enabling us to meet the danger before it be too late ; for too late it is when once this disease has shown its true symptoms.

This leads me to the question of prognosis, and from what I have seen, and from what the best authorities tell us, the prognosis must always be unfavourable. Dr. Gamgee says it is a disease "from which probably no one ever recovered." M. Romberg says—"When rabies become developed, we know of no remedy which will prevent the fatal issue ; the cases which are reported of a different result are untrustworthy, as they do not bear the test of strict criticism."

And, again, "No successful case that deserves our confidence has as yet been placed on record."

As to treatment, I may first allude to the prophylactic, and I will do so simply by calling your attention to an admirable paper by Dr. Cooper Forster, in "Guy's Hospital Reports," Series iii., vol. xii., in which, after summarising the treatment, prophylactic and otherwise, adopted in the various cases referred to by him, excision, cautery, nitrate of silver, &c., says :—

"Upon reviewing these cases—the results and the treatment—*can* we endorse the remark in Cooper's 'Surgical Dictionary'—that happily, surgery possesses one tolerably certain means of preventing hydrophobia when it is practised in time and in a complete manner? Every reader will know that the excision of the bitten parts is the operation to which I allude."

Dr. Watson says, "The early and complete excision of the bitten part is the only measure in which we can put any confidence."

Dr. Forster himself says, "In the only case we have reported where excision was practised the disease appeared in four weeks. The bite occurred in a part where complete removal was easily practised without involving any serious com-

plication, and yet it failed; and we believe it is much more likely to fail when practised in other parts of the body where complete removal cannot be so easily performed."

And, again, "If he be about to have hydrophobia, nothing, so far as we know at present, can prevent it; and we believe that we shall not be able to achieve such a result until we are better acquainted with the pathology of the disease. Excision or non-excision are alike vain: sooner or later the disease appears." And I regret to say this case but too strongly supports his views. All internal treatment has as yet failed to arrest its progress, and in this case atropine was used in the hope of giving relief, unaware at the time that Dr. Forster had previously tried it; it certainly gave relief, but no more. Since this case occurred I have received Professor Halford's paper on the injection of strong solution of ammonia into the veins as a remedy for snake bites; and I certainly think that the wonderful results obtained by him in such would fully justify us in the trial of that line of treatment in cases such as I have now detailed.

Samuel Egan, a well-made muscular man, æt. thirty-five, admitted into the Meath Hospital, under the care of Mr. White, on the morning of Wednesday, October 27th, 1869, states that early in July last he was bitten on the right wrist by a dog, said to have been mad, and which was shot immediately afterwards. The wound was freely cauterised with solid nitrate of silver, and he was under medical treatment for seven weeks. He remained in perfect health until about six weeks ago, when he left home to get work in his occupation as coachman and gardener. During this period he slept in a wet bed, and from the time he left home he never was well; he felt, as he expresses it, "as if something was hanging over him." On Thursday, Oct. 21, he had a slight rigor, followed by sweating, with headache. This passed away, and he was pretty well until Monday, the 25th, when in the morning he suddenly found that he could not drink his tea, and that all attempts at doing so caused what he calls "a stoppage of his breath." This spasm continued through Monday and Tuesday, and on this (Wednesday) morning he was admitted in Hospital.

His face has a peculiar, searching, anxious expression, the eyes staring wide open, and the pupils much dilated. He seems restless and uneasy. There is no stiffness in the muscles of the neck, no pain or uneasiness in the epigastrium. Pulse 86, intermitting; surface of the body cool. The cicatrix of the bite is visible on the radial side of the dorsal aspect of the right wrist, lying over the extensors of the thumb; it is about an inch in length, elevated above the surrounding skin, and is of a purplish red colour. He states that for the last few days he has had a feeling of numbness in the hand, especially around the cicatrix. This feeling has extended up the arm, around the back of the neck, and down the arm. It is very difficult to examine the cicatrix, as he is very unwilling to have the hand touched. He attributes his illness entirely to his having slept on a damp bed, and says the bite has nothing to do with it; that it was well burned at the time, and never came against him since. He has not slept for the last three nights; when just dozing he starts up with a spasm. There is no clear history of his having slept in any damp bed, the only reason he can give for believing that he did is that he generally found himself very hot and wet in the morning. He complains much of thirst, and longs to drink, but on proposing to him to try, he shuddered and gasped for breath, and when the vessel of water was put into his hands, he was unable to raise it to his lips, as all attempts to do so brought on spasms of the pharynx. He does not mind water being poured from one vessel to another, but just after his admission he was greatly irritated with the nurse because she asked him to wash his hands. He can swallow solids without difficulty.

The disease being at once recognised, it was determined to remove him to a separate ward. On endeavouring to persuade him to go down to it he became much excited; he put on his clothes,—declared he would not be bullied, but would go home. After a time he quieted and went to his ward.

Mr. White, after consultation with his colleagues, resolved to treat him by the hypodermic injection of atropine, and as he is able to swallow solids, ordered him an underdone mutton chop, also the following injection:—

℞ Hoffman's ether, ʒj.;
Brandy, ʒiiij.;
Water, ʒij.

1-30th of a grain of atropine was injected over the right pectoral muscle. He would not allow it into the arm—hid it under the bed-clothes, and declared he would not have it touched. The introduction of the needle caused violent spasms. He eat nearly all the chop, but had great difficulty in swallowing some bread moistened in water.

Five o'clock, p.m.—Is somewhat better. Slept for about one hour (the first time since Saturday night). His pupils are more dilated, evidently from the action of the atropine. He is less restless. Has swallowed more than half-a-pint of water by means of an india-rubber tube passed far back into his mouth, but with great difficulty, and by a tremendous effort of will. He now complains of great uneasiness, amounting to pain, in the epigastrium. The numbness he complained of in the arm has changed to tingling, especially in the right axilla. The 1-30th of a grain of atropine was again injected, but with great difficulty, owing to the violent spasm caused by the use of the needle.

Ordered brandy jelly; enema repeated, but was not retained, the introduction of the tube caused such spasms that he sprang completely round in the bed.

Nine o'clock, p.m.—Is very much worse, cannot take either fluids or solids into his mouth. Has had a short doze. His face has become peculiarly wild and anxious-looking. He is kept in bed with difficulty, and cannot be persuaded to lie down, remaining sitting up in bed, and begs of everyone who comes near him to do something to relieve him. The sensibility of the surface of the skin has become very great, the least touch—even exposing his chest to the air—brings on spasm. Complains of intense pain in the epigastrium, extending round to the spine. He has now also got spasmodic action of the diaphragm, causing in some degree the peculiar gasp which has been likened to a bark. Complains very much of the dryness of his tongue, which always is swelling to choke him. He has used about half a tumblerful of the brandy jelly, but just now on taking a small spoonful, he with great difficulty got it into his mouth, and made several desperate efforts to swallow it, each of which caused violent spasms; at length in one tremendous spasm, and with a peculiar cry, almost a howl, he sprang suddenly straight up from the bed, clung with both hands to the curtain railing, and spat out violently the piece of jelly, then the spasm subsided. The 1-20th of a grain of atropine was then injected, with the same difficulty as before, but shortly afterwards he became much quieter, and the sensibility of the surface diminished remarkably. He keeps the right hand constantly under the bed-clothes, and will not allow it to be touched. He passed urine several times during the day—sp. gr. 1040, and containing a large quantity of albumen.

Oct. 28 (Thursday).—Was very unmanageable all night, could not be kept in bed. It was found impossible to repeat the injections of atropine during the night. He passed urine several times. When Mr. White visited him at 9 a.m. today he insisted upon going home; said he would tear anyone in pieces who would prevent him; that he would jump out of the window, and would not be kept; that there was nothing the matter with him but a cold, though we were trying to frighten him, bringing water and dogs near him. At length he became so excited that it became necessary to put on the straight-jacket. At 11 o'clock 1-12th of a grain of atropine was injected into the back of his neck, and he was secured in bed. A pint of beef-tea was thrown into the rectum, and the room was darkened. Soon after he was put to bed he began opening and shutting his hands, and rapidly drawing up and down his legs. This was the prelude to frightful spasms, which began at 1 o'clock, and recurred at intervals of about five minutes, and increased in violence until five o'clock. Owing to the violence of the spasms he soon began to perspire profusely, the veins stood out strongly on his forehead, and his face became congested.

Immediately after being put to bed he tried to pass water, but was unable to do so; this was followed by partial priapism, never amounting to complete erection. He now began to complain that we had lighted a fire under him; that it was burning his genitals and extending up his back, chest, and neck; he insisted that he saw it blazing on the bed, and reproached everyone who came near him as being hard-harted, in looking upon a poor creature roasting without doing anything to relieve him. He answers sensibly when spoken to, but always ends with a petition to take off the fire. He recognised his brother and every person who had been with him since his admission. He next imagined that his right hand had been cut off at the wrist, and it was useless to try and persuade him to the contrary. He kept his eyes perpetually open and turned upwards, and talked incessantly. He has

wice drank water through the india-rubber tube, but by a great effort. Since morning he is constantly spitting quantities of viscid frothy saliva. At 2 p.m., 1-12th of a grain of atropine was again injected, and the beef-tea enema repeated. After this the spasms ceased for about twenty minutes, and he lay quiet, but then he began to imagine there was what he called "an old cove" under his bed, who was heaping up the fire upon him. He now had at times strange bursts of laughter, and at others he cried out that a dog had been introduced into him instead of the enema tube; next, that dogs and cats began to come trooping in through the window, and counted them rapidly as they came; that they were barking and hissing round his bed, but he said it was useless, that he was not afraid, that the bite had been well burned, and had never come against him. The manner in which the spasms came on was curious. In the earlier part of the day he would try to reach under the bed at the "old cove" who was burning him; then shriek out aloud that he was being roasted, and immediately the spasm came on. About 4 o'clock the manner of their approach changed; he would sit up in bed, peer curiously and anxiously into the corner of the room, then shrink back as if afraid of something, utter a loud cry, and instantly become convulsed. During the spasms, which were but momentary, his head was thrown back, his body straightened, and he seemed to rest only upon his heels and the back of his head. In the afternoon he vomited several times small quantities of a greenish matter.

At 5 o'clock p.m. 1-12th of a grain of atropine was again injected, and the beef-tea repeated; after this the spasms ceased, and he also stopped spitting, but complained of some person standing beside his bed blowing coloured dust up his nose and choking him.

At 5.30 he began to mutter inaudibly, and kept his eyes fixed upon the ceiling. At intervals he would shrink back, utter a half cry half laugh, shudder strongly, and then lie as before. He is evidently sinking fast. Pulse 160, and intermitting.

At 8 o'clock, he not having passed any urine all day, Mr. White introduced a catheter, which caused violent spasm, and drew off about ten ounces of clear high-coloured urine, which on examination was found to be loaded with albumen. He now commenced to eructate thick viscid mucus, which poured in large quantities from his mouth.

He had no return of the spasms prior to his death, which took place quietly, without any appearance of asphyxia, about 10·45 p.m.

Autopsy, Oct. 29th:—

The *post-mortem* examination was made by Dr. Ormsby and Dr. Foot, in presence of Mr. White, at 11 a.m., twelve hours after death. There is a peculiar heavy odour from the body, and decomposition has already set in. *Rigor mortis* well marked, especially in lower extremities. The livor on depending parts of the body is very great. The scrotum and dorsum of glans penis are much congested. On turning the body over on its face, a quantity of blood and serum fluid issued from the mouth, and the last enema of beef-tea mixed with fluid fæces and foul-smelling gas issued from the rectum.

On raising the calvarium and dura-mater, the veins of the pia mater were found distended with dark fluid blood. There are patches of bright red over the surface and base of the brain, and the sinuses are more distended than usual. The basilar artery and circle of Willis are much distended with dark blood.

On cutting into the brain nothing abnormal was seen. The ventricles contained no fluid, but seemed drier than usual. The choroid plexus and velum interpositum were greatly congested. The interior of the pons varolii was paler than usual. The exterior of the cerebellum was of a violet hue, but no morbid appearances were found in it. There is about an ounce of serous fluid in the pericardium. The lungs are most intensely congested, almost pneumonic; the kidneys also congested. But the most remarkable appearance was that of the larynx and pharynx. The surface of the epiglottis and the interior of the larynx were of a dark greenish yellow colour, and appeared almost as if they were in a state of gangrene. The pharynx was of an intensely dark colour, with many of the mucous follicles enlarged and distended with fluid.

A SEVERE epidemic of cattle plague having set in at Frankfort, strict regulations have been issued by the authorities to prevent the spread of the disease.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 9TH.

THE first paper read was by FURNEAUX JORDAN, Esq., F.R.C.S., of Birmingham, on "The Peculiar Varieties of Hydrocele of the Cord." After some introductory remarks, the author referred to the origin of hydroceles of the cord. He considered them due to an imperfect obliteration of the peritoneal prolongation which took place along the cord from the internal inguinal ring to a point a little above the testis. This obliteration began at two points, at the ring and near the testis; and if it were incomplete, fluid might collect in the unobliterated space, forming a spherical enlargement which was movable from the testis. Transparency was present, especially in the lithotomy position. The disease was most frequent in early life, and was called "encysted hydrocele of the cord," probably to distinguish it from the "diffused" variety. The first of these varieties communicated with the abdominal cavity by a long, fine tube, while the others ceased near the external ring. These were the chief points of interest; and while in the first case a truss was applied, in the second case acupuncture was resorted to, and was successful after two or three operations. From the globular collection of fluid with the neck-like prolongations, the name of "water-bottle hydrocele of the cord" was suggested.—Mr. RIVINGTON thought the first of Mr. Jordan's cases might be considered to be a congenital, and the second an encysted, hydrocele of the cord.—Mr. HOLMES said that the first case resembled a condition of the cord that was found in the body of the late Sir Astley Cooper. He also regarded the second case as a modification of ordinary encysted hydrocele.—Mr. JOHN CROFT had had under his care a child, æt. 5, who had a swelling in the spermatic cord, the contents of which could be returned into the peritoneal cavity by gradual pressure. This hydrocele of the cord, communicating with the peritoneum, he hoped to cure by obliterating the canal by a properly-applied truss.—Mr. A. WILLETT said it was commonly taught that all hydroceles might communicate with the peritoneum. As regards the second case, he would hesitate to call it an encysted hydrocele.—Dr. JOHN HARLEY asked as to the connection between such cases and soft tumours.—Mr. HULKE had examined a large number of cases, and had found that the process of peritoneum frequently remained patent. The point of importance was the treatment. Was it, he asked, safe to treat this first class of cases by ordinary methods?—Mr. JORDAN, in reply, said in neither case was there a history of hernia. The cord lay altogether behind the collections of fluid. He had applied a truss, with great relief to the pain, but the swelling was still present. It was difficult, in treating the small cysts, to be always sure the iodine entered the sac; he, therefore, passed through them a thread soaked with iodine. Dr. Harley's case was probably a small fatty tumour, or an omental hernia, which might resemble a fatty tumour.

Dr. ARTHUR ERNEST SANSOM then read a paper on "A Case of Noma," in which moving bodies were observed in the blood during life. The case, he said, showed that noma must be added to the list of diseases in which bacteroid particles in active movement were present in the blood and the fluids. It was shown, also, that the fluids in the disease possessed the faculty of virulent infectiveness. The case was that of a child, in whom the disease appeared on the cheek a fortnight before admission. There was great prostration, and on admission the patient was anæmic and drowsy, but not emaciated. The parts affected rapidly sloughed, the cheek was perforated, and then followed necrosis of the maxillary bone, copious hæmorrhage, broncho-pneumonia, general œdema, and death eight days after admission. On a microscopical examination of the blood, the white elements were found in excess, their protoplasm appearing unusually granular. Examined by a high power (7 and 8 Hartnack), a large number of highly refractile bodies were seen in active movement, resembling minute, colourless crystals, with a rectilineal motion. Reagents acted upon them variously, whilst weak solutions of carbolic acid and of quinine arrested their motion. After hæmorrhage and fall of temperature, they were reduced in

number. In size they were about 1-20th part of a blood corpuscle. Similar translucent bodies had been found in the urine and fæces, as well as in the discharges from the wound. The infective character of the blood and the secretions were shown by the results of an experimental investigation. The inoculation of healthy animals with the diseased blood was fatal to them, causing cellulitis of the abdominal wall and peritonitis, while the blood and inflammatory exudations of the animal were found to contain a large number of the translucent bodies above described. It was also found that, whilst inoculation of the fluids from the diseased tissues induced peritonitis, without alteration in the blood, inoculation of the diseased blood produced septicæmia with the presence of the motile particles observed in the original disease.—The discussion on this paper was somewhat brief, and devoid of interest.—Dr. JOHN HARLEY suggested that the bodies above described were produced by the breaking-up of the clots which were the effect of pre-existent pneumonia, and which gave rise to the noma by obstructing the vessels.—The PRESIDENT said that pneumonia was of frequent occurrence in noma, but it was a consequence, and not a cause of the disease.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 12TH.

CASES ILLUSTRATING THE BEHAVIOUR OF THE CARBOLISED CATGUT LIGATURE UPON HUMAN ARTERIES.

Mr. BRYANT read a paper on this subject. He said that the carbolised catgut, as made by the Apothecaries' Company, Virginia Street, Glasgow, had now been so freely employed since its introduction in 1869 by Professor Lister, that the time had come when an estimate of its value might be arrived at. He therefore introduced the following cases supplied from his own practice, together with four preparations and drawings, in order to assist in solving the question. The first preparation was from a man in Guy's Hospital, who had had ruptured aneurism of the right common femoral artery, with ulcerative endocarditis. A catgut ligature was applied to the external iliac artery, but the man died of the heart affection fourteen hours subsequently. The inner and middle coats of the artery were then found completely divided by the ligature, and the external coat also divided in parts. Some clot existed above and below the ligature, and the catgut was intact. Preparation No. 2 was from a right common carotid artery, to which a ligature had been applied twelve days before death for supposed aortic and innominate aneurism, with the effect of relieving pain and other urgent symptoms. In this case the artery had been completely severed; there was a clot above and below the point of separation, but it was not firmly adherent. The ligature had disappeared. Preparation No. 3 was that of a right subclavian artery ligatured with catgut thirteen days before death for ruptured traumatic axillary aneurism. The man had died from lung trouble; all the parts about the wound having gone on satisfactorily towards repair. After death no suppuration was found about the wound; the artery and vein were normal, except that the former was ligatured. There was a firm clot in the vessel for half an inch above and the same distance below the ligature. All the coats below the artery had been divided and afterwards repaired. The knot of the ligature alone remained. Preparation No. 4 was from a common femoral artery, ligatured nineteen days before death for elephantiasis Arabum of the leg. Death ensued from gangrene of the limb. Very little suppuration occurred at the wound. All the coats of the artery had been divided and repaired, and good clots existed above and below the ligature, the knot of which, with perhaps some of its loop, remained. In all these cases the inner and middle coats of the vessels had been probably divided at the time of operation, as would be done by any permanent ligature, the external coat afterwards by an ulcerative process, though in the first case this was partially accomplished in fourteen hours. Mr. Bryant stated that he had also ligatured ten other large arteries in their continuity with catgut—viz., five femoral, four external iliac, and one subclavian. One of these had died on the tenth day; in two there was secondary hæmorrhage; and in the other cases an uninterrupted recovery, with little or no suppuration, ensued. In one of the femoral cases the wound healed by primary union, without one drop of pus. In no case was the antiseptic spray used. Rest, moderate pressure over the site of operation, and dry lint or water-dressing were alone employed. In the single fatal case death ensued from pyæmia and cardiac disease. The inner and middle coats of the artery were there divided, and the outer coat ulcerated. Only the knot of the ligature remained. In the subclavian case a little hæmorrhage took place on the fourth day, but was arrested by pressure, and the wound then healed. In one external iliac case the wound, which had almost healed, bled on the twenty-ninth day, but pressure arrested the hæmorrhage, and all did well. These further cases led one also to conclude that the ligature at first divided the middle and inner coats, and then excited ulcerative action in the external coat. "If, therefore," said Mr. Bryant, "I cannot endorse what the distinguished introducer of the catgut ligature claimed for it in 1869, 'that by applying a ligature of animal tissue antiseptically upon an artery, whether tightly or gently, we virtually surround it with a ring of living tissue and strengthen the vessel where we obstruct it,' yet I may express my belief that, as the loop of the catgut ligature dissolves within an uncertain period, and there is not of necessity any sloughing or ulceration of the whole coats of the constricted artery, as must ensue where a more permanent material is employed, we have in the carbolised catgut the best ligature at our disposal.

Mr. MAUNDER said that Mr. Lister first advised the use of carbolised silk ligatures, and that he subsequently employed catgut. His own experience was to the effect that catgut ligatures in the continuity of a vessel were followed by a successful result, but he knew that such was not the case in his experience of others; in fact, the results had in the hands of others been disastrous. Of course, the main question was whether catgut was a softer ligature than silk. Are the accidents which occur with catgut the same as with silk? He believed not. With catgut the ligature had frequently dissolved in twenty-four hours, and hæmorrhage resulted in death. A case, indeed, had been recorded in which, after an early solution of the ligature, an aneurism had presented itself at the seat of the ligature. He was not in favour of the use of catgut as ligatures in the continuity of vessels, and he himself should no longer employ it.

Mr. BARWELL said he had employed catgut in five cases, and no accident had resulted in any. It was advisable not to draw the ligature too tightly, and not to cut the knot too short, for the more tightly it was drawn, the more rapidly it was dissolved.

RECENT CASES OF PARACENTESIS THORACIS.

Dr. GEORGE H. EVANS read notes of three cases of pleural effusion which had recently been under his care, in which he had performed paracentesis thoracis, and which cases seemed to illustrate some of the advantages of that operation. 1. A groom, aged 23, was admitted into Middlesex Hospital on April 24th, 1877. His previous health had been good. Three weeks before admission he had caught cold; sixteen days before admission, he had felt pain in the right side of his chest, and had become short of breath. On admission his temperature was 101·6 deg.; the respirations were 36. The right pleural sac was obviously full of fluid. On April 26th paracentesis was performed with Coxeter's aspirating syringe, and seventy-two ounces of clear serum were removed. He improved rapidly in health, and was discharged recovered on May 18th. 2. A saddler, aged 29, was admitted on September 6th, 1877. He had caught cold in November, 1876, was then in bed for four months, and had not since been fit for work. On admission his temperature was 98·2 deg.; the respirations were 20. The right lung was healthy; the left pleural sac was full of fluid. On September 7th he was punctured with Coxeter's syringe (the syphon action only being used), and thirty-five ounces of rather cloudy serum were removed. Fat globules were found under the microscope in the fluid. He progressed rapidly to health, and was discharged convalescent on September 26th. 3. A porter, aged 32, of previous good health, was admitted on May 24th, 1877. His illness had commenced in December, 1876, with pain on the left side. On admission, the left pleural sac was full of fluid, which had probably occupied it for some months. Temperature 98·6 deg.; respirations 32. He was tapped on May 26th, in the seventh interspace (Coxeter's aspirating syringe), but only fifteen ounces of serum were removed. On June 9th he was again

tapped in the next interspace above, and fifty-five ounces of clear serum escaped. He then gradually improved in condition, and seemed to be doing well, when Dr. Evans ceased attending the hospital at the end of June. On July 24th he was discharged relieved, and made an out-patient. On Dr. Evans's return the man was attending as an out-patient; and on August 15th his left chest was found to be fuller than before. Being re-admitted on August 16th, he was tapped on the 17th, and fifty-five ounces of serum were removed, with immediate improvement in the condition of his chest. He gradually improved in health and condition, with occasional suspicious signs at the upper part of the overworked right lung, which, however, had all disappeared, so that he was now convalescent, and rapidly gaining health and weight. Dr. Evans remarked that, having been for some years a strong advocate and admirer of the operation, he had been surprised to hear of and to read lately observations of much older and more experienced physicians rather in disfavour of the operation than otherwise. Of course he must admit that, in many cases of effusion of serum into a pleural sac, the fluid disappeared without being artificially removed; but he believed that nobody would deny that this process involved usually a considerable amount of time, during which almost absolute rest was a necessary part of the treatment. Now he could not see why one should not considerably shorten this interval by an operation of a very simple and, as far as he had been able to ascertain, harmless description. He believed that the old doctrine suggesting that the admission of air into the cavity during or after the operation would probably lead to the serous effusion becoming purulent was now exploded. At all events, he had never seen or heard of such a case, though he knew of certainly one and probably two cases in which the delay or neglect of paracentesis had been followed by a change from serum to pus, indicated in the one case, which he had followed throughout, by a rigor and afterwards a constant hectic temperature. As to the advantage of shortening the period during which fluid remained in the chest, one of the cases, No. 2 afforded an instance. The day before he was seen by Dr. Evans, he had, by the advice of his medical attendant, consulted an eminent hospital physician, whose advice was to the effect that he should rest for a month and then see him again, with the view of some action being taken in case the chest should be still occupied by fluid. Owing to the advice of a friend whom he met in the street, he came as an out-patient to the Middlesex Hospital, where, being admitted, he was at once tapped, and in three weeks afterwards sent out in good health.

Dr. CAYLEY referred to the frequent occurrence of tubercle in cases of hydrothorax, the tubercle developing in the lung the pleura of which had *not* been attacked by the inflammation. He considered the cause of this to be the protracted hyperæmia, and that an early removal of the fluid by lessening the hyperæmia would likewise lessen the chance of tuberculosis.

Dr. WILLIAMS referred to the advantages of early aspiration, and said he had never seen evil results from the operation.

Dr. SOUTHEY said the profession would greet any explanation of symptoms by which a line might be drawn so as to at once determine in what cases of serous effusion the fluid should be evacuated. Often fluid was absorbed in a few days, and surely in such cases the operation was unnecessary. He would not advise tapping of the chest unless the effusion had remained long in a chronic state, or should the disease be still active, not unless the fever was increasing, the tension severe, the urine very small in quantity. He then preferred the insertion of a trocar with an india-rubber tube attached, one end of which was under water, by which means no organ would be enabled to rid itself of the tension without the danger attendant upon the removal of excess of the fluid.

Dr. JAMES POLLOCK waited a month in chronic hydrothorax before proceeding to operate. He then preferred the elastic tubes to the aspirator.

THE small-pox returns within the metropolitan area show the total admission for the last fortnight to be 81 and 21; discharged, 44; remaining under treatment, 162. In the preceding fortnight, admitted, 60; died, 15; discharged, 59; total 146, showing an increase of 16 during the past fortnight over the previous two weeks.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER I.—INTRODUCTORY.

SCATTERED through the pages, both of special monographs and of the different medical journals since the year 1800, are numerous cases under the name of hydrophobia, but they are virtually buried along with other valuable literature, being accessible only to the possessors of good libraries, or to those who have access to a large public library; even then requiring time, patience, and labour for the task of disentombment. In many cases we have only, unfortunately, the conventional records that appear in the daily papers; as, for instance, the coroner receives information of the death of some person who is reported to have died of hydrophobia in a most malignant form. The evidence establishes that as the deceased, may be, was walking past some house, a dog rushes out and bites him; he goes at once to some surgery where the wound is cauterised, and some kind of preventive measures are taken. The wound may heal, or may not properly heal, and in a few weeks or a few months, symptoms of hydrophobia develop, from which the patient dies, and a verdict is returned of another "death from hydrophobia." When a case occasionally occurs at an hospital, all the circumstances attending upon it are closely examined and fully reported, but the clinical records, consisting of a narration of the symptoms and treatment, are soon forgotten amongst a host of hospital reports. We have collected the majority of such cases with a special object.

The problem of the nature of hydrophobia has yet to be solved, the period of incubation is not yet accurately defined, the exact part of the organism affected is not yet clearly known, while the remedy is undiscovered, though it no doubt exists, and may now be growing close at hand waiting either for some fortuitous accident or for scientific research, to bring it into practical application. We may not be able to clear up satisfactorily all the points involved in obscurity, but we may materially assist, not only present, but future inquirers, by presenting them with a carefully arranged mass of statistics and *data*, for it is only by a comparison of accurately-observed facts, and by a critical appreciation of their value, that its true nature can be determined.

Fonssagrive, (*a*) Professor of Hygiene at Montpellier, expresses himself thus tersely on the value of statistics:—"La statistique bien faite est bonne, la statistique mal faite est mauvaise, c'est une levier qui souleve la pierre sous la quelle est la verité, ou qui laissant-retomber elle emprissonne plus etroitment; la chiffre tue, l'interpretation vivifie;" and bearing in mind the truth of these words, we have not alone massed together a number of dry figures, but have also given the leading features of the different cases, from which to draw inferences, to vivify and interpret them by the light of modern scientific medicine. We have not forgotten the literature of this subject antecedent to 1800, but will select the chief facts from it in a careful summary.

The history of the past and its records should teach us valuable lessons in regard to accuracy in reporting and diagnosing this affection, in the application of medicines and their value, in the power of preventive measures and the precautions to be taken in every case of a bite from any kind of animal. Many cases supposed to be rabies will have to be excluded from that category, owing to errors in diagnosis arising from confounding with it

(*a*) "Hygiene des Villes," p. 7.

tetanus, acute mania, and certain forms of cardiac disease, and pericarditis. We must briefly dwell on these points. Medical practitioners cannot be too careful in their diagnosis, and medical journals owe it as a duty to the public not to insert any observations under the nomenclature of hydrophobia, unless there is the clearest evidence as to the accuracy of the designation. The *Lancet* of Sept. 22, affords a striking illustration of the necessity of observing this rule, for in its columns we find the notes of a case with the heading, "Hydrophobia, or its Eikon, which ?"

The question of the nature of the disease is answered by the last sentence in the report: "The immediate cause of death was presumed to be cessation of the large, thin, flabby, heart's action, resulting from exhaustion consequent on the previous nervous or cerebral excitement." We may add to this, as the head was not examined, that the cause would have been found there. We cannot understand why the name of hydrophobia is at all introduced. In the 19th century we should not perpetuate the errors of the 18th; but there evidently seems a danger of an epidemic of mania in regard to writing about hydrophobia, and of appending this appelative in place of the proper one. Fifty years ago (*a*) Dr. Whymper recorded some cases affording us a striking example of the development of a train of phenomena closely resembling rabies, without the bite of a rabid animal, and purely depending upon structural cardiac alterations.

One of his patients, a soldier, plunged into a river whilst perspiring profusely, and after being heated in the sun. During the night he felt chilly and unwell, and towards morning he complained of a severe sense of weight in the upper part of the thorax of the left side, with a benumbed pain down the left arm. When he was conveyed to the hospital at Dublin he had extreme anxiety of countenance, irritability of manner, pain and great oppression under the five upper ribs of the left side, with obtuse pain in the shoulder and arm, pulse irregular, intermittent, oppressed, and wiry; breathing slow and laboured; much thirst, yet resistance to drink, as he said the attempt took away his breath. After thirty hours of such symptoms, a state of rapid collapse succeeded, the nervous excitability suddenly ceased, respiration became natural, he swallowed whatevever was given him with ease, sank into a state of syncope, and expired. There can be no doubt this was not a case of rabies, for the symptoms were referable to cardiac derangement; and on dissection, the muscular substance of the heart was found so flaccid that it could be torn as easily as soaked paste-board.

In connection with the same case we have also an example of how nervous influence and powerful moral emotions, deranging the functions of the heart and respiratory organs, may produce symptoms simulative of rabies. The man who attended on the last patient, and who had witnessed the fatal scene, was himself admitted to hospital some time after, presenting nearly the same phenomena but in a much milder degree. He had also a great dislike to drink, as he said it took away his breath. After a short time he recovered and left the hospital, but returned again, having a remarkable hesitation of manner and speech, with constant dyspnœa, palpitation, asthmatic paroxysms, assigned to pulmonic disturbance. In reality, the patient was labouring under cardiac derangement, the phenomena appearing in the organs of respiration, the cause being in the heart.

The same form of disease still exists, though it is comparatively rare, and medical men should bear this in mind, and guard against confounding it with rabies. The patient suffers from excitement, dyspnœa, difficulty in swallowing, and death generally takes place in four or five days; and thus, unless these facts are borne in mind, the medical practitioner may be puzzled until he has recourse to auscultation. Hydrophobia is said to be increasing; but we must bear this important fact in mind, so are nervous diseases, so is insanity—our public asylums are nearly all filled. There is no doubt in the past many cases have been called hydrophobia that were simply cases of acute insanity. We have lingered on this point owing to the great importance of arresting reports, based on mistaken diagnosis, and shall have to return to it again when we are dealing with the symptoms of rabies.

Our general statistics will throw light to a certain extent on the period of incubation, on such disputed points as whether rabies can arise from the bite of an animal which is not rabid, whilst the notes of *post-mortem* examinations will afford a certain standard of comparison, and help us by revealing where morbid phenomena have been principally observed.

As we have said, we have made this compilation in the hope of assisting other investigators, and as the husbandman, when he plants an ash, a yew, or an oak, does not expect them to develop into their fulness in his own time, but plants them for the good of those who will come after him, so our efforts and labour may prove useful and benefit posterity. In introducing the subject we have thought it better to plunge at once in *medias res*, to set down a stern array of facts, and then analyse their value and form a critical appreciation of them. We might have commenced with its history from the earliest ages, with an interesting bibliographical sketch, but that portion we shall leave for the end, as being the easiest and least practical.

After collecting the histories of all the cases we can find on record since 1800, we shall analyse and classify them, and estimate the value of special epidemics, as, for instance, the one narrated by Dr. Ekstrom, of Stockholm. Some special question springing from the general questions will have to be examined, as—

1. Can hydrophobia arise spontaneously in the lower animals?
2. Is it true that hydrophobia can be communicated only by those animals who use their teeth as weapons of defence?
3. May it originate spontaneously in the human species?
4. Can the disease be communicated from one human being to another, or by the human species to other animals?
5. Are there any facts showing that the poison may be introduced without a bite?
6. Is the evidence of Gerard and others who deny the existence of a specific poison satisfactory?

We shall then have to consider the effect of treatment and preventive measures; and under the latter head to contrast the effect produced by bites of rabid animals on persons who have been bitten and had their wounds promptly attended to, and also the effect on those who being bitten, have not adopted any precautionary measures, and estimate the proportionate amount of immunity conferred thereby. We believe there will be satisfactory *data* to prove that, as vaccination has a powerful and positive influence in preventing small-pox, so (though not in similar manner) preservative measures after a bite have had a beneficial effect in arresting rabies. The statistics furnished afford clear and positive evidence that it does not follow, that hydrophobia will develop from the bite of a mad dog, for as the poison of cholera, typhoid fever, and diphtheria, does not affect certain organisms, so the poison of a rabid animal seems inert in certain systems. Hunter mentions the well-known case of twenty persons being bitten, one of whom only suffered, and Youatt, who is deservedly looked upon as one of the best authorities on canine madness, was himself bitten five times, and cauterised the wounds of 400 persons who were also bitten by rabid animals, without any bad result. Dr. Ekstrom, of Stockholm, reports an epidemic in that town in 1824, when 106 persons presented themselves at the Royal Hospital, Stockholm, bitten by animals supposed to be rabid, and out of that number only two, who did not attend to their wounds, contracted the disease. Considering the number of persons bitten in Great Britain every year it affords us a modicum of consolation, that the proportion of real cases of rabies are comparatively few. The knowledge of suc

(*b*) "Medico-Chirurgical Review." Vol. iv., p. 318.

facts should soothe the public mind, which unfortunately becomes needlessly alarmed by hearing and reading sensational paragraphs about this disease. From the most remote period, rabies has been enshrouded in a veil of mystery, its terrors and its symptoms being intensified by popular ignorance and superstition. It would be difficult to explain the reason why it has occupied this exceptional position, or why a death from rabies should be considered more terrible than a death from tetanus.

It has been fortunate for humanity that other diseases have not been treated in the manner in which Abernethy lectured on hydrophobia. His lectures afford a striking illustration of the wrong position taken by many surgeons in reference to it. As a dead worthy of our profession we do not like to cast any aspersion on his memory, but we must attribute a certain amount of blame to any lecturer who could treat such an affection as hydrophobia in the jocular style of this eccentric, but otherwise eminent, surgeon. His remarks read like a parody at the present day, and we are thankful that they were not the views of all the surgeons of his time. With reference to the treatment, he says: "I have nothing satisfactory to offer; bleeding has been recommended, copious bleeding, but when I heard of it I said, they might bleed me if they liked, and thank them too, for if I was conscious of labouring under the disease I should have so little hope of recovery that I should be inclined to do as Seneca did, open my veins and sit in warm water, although, I suppose from the dread of it, I should not be allowed the luxury of dying in a warm bath. There have been other remedies proposed, but none of these appear sufficiently established to enable me to recommend them to you; you must read of them and judge for yourselves. *Indeed, what can we give a man when he cannot swallow, even if we had remedies?* It is of some use to keep the bowels open and keep the patient quiet; and there is that croton-oil which is useful to procure purgation, which we could not do before, for a single drop of it put on the tongue acts upon the bowels. A pamphlet has just been published about the appearance of pustules under the tongue, and that cutting them out will prevent the disease. I do not know anything further about that, you will no doubt read it for yourselves." The students who listened to such a lecture must have carried away erroneous impressions, which, in their turn, they would perpetuate; and if they were admirers of Abernethy would come to the conclusion that it was useless to read or to try any remedy for a disease which their master had pronounced hopeless and incurable. But if such a system of instruction were tolerated, surgical progress would be at an end, ovariotomy would not be a standard operation, and many lives now saved would have been lost.

Disease and death are the heirlooms of humanity, and our mission is to contend with misery, with pain, with suffering, and wrestle with our enemies, whether in the shape of epilepsy, tetanus, hydrocephalus, or variola. This we do often successfully, but often unsuccessfully. Death, the victor, triumphs over our skill, and it becomes our painful duty to witness the struggles which, what we call Life undergoes, before the spirit leaves the frail tenement which holds it; and this we oftentimes see in its worst forms in the death-throes that end such diseases as epilepsy, tetanus, and infantile convulsions. The nature of many diseases are as yet unknown; the causes are at present beyond our comprehension; but, undiscouraged, we persevere and engage in the task of unravelling the secrets of Nature, and modern medicine has had many legitimate triumphs, and may fairly boast of many successful victories over her grim antagonist—Death. Rabies is but one of the manifold affections to which humanity is liable, and it is our duty to investigate it in the same manner as we have done other maladies; and had we not in the past recognised the necessity of not being daunted by failure, medicine would have made but little progress. In such a spirit rabies must be studied, dismissing all prejudices and old traditions, anxiously gaining all the information we can respecting the conditions under which it is developed, and the means by which it may be prevented. To this end the strictest investigation should be made into every particular when a practitioner has a case under treatment. All the circumstances, under which the patient was bitten, whether on the naked flesh or through articles of clothing, whether the animal was mad or had bitten other animals, whether the person was the first or last bitten must be noted. The nature of the precautions taken after the bite, and the promptitude with which they were adopted, the constitution, habits, and general health of the person attacked, all these and other questions should be carefully inquired into, so that we may in time obtain a larger accumulation of facts bearing upon the natural history of the disease which may cast a greater flood of light upon its prognosis and prevention.

The superstitions respecting hydrophobia have lasted longer in popular belief almost than those of any other disease; and in a special chapter on the curiosities of the literature of the subject, we shall enumerate many of them. Quacks of all kinds have not failed to avail themselves of popular ignorance, and by the boasted possession of mysterious remedies to prevent the operation of the virus, have, as Sir Thomas Watson says, sold their nostrums at no cheap rate to those who, having been bitten by the dog, are weak enough to be bitten again by the quack.

We have to make war against those vampires of modern society, who make a trade of fattening on the sufferings and weaknesses of humanity, and this can only be done by inspiring public confidence in ourselves and by teaching it that modern medicine avails itself of every possible resource in its power to contend with this disease, and if there is any hope of recovery it must come from legitimate medicine.

We shall also have to consider the nomenclature, for the very name itself seems bestowed on the *lucus a non lucendo* principle, as Dr. Richard Mead in his "Essay on Poisons," 1702, says, "They call it, though improperly, the hydrophobia or dread of water, but the disorders with which this is attended are related so variously that they can scarcely be thought to belong to the same kind of malady."

Our readers cannot fail to have noticed one important omission in this chapter—that is, the name of our chief living authority on this disease. The author of "Rabies and Hydrophobia" has simplified our task by his accurate tables and statistics, bearing on disputed points, by his lucid description of the disease in the lower animals and in man, by his valuable suggestions as to treatment, curative, preservative, and preventative, and by his bibliographical account of its history. Before our report is concluded it will be seen how much medicine is indebted on this subject to the industry and ability of this member of an allied profession. We need hardly say we allude to that distinguished veterinarian—Mr. Fleming.

We have now shadowed forth our objects, and in this spirit we approach our task; how far we may succeed our readers will be able to judge; but though we may not be able to solve the problem we shall certainly place it on a more rational basis, and may thus lead to a more scientific method of treatment and a clearer comprehension of its pathology.

(To be continued.)

THE annual rates of mortality in the principal foreign cities according to the most recent weekly official returns were, in Calcutta 33, Bombay 54, Madras 121, Paris 22, Geneva 21, Brussels 22, Amsterdam, 19, Rotterdam 17, the Hague 27, Copenhagen 19, Stockholm 25, Christiania 20, St. Petersburgh 30, Berlin 26, Hamburg 25, Dresden 23, Breslau 27, Munich 34, Vieana 20, Buda-Pesth 30, Rome 17, Naples 22, Turin 22, Venice 22, Alexandria 48, New York 24, Brooklin 22, Philadelphia 16, and Boston 27 per 1,000 of the population.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 24, 1877.

FEVER HOSPITAL AND CONVALESCENT HOME.

IT is to be hoped that the time will come when the existence of such an institution as that to which we propose to draw attention would be a sort of social anachronism. As we have been so repeatedly reminded of late, typhus and typhoid fevers are preventible diseases. There is no physical obstacle in the way of zymotic affections being almost completely stamped out of all large centres of population. As regards this metropolis, what with the rigorous observance of our Public Health Acts, the breaking up of the more pestiferous dens of London, the opening up of new streets, the improved construction of dwellings, and the education of the people in the laws which regulate the propagation of epidemic diseases, it is not unreasonable to look forward to a period when fevers are of so rare occurrence as to render fever hospitals quite unnecessary. But in the meantime much remains to be done towards realising what all will admit to be the most desirable consummation of urban sanitary legislation, and as a belligerent nation continues to prepare for war while there is every prospect of peace, so must we adopt such measures as will break the force and limit the spread of any epidemic that may yet appear amongst us.

The London Fever Hospital is not one of those splendid institutions to which the wealth of this great city and the munificence of its benefactors have recently given birth. It has been the growth of time, and like all mundane things appears to have gone through a process of "evolution," in which its first appearance was not so imposing as the last. Under the name of the House of Recovery it was founded in 1802 to admit all persons suffering from fever, and to enable fever-stricken patients to be removed from among healthy individuals while their own homes were submitted to a process of disinfection. It was a small establishment, situated in Constitution Row, Gray's Inn Lane, at that time opposite the open fields. There were, however, a good many houses on each side of it, the inhabitants of which very naturally took fright, threatened indictment, and prepared for litigation. The defence was that the house must first be proved a nuisance before it could be closed. The nuisance was never proved, and therefore no further opposition was offered. Nor did the fear of infections cease when the house was opened for the reception of patients. The first apothecary, who was appointed at a salary of thirty pounds, declined to serve. The first porter soon decamped. But the first physician, brave young Dr. Murray, who had flinched from nothing, died also within the year of fever caught among the wretched hovels of Stonecutters' Alley. As a writer truly observes, "he was one of thousands who have died, and who die every year in this great town the deaths that good and wise men do not fear to meet in the sacred service of their fellows." After a while the hospital was removed to King's Cross through the appropriation of the western building and garden of the old Small-pox Hospital. At a still later period the land occupied by the House of Recovery was wanted by the Great Northern Railway Company, and with the compensation allowed them the governors of the old institution purchased in the year 1847 the ground abutting on the Liverpool Road, and erected the present building.

Previous to 1871 all fever cases of every description, except small-pox, either from among paupers or other classes, were admitted to the hospital. But in that year the Metropolitan Asylums Board relieved the London Fever Hospital of the duty of providing for pauper patients. In consequence of this change the number of applicants fell from 3,870 in 1870 to 1,324 in 1871, the year of transition, while in 1872, when no paupers were admitted, they fell to 182. It was now thought that the Fever Hospital was unnecessary, and there was some talk of converting it into a general hospital, but from this date the number of patients gradually increased, as people soon found that if any of their relatives caught the scarlet or any other kind of fever they no longer associated in the wards of this hospital with pauper patients. In 1874 great improvements were made in the hospital. It was refitted with lavatories; through the instrumentality of Dr. Thorne libraries were established, and a scale of payments, according to the accommodation required, was introduced. The highest of these payments is that of £3 3s. a week, for which a patient has a private room and the attention of the visiting physician and resident house-surgeon. This provision for the admission of a better class of patient is due mainly to Dr. Broadbent, whose aim has been to enable persons of good position to remove members of their family suffering from fever or cholera, an arrangement by which the spread of infectious disease will be prevented or diminished. The number of patients applying to be admitted into the private wards is rapidly increasing in proportion to the discovery of the advantages which private families, schools, &c., may derive from the use of these wards. This class of private patients may also be attended by

their own medical men in consultation with the hospital staff. They are kept in hospital until they are supposed to be free from infection, and if cases of scarlet-fever for six or seven weeks. There is, however, one improvement we should like to see in connection with this establishment, namely, a convalescent home to which patients might be sent as soon as they have sufficiently recovered to be removed with safety, and which might also be utilised for the reception of other cases than those furnished by the hospital. At the present time many patients go to the seaside and other places to recruit their health, and although medical men endeavour to prevent this exodus until the period of infection has passed by; yet the duration of this period has not been strictly determined, and doubtless many do go away at a time when it is not safe for them to enter other houses, especially houses where there are children. Besides, there are convalescent homes for every disease except those for which they are most needed. Convalescents from typhoid fever can be sent to institutions already established, but no patients recovering from scarlet or typhus fever. A home of this kind should be in such a position that cases could be sent by a special carriage, instead of by railway for fear of contagion. It would certainly be a means of preventing the spread of disease, and it would, if rooms, say at £3 3s. a week, could be engaged by private families, be a great boon to patients of the middle classes, who now have chiefly to rely upon the accommodation offered by lodging-house keepers, and who cannot send their children away for many weeks for fear of infection.

THE QUEEN'S UNIVERSITY IN IRELAND.

THE capping of graduates which took place the week before last at Dublin Castle was made remarkable by a speech delivered by the Chief Secretary, and anxiously looked forward to by those most interested in the University. In opening the proceedings, the Duke of Leinster, as Chancellor, communicated to the meeting some interesting statistics concerning the institution.

During the past year, he said, 831 students were taught in the Queen's Colleges; 237 students attended lectures in the Faculty of Arts; 527 in that of Medicine; 32 in the Faculty of Law; and 45 in the Department of Engineering. In the Faculty of Arts 18 candidates presented themselves for the degree of Bachelor of Arts, of whom 42 have satisfied the examiners. In the Faculty of Law two Bachelors in Art presented themselves for the degree of Bachelor in Law, both of whom are reported by the examiners as having answered with distinction; and two candidates for the degree of Doctor in Laws have satisfied the examiners. In the Faculty of Medicine 72 candidates have sought the degree of Doctors in Medicine, and of these 44 have satisfied the examiners. 35 candidates out of 58 have passed for the degree of Master of Surgery; and 25 out of 43 have been deemed qualified for the diploma in Midwifery. 115 candidates presented themselves at the second university examination in medicine, of whom 73 have satisfied the examiners; and 154 out of 198 candidates have been successful at the first university examination in the same faculty. In the department of Civil Engineering, 8 candidates presented themselves for the degree of Bachelors in Engineering, of whom 6 satisfied the examiners, and 7 candidates presented themselves for the first university examination in the same department, of whom 6 have passed. It may be interesting to state the numbers of degrees in each of the three faculties—Arts, Law, and Medicine, and in the Department of Engineering, which have been conferred since the opening of the University. Including those which are to be conferred on the present occasion, the numbers are as follows:—Bachelors in Arts, 956; Masters in Arts, 304; Bachelors in Law, 51; Doctors in Law, 19; Doctors in Medicine 822; Masters in Surgery, 426; Bachelors in Engineering, 158.

From these statistics it will be at once seen that the Queen's University is, to all intents and purposes a medical licensing corporation, its other faculties being altogether unimportant in comparison to that of medicine. Since its establishment in 1850, the Doctorates in Medicine and Masterships in Surgery conferred by it are very nearly as numerous (1,248) as the Arts degrees granted (1,260), while they were nearly eighteen times more numerous than the Law qualifications, and about eight times as many as the Engineering licences. At the present moment there are in the Queen's Colleges sixteen times as many medical students as there are Law pupils, twelve times as many as the Engineering classes amount to, and more than twice as many as there are Arts students.

It being thus taken as proved that the Queen's University is practically a Doctor-making institution *ex preterea nihil*, it becomes of extreme importance that the standard of its medical education and examination should be such as to ensure professional competency and social status. We entertain the gravest doubts that it is such as to secure either, and—if it be true that the curriculum and cost of education in the Queen's Colleges is below what is necessary to provide skilful surgeons and gentlemen as the coming generation of Irish surgeons—it follows, as a matter of course that, so far from serving the public welfare, the Queen's University is engaged in a most harmful traffic, which instead of approval deserves our most earnest condemnation.

We do not propose to repeat the observations which we have already made upon the fact that a student of a Queen's College is admitted to the Doctorate on a curriculum of study which would not be accepted by any licensing body in England, and upon payments which would not purchase him the requisite instruction in any other school in Great Britain. Those who believe that a single examination upon graduation supplies adequately the place of three years of steady study of the eye, ear, and mind in dissecting-room and hospital, may consider that all the professional and social requirements of a Doctor of Medicine and a gentleman are provided for by the thirty months of provincial college residence and a fifty-pound note. We hold no such creed, and repudiating such an idea, we regard the licensing of an additional student on the terms now adopted by the University as not only no credit to it but as an injury done to the profession which we represent.

If, however, we *must* content ourselves with the brief and unsatisfactory course of study which the University requires for its degrees, at least we have an

undoubted right to expect that that course should be of a sterling quality and as effective in the teaching of the student as that obtainable elsewhere; and unfortunately, we are by no means assured that the education dispensed at the Queen's College is always up to the standard. It is no discredit to the presidents or professors of provincial colleges that this doubt should be entertained, for they are placed in positions in which attainments or industry are powerless; and it is impossible that they can show creditably in the educational competition of Ireland as long as they are striving against the disabilities of medical education in a country town. Those subjects which can be taught on paper or by the agency of the blackboard, can be, and probably are, well taught in the Queen's College; but those which must be learnt by the finger and the eye (and surgery is essentially of this class), can scarcely be achieved, even by the most industrious student in Galway or Cork. If we needed confirmation of this statement we should find it in the following letter addressed to us this week, which we give, having subjected it to an unsparing depletion after we had satisfied ourselves that it was written *bona fide* by a correspondent in the position which he professes to occupy.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the large percentage of unsuccessful Galway students for the M.D. and other medical examinations of the Queen's Universities, Ireland, has been the subject of some discussion, I would wish to show that it is not altogether due to our inferior intellectual capabilities, but chiefly to the inferior class of education and few facilities afforded by the Queen's College, Galway. I have attended the medical school attached to that institution, and have had ample opportunities of forming an opinion, and learning the manner in which medical knowledge is imparted to those attending it. I will commence with the dissecting-rooms. There were over 100 students attending practical anatomy, and to assist these there was one demonstrator, who was unsupported by any other professor, and when I state that over 60 of these were in their first year, the amount of practical anatomical knowledge may be well imagined. The subjects were both bad and scanty—a new arrival a matter of conjecture and promise for often a fortnight, during which time we had to walk about doing nothing, and this during a session of five months; and very often they were in such an advanced stage of decomposition that they were perfectly useless. In additon to these drawbacks, the practical anatomical and physiological museum was always closed, no student having admission to it. The hospital practice was a miserable farce—only for a few chronic cases there would have been nothing to see. As for practical surgery, that exists only in the prospectus. Is it surprising with all these disadvantages that we should be so unsuccessful? The university examiners are nearly all strangers, and being totally unaware of our real position expect us to be as proficient as the other students, and now, especially as they have risen the standard of merit we find ourselves in a most invidious position. The university examiners want to try and imitate the London University, and make the examination for the M.D.Q.U.I. as difficult—a proceeding which the *locus standi* of it does not justify. Give us a fair examination in accordance with the facilities given us, and the result will be quickly changed, but it is absurd to expect that men coming from such an institution as the Queen's College, Galway, can ever attain a proficiency which only those attending the best metropolitan schools can acquire, where every care is taken, and every facility afforded to acquire a thorough practical and theoretical knowledge of their business.

Your obedient servant,

A MEDICAL STUDENT, Q.C.G.

The complaint herein contained is not new to us. It is the echo of an accusation made some years since in the *Lancet*, and taken notice of at the time by the London and Dublin Colleges of Surgeons, and—without desiring to discredit the Galway College—we feel bound to say that it accords with many representations addressed to us from time to time on the subject. Assuming the existence of such a state of things, we insist that it is a public scandal that the British tax-payer should be obliged to pay between £30,000 and £40,000 a-year for the maintenance of a university system under which this state of things is possible. We feel that our duty to the profession obliges us to speak thus strongly, and we do so, although most unwilling to join in sectarian siege to which the University is now subjected, because it seems to be little appreciated how miserably the profession of medicine has suffered in Ireland from the causes to which we have referred.

Notes on Current Topics.

A Delicate Substitute for Litmus.

A NUMBER of substitutes for litmus have been proposed during the last few years, among which rosolic acid and fluoresceïn were considered to be the most delicate and reliable. But even these substances have some drawbacks, either not being themselves entirely colourless, or else giving similar reactions with certain other substances, independently of their being alkaline or acid.

Dr. E. Luck now draws attention to a new substance, *phenol-phtaleïn*, which may easily be prepared by heating phenol with phtalic anhydride and concentrated sulphuric acid. This body is *entirely colourless* in *neutral or acid* solutions, but exhibits an *intense purple* colour in the presence of the least excess of *alkali*. The change of colour is instantaneous, and its depth intense, so that even mere traces of the indicator and of an alkali become recognisable.

Artificial Atrophy of the Globe of the Eye.

La France Médicale, Sept. 29th, thus describes the method employed by Professor Schulck to produce the above condition:—

A small filiform seton is passed into the vitreous body and left in position from four to six hours; when withdrawn it is followed by a slight degree of chymosis. Atrophy begins after the operation. This method has been employed in very different cases: hydrophthalmos staphyloma, cyclitiis, and no inconvenience has been experienced from it. The adaptation of an artificial eye is also rendered easier.

Registration Omissions.

THE Registrar of the Irish Branch of the General Medical Council appeals to-day, through our advertising columns to medical men who have changed their residences to notify to him these changes in order that their correct address may be inserted in the Medical Register for 1878. We are tempted, in calling our readers' attention to this appeal, to descant upon the peculiarities of medical humanity, which characteristics are aptly illustrated by their carelessness in this matter. A medical man changing his residence is liable, if he does not take the trouble to notify his departure, to be enrolled amongst the dead. A letter may be addressed to him by the Branch Council, and returned to them through the dead letter office. Thereupon the medical man is liable to be addressed, after the lapse of a certain interval, by a regis-

tered letter and, if that letter be not answered, he may be then struck out of the Register, and thus lose all the advantages for which he has paid his £5 on registration. And yet it is the fact, as we have good reason to know, that there are hundreds of medical men in Ireland who, in view of this penalty, will not take the trouble to reply to this or any other communication even by the rough and ready medium of a post card. These gentlemen look with complete unconcern upon the erasure of their names from the rolls of the profession, from which punishment they might escape by the expenditure of one halfpenny and less than one minute's trouble. The Registrar of the Branch Council is involved in a serious difficulty. If he should avail himself of the clause in the Medical Act and thus strike out the names of unresponsive doctors, he probably will do so while conscious of the fact that many of them are still not dead but only sleeping. If, on the other hand, he refrain from dealing with these names as the law directs (as he has usually done), he may be sure that he leaves upon the list of the profession men who have died years ago. With these departed members the Register is crowded, and although he may be conscious that the roll is consequently worthless for reference, the Registrar is obliged to content himself with its inaccuracy rather than deprive any medical man of his legal privileges bythe erasure of his name.

Cleopatra's Needle.—What will he do with it?

Does Egypt owe us a debt of gra titude? Have we not profaned her sanctuaries already by unhousing her dead rulers, her princes and princesses, and exposing them to the rude gaze of a curious and gaping crowd? We have stolen away her mummies, which had been embalmed and preserved with reverent love, immured in those Pyramidal erections which were supposed not only to withstand the march of time, but the inspection of the curious. Embalming was resorted to in the hope of preserving the bodies until the time of a resurrection, when their dried-up frames would be re-animated, and enjoy the pleasures of the celestial world, pictured by their priests. But alas for the vanity of human wishes, and for the instability of human foresight! Science held little reverence for posthumous expectations, little respect for a mummy, whether it were the veritable remains of a Ptolemy, or a Sesostris. She only cared to throw light on anatomical differences, on race, and the effect of time in producing structural alterations in the human family, and she ruthlessly invaded those sacred precincts, and carried off to the home of the antiquarian and the naturalist, a queen or a princess, to touch whom in life would have been death.

Medical men have been prominent offenders in this respect, and we have now to add to the list the name of our *confrère* Professor Erasmus Wilson, whose achievements in transporting from its home on the Nile the famous needle of Cleopatra will be handed down to generations unborn. The vision of Tam O'Shanter in the Kirk must have been a mere bagatelle to what took place on the eve of the departure of the obelisk, and only Gustave Doré could represent the midnight meeting of the dead queen's court, and the wails of the mighty shades over this act of sacrilege. However, in spite of Apis and Osiris, of the Ibis and the Ichneumon, of gods and men, the deed has been accomplished, and London will soon possess another antiquity, the use of which has not been known, and the use of which in future will be even less so. The question of a site is yet a matter of dispute, but whatever difference of opinion there may be regarding it there can be no question as to the liberality and generosity of Professor Wilson in presenting it to the nation; whilst the engineering skill displayed in conveying it to England must be reckoned as one of the achievements of the age.

A Costly Correction.

If the Indian Famine Fund at the Mansion House be taken as an evidence of the large-heartedness of the British public, it also reveals not a few eccentricities which would be laughable were they not so costly. We do not refer to instances such as the individual who sends up a shillingsworth of stamps, and gets a line to himself in about a dozen of the leading papers, mulcting the Fund in so many shillings for acknowledgment. We refer now to a collection at the Great Whyte Baptist Chapel, which the committee acknowledged as £12 16s. Two days later (see Friday's papers), a correction was requested, and made to the extent of five lines in all the leading papers, bringing up the amount to £12 16s. 1d. The gentleman who showed such an anxiety about the fate of the lost penny, was Mr. Darlow, of Ramsey, in the county of Huntingdon, and his reason for so doing was, lest anyone should think he had deducted the said penny for expenses. Now, as the correction in each of the papers in which it appeared would average at least 5s., Mr. Darlow's penny would probably reduce the value of the Great Whyte Chapel collection to a little over half the original amount. Of course it would be impertinence for us to ask why Mr. Darlow should be so anxious about the said penny; we would rather put the most charitable construction thereon, and assume that it was a not unnatural desire "to make the most of it." We would, however, take the liberty of suggesting to philanthropists generally—convinced that by so doing we shall be saving valuable funds for our starving fellow-creatures, and lightening the labours of the committee—that very small sums be remitted to some general fund of the town, church, or chapel, in which the donor resides or worships, for acknowledgment in a lump sum; and that treasurers, who might be expected to imagine that others would suspect them of appropriating a penny towards expenses, should, for the sake of humanity, be relieved of their functions.

Drugs in English Workhouses.

We thoroughly agree with our contemporary, the *Pall Mall Gazette* that, both in the interest of the ratepayers and of the poor, the administration of medical relief is of the last importance. We know too well that sickness and accidents bring many of the labouring class on the pauper-roll, and we heartily re-echo the opinion that the sooner the union doctors can fit them for work the better. But under the present system the English medical officer is hampered by being compelled in too many cases

to find medicines out of his own salary, and though we do not doubt members of our profession fairly fulfil their contract, still they must do so without deriving sufficient reward for their labour, and also under a considerable degree of personal annoyance. When medicines are found by the medical officer, he is liable to be accused of not giving a sufficient quantity or of supplying an inferior article, and as all the patients know that each bottle of medicine supplied, however trifling its cost, must decrease the medical officer's salary, they become doubtful of the value of what they receive, and when medicine is not ordered, when it would be either injurious or useless, they immediately assume that they are deprived of it on account of the expense. Many unions have made a kind of compromise and find what are termed expensive medicines, as cod-liver oil and quinine, but it is questionable whether this is any boon to the medical officer, or whether these medicines are the most expensive, for the real tests of the expense of drugs in practice are the medicines more commonly used and most required. Dr. Lush has obtained a return of all the unions in England in reference to this question, and we find from his returns that out of 121 unions in different parts of the country one-sixth do not furnish medicines of any kind.

We want uniformity in the distribution of medical relief in England, and at the same time the greatest possible amount of good to the community at large. This can only be arrived at by a thorough national system. Every union in England should be placed under one law as regards the finding of medicines. As half the expense of drugs is returned by Government, the local rates will not be unduly taxed, but this is a secondary consideration when we consider the great benefit that would accrue from the adoption of our suggestion.

Our Navvies.

We are glad to see an awakening interest in the bodily and intellectual welfare of this anomalous but useful class. They have been long neglected, but it is not yet too late to make them some atonement, and to endeavour to give them a share in the social improvements enjoyed by other classes of workmen. Medical men have been long familiar with them, and we believe we can favourably compare them, in one respect at least, with artizans and labourers, for they do pay their doctors. We owe them in England a debt of gratitude, and though the navvy in his working costume is not a picturesque-looking personage, and would not figure with the same advantage on the canvas of a popular painter as an Italian bandit, still he is a much more important and useful animal. What have they not done for England? We see their work in every part of the country in the lines that intersect each district, thus opening out our national resources, bringing county into communication with county, city with city, town with town, village with village, and thus affording communication for man with his fellow-man, and also greater facilities for the development of commerce. As we are carried along in a comfortable railway carriage through any part of England, we should remember the enormous amount of labour that has been expended by human muscles in rendering our transit so easy and so safe. Mountains have been tunnelled, valleys filled up, bridges thrown across rivers by these neglected but industrious pioneers of civilisation, and we should feel some degree of respect for the perseverance, endurance, and physical power which have produced such wonderful results. The traveller in Egypt stands in astonishment before the monuments of the Pharoahs and the stupendous ruins of antiquity. The pyramids excite his astonishment and surprise that human labour should have encompassed such works; but we have here in England still greater evidences of what man can do, if we only use our eyes and descend to common-place evidence. The navvies' work is before the eyes of every one, a promise of perhaps still greater work to come, and we must ask our professional brethren to assist those missionaries who are now disposed to devote their services to the elevation of the *morale* of this important class of workmen.

Analysts' Testimonials.

The faith with which traders regard the credulity of the public is as conspicuous as their audacity of statement in the puffing of their wares. They are ever alert to take advantage of the foibles of the day, and he who tickles the customer most assiduously, and, at the same time, with the greatest delicacy, is sure to reap the benefit of his astuteness in finding the sensitive spot and his cleverness in exciting it. Since first the public eye was opened to the universality of food adulteration, and since every reader had made himself familiar with "What to Eat, Drink, and Avoid," it has become essential that every new dietetic nostrum put upon the market should be heralded by a testimonal to its purity from some well-known chemist, and that certificate carried, at first, complete conviction to the purchaser, who, on the faith of it, bought and eat without hesitation. This testimonial system has been ridden to death, and has become nothing less, in many instances, than a dishonest traffic, discreditable both to the trader and the testimonialists. The scientific name of the chemist, which might have due weight in estimating the value of chemical products, is habitually prostituted to the puffing of articles of which the chemist can have no reliable judgment, and, in fact, the verdicts of some analysts seem to be as readily bought and sold as the poetry of the laureate who immortalizes Day and Martin's blacking, or "fragrant floriline." But worse than this is the fact that these chemists' testimonials are commonly made use of to deceive the public, and to sell an article which the chemist has never examined at all, and, therefore, never stamped with his approval. Thus a trader desirous of a lucrative business in, let us say, whisky, procures a quarter-cask of some first-class old spirit. A complimentary half-dozen of bottles and a cheque in an envelope are sent to some chemist whose name is familiar to the public ear. He tastes, tests, and "inwardly digests," and forthwith a solemnly scientific analysis and a gushing eulogium to the merits of the whisky are returned to the trader, and are advertised far and wide by him. If the chemist were to send his servant a month afterwards *incognito* for a bottle of the testimonialised whisky we wonder would he recognise the much lauded liquid? We suspect that a second analysis would afford an instructive comparison with the first. In fact, we have reason to believe that in not one out of a

hundred instances is the article sold under the authority of the chemist's certificate, the exact same as that examined by him. We don't apply this observation to any particular trader, chemist, or article, but the *Chemist and Druggist* does not hesitate to lay its finger on a transaction of somewhat the same sort.

In a pamphlet issued by the Compressed Tea Company, says our contemporary, occurs one of the most extraordinary analyses that it has been our lot to come across for some time. Be it understood, we have no wish to enter into the merits of compressed tea; we simply wish to call attention to the way in which analyses are cooked by testimonial-mongers. The analysis in question is from the laboratory of the renowned Dr. Hassall, the Coryphæus of the trade, and issues from "The Analytical Sanitary Institution." Two professed analyses are given, one of loose tea and the other of the same tea after it has undergone the process of compression.

	Sample 1. Not compressed Per cent.	Sample 2. The same tea compressed Per cent.
Water	7·376	7·910
Extractive matter ...	35·624	39·730
Theine	2·200	2·205
Mineral matter	6·490	6·432
Containing sand ...	0·603	0·583

It will be seen from these wonderful figures that compression exercises a marvellous influence on the tea. First of all the percentage of water is increased, and the extractive matter and theine leap up 4·106 and 0·05 per cent. respectively. No doubt, had the squeezing been a little more violent and continuous, the amount of extractive and theine would have been doubled. The most singular part of the matter is that the salts and sand contained in the tea are diminished by the very same process that increases its more valuable constituents.

The Penge Case.

It could be scarcely expected that no one would come forward to challenge the severe, and in some measure, unwarrantable criticism that has been passed upon the medical evidence in this case. Among the letters that have been written in support of the verdict of death by starvation, we would draw particular attention to those of Drs. Taylor and Fowler in the *British Medical Journal*. The letter of Dr. Henry Taylor is a very fair statement of the case, and that Drs. Payne and Greenfield, whose opinions he chiefly impugns, felt the sting of his criticisms, is shown by the fact that they have lost no time in sending rejoinders. These are, however, very weak when compared with the vigorous onslaught of the gentleman who provoked them, and show how difficult it is to parry the blows that have been given to the theories espoused by the physician above mentioned.

Dr. Fowler draws attention to the striking resemblance there is between the *post-mortem* appearances in the body of Harriet Staunton and those which have been found after undoubted death from starvation—such as that of Mark Cornish in 1853, and of the "Welsh fasting girl" in 1870. In the remarks we first made on this case we said that congestion of the membranes of the brain was not inconsistent with death from starvation; and it appears that this condition was found in the brain of the Welsh fasting girl. It is true that this was a case of acute starvation, while that of Harriet Staunton was chronic, but for all that this vascularity of the brain might have occurred independently of tubercular meningitis, and might, as Dr. Taylor has suggested, have been caused by the undue feeding of the patient with solids during the last few days of her life.

From the very first we have repudiated the different theories that have been advanced in favour of death from natural causes; and we have regretted that eminent and influential parties should have lent their authority to upset the medical evidence given in this great criminal trial, without having good grounds for doing so, and without so much as agreeing among themselves as to the cause of death. For this reason, and for no other, do we think that the trial of the Penge convicts has been rather derogatory to the credit of medical testimony and medical opinion in general. We fully agree with Dr. Taylor when he says that, after all allowances have been made, "the results of the *post-mortem* examination still afford very strong presumptive evidence that the subject of it died from starvation and neglect, and that it afforded data which were consistent with the general evidence."

For reasons already stated, we are glad that the penalty of death has been remitted, but in justice to the unfortunate deceased we trust that in apportioning to the convicts their respective punishments the authorities will not be biassed by popular clamour or by the intemperate zeal of those members of the profession who have done so much to shake the confidence of the public in the medical testimony, and in the justice of the verdict arrived at by the jury.

The Piano in Uterine Affections.

Dr. Balestre has published in the *Nice Medical* an interesting paper on the influence of the piano in uterine affections. He believes that in nervous and impressionable women music may aggravate uterine congestion. In a medical point of view music is very oftentimes discussed as to its general effect, but here we have it confined to a special question. Dr. Balestre had a patient, a musician of the first order, who devoted many hours a day with passionate ardour to the study of the great masters, and as she was suffering from uterine disease, her symptoms were aggravated by her devotions to her studies. By her negation of the pleasure derived from this practice, her condition improved, and this has induced Dr. Balestre to advise moderation in musical exercises, for all women suffering from leucorrhœa or uterine congestion.

Le Paris Medical asks to what cause must we assign the exasperation of the symptoms in such affections? Are they due to the form of seat used in playing the piano? but that is not probable. Are the pedals the cause and must we blame them, as in the somewhat similar action of the sewing machine? Evidently not. The pedals of the piano do not require the constant action of a sewing-machine, the exertion is lighter, is not so alternate, and the foot alone plays a part in it. Is the strained position the cause? This can hardly be so, for social customs require a much more strained position for many such patients, without any bad result. The hypothesis of excessive nervous activity and strain, in the execution of high class and difficult music, is adopted as the most probable reason.

We have selected this case as a typical instance of upon

what frail foundations theories are built. We do not see the slightest reason to impugn the piano, nor need there be the slightest alarm among mothers in allowing their children the fullest exercise of the instrument, as the dangers are decidedly more imaginary than real.

Drying-Yards for the Working Classes.

In all large towns, owing to the huddling together of houses, regardless of health and life, the working class have the greatest difficulty in obtaining a place to dry their linen. In many cases the streets are used, and we find them intersected with clothes-lines hung with all varieties of garments, and oftentimes saturated with various poisons. Thus the clothes of a scarlatina patient are hung up in the street along with other linen, and they must become a source of infection. In other cases the clothes are dried in the same room where the family live, and this is in the highest degree unhealthy. Medical officers of health may lay down theories whether of the glandular or the germ nature, but until there are practical means of carrying out a perfect system of sanitation, their efforts to isolate disease will be fruitless. The working classes have at present imperfect washing conveniences, and imperfect drying places. Certain spaces should be provided for that purpose in all towns, with a complete washing apparatus, which could be let out per diem, and the linen of persons suffering from infectious disease should not be washed with the others. The expense of washing at a public laundry is too great to be entertained, and unless some such system as we suggest is adopted, we fear the *cordon sanitaire* will be imperfect.

Methylated Tinctures.

The Law Committee of the English Pharmaceutical Society, at the last meeting of its Council, raised a question about prosecuting chemists who used methylated spirit in the preparation of certain tinctures, such as that of opium. In explanation of this point, it was mentioned that several instances of this kind had come before the committee. There was some doubt whether a conviction could be obtained under the Pharmacy Act, but it was certain that offenders were liable to the penalty of £100 under the excise laws, and the question was whether the council should officially bring the matter before the Inland Revenue authorities. The honest tradesman was at a manifest disadvantage in competition with his unscrupulous neighbour if the latter used methylated spirit in the manufacture of tinctures for internal use. It was decided to do nothing. The discussion was, however, instructive in connection with a wide-spread suspicion that methylated tinctures are largely used in Irish workhouses and dispensaries, without any objection by the Local Government Board.

The rates of mortality according to the official returns last week, were, in Edinburgh 19 per 1,000 of the population, 20 in London, 22 in Glasgow, and 23 in Dublin. The highest death-rate was reached in Salford, where it was 30, and the lowest in Plymouth, 14 per 1000.

A Centenarian.

A man, named O'Malley, a native of Westport, who is now in his 120th year, resides now in Cong. Those who have seen him say that he possesses all his faculties almost unimpaired. He can thread a needle without difficulty. He travels from four to five miles a day, and carries on his back about three stones' weight of bed clothes. He smokes a good deal. He is the youngest of ten brothers and had six sisters, and is the only survivor of the sixteen. He was himself married, and must have been an old bachelor before joining in wedlock, his wife having died at the age of forty. She is now only ten years dead. They had a family of twelve children, none of whom survived the age of three years.

Treatment of Vicarious Hæmorrhages.

In the *Journal de Therapeutique* for September there are some very just and original remarks on this subject by M. Maisonneuve. The author thinks that much harm may be done by meddlesome interference in these cases. He cites the case of a woman, who for six years had been subject to vicarious attacks of hæmatemesis, and in whom medical treatment considerably increased the quantity of blood vomited, and threw the patient into a profound state of anæmia. In short, if there are cases where active interference is necessary there are others where it is prejudicial. Medical treatment is advisable in all cases in which the benefit expected from it is greater than any harm it may do, as—1. In all cases where the loss of blood and the gastric disturbance threaten the life of the patient, or make the patient so weak that life is a burden to her. 2. Also in those cases in which the supplementary hæmorrhage has been only recently established, and has therefore, not degenerated into a morbid habit.

Treatment of Lumbago.

Dr. Pepper, the well-known American physician, treats this affection in the following manner. He shampooes the lumbar region, in order to restore its mobility, and then, with the view of removing the muscular pain, he injects into the centre of the muscles a solution containing one centigramme of atropia and one centigramme of morphia. This treatment of localised rheumatism has, in all his cases, been followed by satisfactory results. These drugs, however, should be given very cautiously in the case of suckling women, for while belladonna is the most powerful antigalactagogue known, large doses of morphia often have, through the mother's milk, a very injurious effect upon the infant. As to other methods of treatment, the application of blisters, or of the tincture of iodine, or of croton oil, along with the internal use of iodide of potassium, will frequently give a good result.

A chemical laboratory has been established in Paris by the Prefecture of Police for analysis of wines which have been declared suspect by the tasters. It has cost 8,000f., and will be put to use at once.

At the *conversazione* at Guy's Hospital a new filter was exhibited. It reduced strong tea and infusions of logwood to clear tasteless water. The nature of the filtering medium is at present a secret.

Injections of Morphia in Cases of Obstruction of the Bowels.

THE good effects of opium in the treatment of this serious and troublesome affection are now generally acknowledged, and therefore it will excite no surprise that Dr. Leriche, of Magon, has found the hypodermic injection of morphia of great service in cases in which all other means had failed. He found that the injection of atropia did more harm than good. It gave rise to delirium, and failed in provoking the least evacuation. Morphia on the contrary, appeared to have a marked effect upon the production of stools, the action of enemata and of purgatives being promoted in proportion to the largeness of the dose administered. Indeed, in these cases the morphia should be given in large doses.

New Anæsthetics.

PROF. MCKENDRICK and Dr. Ramsey have been experimenting with substitution products obtained with pyridine and chinoline. The latter of these bases is extracted from quinine by means of caustic potash, but may also be procured by some of the coal-tar series of substitutions. Three grains of the chloride of chinoline introduced into the circulation of a rabbit rendered the animal unconscious in eight minutes, but the pulsation of the heart continued and the breathing was vigorous. The rabbit recovered after two or three hours, and the experiment is deemed highly successful. Some of the other derivatives from these bases proved to be very powerful poisons, having specific action upon the vital centres, and likely to be of use in the materia medica.

Endosmosis of Bile into the Bronchi.

THE following example illustrates the somewhat advanced ideas connected with pathological phenomena, held by *some* of our Australian brethren. We must leave to our readers the decision as to the merits of the opinion that has been expressed.

At a meeting of the Medical Society of Victoria, in the course of a discussion upon the subject of hydatids, a Dr. Blair expressed himself to the effect that he thought it possible for the bile to get into the bronchi by endosmosis through the diaphragm and pleura! Dr. Bird: What! through gall-bladder, diaphragm, and pleura? Dr. Blair: Yes. It was astonishing how dense fluids would pass through thick membranes. Dr. Bird thought the suggestion absurd.

We fear our opinion agrees with that of Dr. Bird. The thing *may be* (?) possible, but we decidedly think *it is not at all probable.*

Lady Chemists.

AMONG the pharmaceutical chemists proposed for membership of the English Pharmaceutical Society at the last meeting of its Council the name of Miss Isabella S. Clarke appeared again, and her election was proposed and seconded. It was, however, pointed out that a general meeting of the society had decided to refuse the admission of women to membership, and he thought this vote bound the Council. The President and some other members thought otherwise, but on a division Miss Clarke's election was refused by 8 votes to 4.

Patent Medicines.

THE stamps on patent medicines amounted in the last financial year (March 25) to £112,978 17s. 5d., after an allowance of £5,242 15s. 2½d. in discounts, &c.

THE Statistical Society of Great Britain announces the following as the title of essay to which the medal will be awarded in November, 1878:—"The Effects of Health and Disease on Military and Naval Operations." The Council have decided to grant the sum of £20 to the writer who may gain the Howard Medal in November, 1878. Candidates will be expected to refer to Howard's experiences in Russia. The rules and conditions of competition may be obtained from the assistant secretary, at the office of the Society, in London.

AT the meeting of the Metropolitan Asylums Board on Saturday last, communications were received from the Local Government Board, notifying that in consequence of the vast diminution in the epidemic of small-pox, the Board had given to the medical superintendents of the Fulham and Deptford small-pox hospitals intimation to terminate their appointments as from the 6th proximo.

A FATAL balloon accident occurred near Worksop, Notts, on Saturday last. The ascent was undertaken by a man named Morton, and from some reason at present unexplained, the balloon capsized, and falling from a great height, the unfortunate man was dashed to the ground and received such terrible injuries that he died almost immediately.

WE understand that Lord Calthorpe, a member of the committee of management of the Hospital for Diseases of the Throat, Golden Square, has accepted the office of president, vice Lord Bute resigned.

THE subscription list for the Liebig Memorial is now closed. It is proposed to erect one statue at Munich, for which £5,750 has been subscribed, and another at Giessen, the contributions for which amount to £1,200.

Correspondence.

POST-MORTEM EXAMINATIONS IN WORKHOUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was delighted with the article in your last number on this subject, and am quite of your opinion that it is time something was done. Union medical officers seem to me to be about the worst paid and the least studied of all public servants; and I think it is high time we did something for ourselves. You have frequently championed the cause, and I for one sincerely trust that the privilege you are striving to obtain for us in *post-mortems* will be granted to us by the Local Government Board. I have more than once had reason to wish the obstructive clause removed, and now that the Penge case has set the profession a thinking, perhaps workhouse medical officers may come in for a hearing. In any case you have, Sir, the sincere thanks of

Lincoln, Oct. 18, 1877. ONE OF THEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—As a workhouse medical officer of nine years standing, I thoroughly agree with the spirit of your remarks on this subject. This is a legitimate grievance, and if

properly brought under the notice of the Local Government Board, I believe your proposal would be favourably received. Any assistance in my power I shall be glad to render to the movement and remain,

Yours truly,

Ipswich, Oct. 18, 1877. L.R.C.S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Local Government Board is slow in adopting suggestions from medical men, but your proposal seems such a just and useful one that I can hardly think it could be rejected. I brought the subject under the notice of an inspector, who, of course, could not give an official opinion, but certainly said we seemed to have a case. He, however, pointed out the necessity of stringent regulations to prevent its disabuse at the hands of young practitioners, who might mutilate the body by performing operations and virtually dissecting. I told him that the class of medical officers whom I knew were not likely to abuse the privilege. This objection will be raised at head-quarters, but I think it can be met. Wishing you success,

I remain, yours truly,

A WORKHOUSE MEDICAL OFFICER.

Halifax, Oct. 19, 1877.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Irish medical officers have long complained about the subject which you have brought so forcibly before the notice of the profession, and some movement is necessary to remedy it. I remember reading in the *Lancet* a few years ago a case where a workhouse medical officer in Tipperary was threatened with dismissal for making a *post-mortem*, and I thought at the time it was a great act of injustice. I can add very little to what has been said on the necessity of autopsy. The profession is agreed at least on that point, and it remains for workhouse medical officers to assist themselves by addressing the Poor-law Board. The Home Secretary must by this time have become convinced that *post-mortems* are necessary; I do not know whether he is the proper person to address, but I shall be glad to subscribe my name to a memorial for an alteration in the law.

Yours, &c.,

Dublin, Oct. 18, 1877. F.R.C.S.I.

*** Owing to unavoidable pressure on our space we are obliged to hold over the numerous letters we have received on this subject. The Poor-law Medical Officer's Association might take the matter up, as we have no desire to interfere with work which falls within its province. We shall be glad to render it all the assistance in our power in attaining for workhouse medical officers this essential power so important in the elucidation of disease.

HYDROBROMIC ACID IN TINNITUS AURIUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have perused with much interest and advantage the very practical and suggestive papers now appearing in your paper by Dr. Macnaughton Jones. In his contribution this week, however, there is one remark which seems to me to call for comment. When speaking of the result of chronic catarrh causing accumulation of mucus in the tympanum, which is not infrequently accompanied by tinnitus, Dr. Jones recommends the trial of hydrobromic acid for the relief of that symptom. I venture to say that he will find the drug of little use in tinnitus the result of catarrh. A perusal of Dr. Woake's paper in the *British Medical Journal* of June 23, and of the articles by Mr. Lennox Browne and myself in the MEDICAL PRESS AND CIRCULAR for August 1st and 15th, will show that the only cases in which hydrobromic acid relieves tinnitus are those dependent on congestion of the labyrinthum blood-vessels in which the tinnitus is of a pulsating throbbing character. A continued experience of the drug amongst the patients of the Central Throat and Ear Hospital has confirmed this view.

Yours faithfully,

W. DOUGLAS HEMMING.

36 Ladbroke Road, London, W., Oct. 19th.

THE British Medical Association has declined the invitation of the profession to hold its 1878 meeting in Cork, and has decided to go to Bath instead.

THE *Medical Times* hears that the War Office has at length decided to sanction the formation of a Volunteer Sick-Bearers' Association. The members of the Order of St. John of Jerusalem are according the new Association their valuable aid. The members of the Association are providing themselves with the Kips cartouch (the invention of a Belgian), which contains, in a very handy form, lint, thread, pins, needles, and other requisites for attendance on the wounded. Application has also been made for the use, for purposes of ambulance practice, of the riding-schools at the Knightsbridge and the Albany Barracks.

Medical News.

Queen's University in Ireland.—The following degrees were conferred at the last meeting of the Court :—

DOCTOR IN MEDICINE.—First Honour Class: William Allen, James Clarke, William Whittle. Upper Pass Division: Gervase Robert Percy, William Sprott. Lower Pass Division: Daniel F. Barry, Archibald R. Bland, William H. Bracken, George H. Bull, Patrick M'Carleton, John P. Carmody, William Corry, Thomas R. Denham, Robert Donaldson, Hugh Donovan, Robert Donovan, Isaac Dundee, J. Kent Fairclough, Denis Harrington, Chas. Knight, Joseph Lawlor, Robert Love, Michael Lyden, John Megarry, Thos. O'Brien, Patrick O'Connor, Henry O'Neill, Wm. Quayle, Robert Robinson, John Sandiford, James Stuart, Garnett Tatham, David Taylor, James Tidbury, Henry Thompson, Wm. Thornhill, Henry Tomkins, Francis Walmsley, John Walsh, Edward White, James Williams, John Wilson, Thomas Withers, Charles Workman.

MASTER IN SURGERY.—J. J. Adams, William Allen, Daniel Barry, Archibald Bland, David Bradley, George Bull, John Carmody, James Clarke, William Corry, Thomas Denham, Robert Donaldson, Hugh Donovan, J. Kent Fairclough, Denis Harrington, Joseph Lawlor, Robert Love, Michael Lyden, John Mulrenan, Thomas O'Brien, Patrick O'Connor, Henry O'Neill, Gervase Percy, William Quayle, Robert Robinson, John Sandiford, William Sprott, James Stuart, Henry Thompson, William Thornhill, James Tidbury, John Walsh, Edward White, James Williams, Thomas Withers, Charles Workman.

Royal College of Physicians in Ireland.—The following gentlemeu obtained the licences in Medicine and Midwifery at the last examinations :—

MEDICINE.—Charles Edw. Abbott, Patrick Canavan, Lawrence Finegan, Matthew Kehoe, Joseph M'Cann, Stephen Mackey, Rawdon Macnamara, William Miley, Daniel Mitchell, Joseph Nicholson, Wm. Owen, Evelyn Pollard, Thomas Russell, James Smith.

MIDWIFERY.—Charles Abbott, P. Canavan, L. Finegan, M. Kehoe, Joseph M'Cann, Stephen Mackey, Rawdon Macnamara, William Miley, Daniel Mitchell, Joseph Nicholson, William Owen, Evelyn Pollard, Thomas Russell.

Royal College of Surgeons, Edinburgh.—At the annual meeting of the College, held Oct. 16, the following office-bearers were elected for the ensuing year :—

President: Dr. Patrick Heron Watson. Secretary and Treasurer: Mr. Joseph Bell. Librarian: Dr. Daniel Wilson. President's Council: Dr. Andrew Wood; Dr. James D. Gillespie; Mr. James Spence; Mr. William Walker; Dr. Henry D. Littlejohn; Dr. John Smith; Mr. Joseph Bell (ex-officio). Examiners: Dr. Archibald Inglis; Dr. Peter D. Handyside; Dr. James D. Gillespie; Dr. Henry D. Littlejohn; Dr. Patrick H. Watson; Dr. Daniel Wilson; Dr. John Smith; Dr. Argyll Robertson: Mr. Joseph Bell; Dr. John Duncan; Dr. Robert J. B. Cunyngham; Dr. Alexander G. Miller. Assessors to Examiners: Mr. William Brown; Mr. James Spence; Mr. William Walker; Dr. James S. Combe. Conservator of Museum: Dr. Robert J. Blair Cunyngham.

King and Queen's College of Physicians in Ireland.—At the Annual Stated Meeting of the College, held on St. Luke's Day, the following Officers were elected for the ensuing year :

President, Samuel Gordon, M.B. Censors, James Little, M.D. (Vice-President), W. B. Jennings, M.D., T. W. Grimshaw, M.D., G. F. Duffey, M.D. Registrar, J. Magee Finny, M.D. Treasurer, Aquilla Smith, M.D. Examiners in Midwifery, E. B. Sinclair, M.D., F. Churchill, M.D. Professor of Medical Jurisprudence, Robert Travers, M.D. Representative on the General Medical Council, A. Smith, M.D.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Impecunious.—The instrument named is, necessarily, from its complex nature, expensive; it is, however, often to be obtained second-hand at less than half-price of dealers in second-class instruments. Messrs. Lawley and Son, of 78 Farringdon Street, London, W., are the most likely to have the instrument in stock. Their catalogue of second-hand surgical instruments will probably contain it.

W. H. S.—Mr. Fleming's work is considered by the best authorities to be the most reliable; but the whole subject will be brought out in our report "On Rabies."

M. A. B.—The letter has been forwarded to the address as desired.

D. L. A.—The appeal is inserted free of charge.

Medical Journalism.—We are highly gratified at the compliment frequently paid us by a medical contemporary which extracts our articles and reprints them without acknowledgement. Last week this again occurred, when two annotations were inserted from our columns as original. This may be "editing on the cheap," but it is scarcely honest.

Dr. Burns.—"Nothing venture nothing win." You will have to consider the risk of failure; there is keen competition now-a-days.

F.R.C.S.—Medicine and politics are antagonistic. Communication declined with thanks.

Gale's Walk.—See our article on the subject. Before attempting such a feat you should consult your physician.

M.D., Q. University.—We strive to hold the balance of justice and to weigh evidence fairly. Partisanship cannot be laid to our charge.

Typhoid Fever.—Consult Murchison's Continued Fevers. In matters of doubt it is always best to err on the safe side.

PLEURO-PNEUMONIA BANQUET.

A report is in circulation that the advocates for the use, as human food, of the meat of oxen dead from contagious pleuro-pneumonia, are about to have a banquet in the city Morgue, the dishes to be largely composed of this meat and secretions of the animals.

We have been favoured by the eminent contractors, Messrs. Slaughter and Death, with a glimpse at the *Menu* card, the items of which are as follows:—

SOUPS.
1. Schneiderenne. 2. Sero-Bacteria.

FISH.
3. Filleted Liver Fluke (caught in one of the Portal Canals).
Pus-vert Sauce.
4. Softened Cochlea (taken near the Aqueduct of Fallopius).
Pus-jaune Sauce.

ENTREES.
5. Côtelettes de Poumon Purulent.
Aux petits Pois.
6. Adenita Glands.
Pyin Sauce and Truffles.

RELEVES.
7. Bœuf-bouilli.
Pus-blanc Sauce des Oignons.
8. Bœuf-noir en Ragoût.
Sauce Sarcolactic.
9. Bœuf-Tremblant.
Lymph-cacoplastic Sauce.

ENTREMETS.
10. Blanc-mange Galactine. 11. Gelée de Thrombosine.
12. Caprolica Cream.

ICES.
13. Cerise Bilirubin. 14. Gingembre.

LIQUEURS.
15. Eau de l'Ichorrhæme. 16. Eau de Septicime.
17. Koumiss Spirit.

During the repast Dr. Moribundi will play the "Dead March in Saul," "When shall We Three Meat again," and other select airs on the Organ of Corti. E.M.B.

Dr. P.—We can quite understand your annoyance and that of your brother practitioners at the favouritism displayed by the coroner and the local authorities; but we fear you have little to expect after the answer to your very proper expostulation.

Hypodermic Injection of Morphia.—A correspondent would feel greatly indebted to any of our readers who have had experience in the hypodermic injection of morphia in any individual case to allay local pain, the quantity used, and for what length of time without material injury to the patient.

Mr. Worth.—The journal referred to did not come to hand until two days after your note, too late for the present number.

Dr. Bright.—Our correspondent will find the information he requires in a work published by P. M. Latham "On the Diseases in the Millbank Penitentiary." He will also find the subject referred to in Copland's "Dictionary of Practical Medicine," Art. Abstinence.

CLEOPATRA'S NEEDLE.

To the Editor of the Medical Press and Circular.

Sir,—When the writer of the note in your issue of the 10th inst. sent in his contribution he was doubtless not aware that Mr. Erasmus Wilson had already approved of the suggested site, near the Houses of Parliament, surrounded by the statues of the late Viscount Palmerston, the Earl of Derby, and Sir Robert Peel, or very possibly he would not have troubled you with any communication on this very delicate but still debatable question.

Since these letters have been ventilated, it appears that on the afternoon of Saturday last, at an adjourned meeting of the Westminster District Board of Works, the following resolution was passed with only two dissentients:—

"That a representation be sent to Her Majesty's First Commissioner of Works that the Board are strongly of opinion that the proposed site in Parliament Gardens for placing Cleopatra's Needle is unsuitable, and that the same should be placed in a more suitable position."

Under these circumstances the views you have disseminated on Wednesday last as to Lincoln's Inn Fields seem not undeserving of the reconsideration of Mr. Erasmus Wilson, assisted by the Syro-Egyptian Society (if still in existence), or if defunct, by their once very active cooperative, Mr. Joseph Bonomi, who, I believe, has translated the inscriptions on the great sarcophagus in Sir John Soane's Museum at the expense of a late Duke of Northumberland, formerly President of this Society, who had transported the only existing obelisk already known in this country, to Alnwick Castle at his own expense, and whose mature advice very possibly Mr. Erasmus Wilson would respect.

Having upwards of a quarter of a century ago exerted myself in order to prevent Lincoln's Inn Fields being appropriated for the new Law Courts, and as the author of the present site was desired by the Chief Commissioner of Public Works to select from amongst many plans the one now adopted. I therefore trust that the recommendation which you have circulated will be duly considered by the author of "Our Egyptian Obelisk."

Yours truly,
Senex.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Guide to the Examination of the Royal College of Surgeons for the Diplomas of Member and Fellow. By F. G. Grant, F.R.C.S. Third Edition. London: Baillière, Tindall, and Cox.

Proteus or Unity in Nature. By C. Bland Radcliffe, M.D. London: Macmillan and Co.

Is Scientific Materialism Compatible with Dogmatic Theology? By John Drysdale, M.D. Liverpool: Adam Holder.

Practical Gynæcology. By Heywood Smith, M.D. London: J. & A. Churchill.

Report of the Fever Carriages of the Metropolis. By James Stevenson, M.D.

An Inquiry into the General Pathology of Scurvy. By C. H. Ralfe, M.D.

Bentley and Trimen's Medicinal Plants. Part XXV.

Proceedings of the King's Medical Society.

May Young England Smoke? Medically considered.

New York Medical Journal. British Journal of Dental Science. Le Progrès Médical. The Boston Medical Journal. Le Paris Médical. La France Médicale, &c., &c.

VACANCIES.

Birmingham General Hospital.—Two Assistant Physicians, Two Assistant Surgeons, and a Dental Surgeon for a term of three years; there is an Honorarium of £100 per annum attached to each office. Applications, under cover, to the House Governor before the 29th inst.

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff, both honorary. Testimonials to the Committee at the Hospital before the 2nd proximo.

Hastings Infirmary.—Assistant Surgeon. Full particulars of the Secretary. Election, Nov. 13.

St. Mary's Hospital, Paddington.—Assistant Physician. Honorary. Testimonials, under cover, to the Secretary before the 29th inst.

Metropolitan Free Hospital.—Assistant Physician. Honorary. Applicants must address the Secretary, 81 Commercial Street, E.

Bacop, Lancashire.—Medical Officer of Health. State emolument expected to Clerk of Local Board

Guildford, Surrey.—Public Analyst. Applicants must state emolument expected to the Town Clerk, Guildford.

Cootehill Union Workhouse.—Medical Officer. Salary, £50. Election, Nov. 2.

Galway Union, Spiddal Dispensary.—Medical Officer. Salary, £100. Election, Oct. 26.

Worksop Dispensary.—Resident Surgeon. Salary, £50, with board. Applications to Dr. Hamill, at the Dispensary, Worksop, Notts.

Strabane Union, Castlefin Dispensary.—Medical Officer. Salary, £120. Election, Nov. 5th.

Milford Union, Rathmullen Dispensary.—Medical Officer. Salary, £120. Election, Nov. 6.

Tobercurry Union, Tobercurry Dispensary.—Medical Officer. Salary, £100. Election, Nov. 5.

Deaths.

Beach.—On Oct. 5, at Swindon, Henry Beach, M.R.C.S.E., aged 68.

Basham.—On Oct. 16, at 47 Chester Street, Belgravia, W. R. Basham, M.D., for many years Physician to the Westminster Hospital.

Davies.—On Oct. 7, at Ryde, Frederick Davies, M.D., of Gower Street, aged 68.

Freeman.—On Oct. 17, at Woodbridge, Henry Lankester Freeman, M.R.C.S., late of Saxmundham, aged 81.

Johnson.—On Oct. 14, at Grove Lodge, Fulham, James Johnson, M.R.C.S.E., aged 65.

McCarthy.—On Oct. 8, at Bandon, co. Cork, Charles McCarthy, M.D., aged 61.

Neale.—On Oct. 14, at Worksop, William Michael Neale, M.R.C.P.Ed., L.S.A., aged 64.

Simpson.—On Oct. 7, at Great Malvern, James Murray Simpson, L.R.C.P.Ed., aged 70.

IRISH POOR-LAW INTELLIGENCE.

DUBLIN SANITATION.

Abstract Report of the Executive Committee of the Dublin Sanitary Association.

(Continued.)

DEATH REGISTRATION.

On the 1st of March the attention of your Committee having been directed to the inaccuracies appearing in the Registrar-General's return of deaths occurring in the South Dublin Union for the week ending the 24th February, the following resolution was passed: "That the Executive Committee beg to call the attention of the Board of Guardians of the South Dublin Union to the fact that whereas 21 deaths occurred in the South Dublin Union Workhouse last week, and were registered, the cause of death was certified by the attending physician in only 8 cases, the uncertified deaths being 13 in number, and that in consequence the Registrar-General's return for the week ending Saturday, February 24th, is rendered practically valueless as showing the fatality of the several diseases in Dublin." In reply to the foregoing your Committee received a letter from the clerk of South Dublin Union, stating that steps had been taken to effect a more regular registration of deaths in the workhouse.

In the report of the Executive Committee for the year 1874-75 attention was called to the high death-rates which had prevailed in Dublin, and at the suggestion of the Committee a resolution was adopted at the Annual Meeting held on June 10th, 1875, directing the Committee to take steps for obtaining a public inquiry into the cause of the excessive mortality, and the unsanitary condition of the city.

This resolution was not acted upon because the Committee believed that a full investigation into the sanitary state of Dublin would take place before the Select Committee of the House of Commons on Local Government and Taxes of Towns in Ireland, and before the commissioners appointed at the suggestion of that Committee. The evidence on the subject given before the Select Committee was of a conflicting character, and your Committee regret that the inquiry held by the Commissioners in Dublin was restricted to some matters connected with the management of the corporate property. Under these circumstances your Committee feel they have no alternative but to recommend the Association to adopt a resolution similar to that passed in 1875, and already referred to.

MOUNTMELLICK UNION.

THE CONSULTING SANITARY OFFICER.

The business for consideration was Mr. W. H. Cobbe's motion with reference to paying the consulting sanitary officer by fees instead of by bulk salary.

Mr. Pattison—Before you enter into any discussion on this motion I beg to say a few words. I asked Dr. Clarke whether he had sent in his resignation as consulting sanitary officer, and he says he has not. I asked him did he concur in this motion, and he says he does not. I submit then we have no power whatever to deal with this question. It is wholly outside the province of the board. Dr. Clarke has vested rights in the appointment, and we cannot disturb the salary he receives from it, and you may pass as many resolutions as you like, but he will take no notice of them. The motion is altogether *ultra vires.*

The Chairman thought there was nothing to prevent the board from altering or revising the salaries of the sanitary officer more than any other officer of the union. But if Mr. Pattison could show proof to the contrary he was quite ready to yield to him. To his mind the fact of their appointing an officer at a certain salary did not prevent them from changing it in any way.

Mr. Pattison repeated that the board had no power to alter or reduce Dr. Clarke's salary.

The Chairman could see nothing illegal in the act. If it were illegal the Local Government Board would take care to set them right.

Chairman—He only thinks you have no power, and he has a perfect right to say so.

Dr. Jacob—I may say as a matter of fact, and I have it based on legal opinion, that except for misconduct salaries cannot be disturbed. I therefore think Mr. Pattison has brought forward a very proper point of order, though I do not mean to make use of this as a device to oppose the resolution.

In reply to Mr. Cobbe, Dr. Jacob said that the legal opinion he had instanced was not taken in connection with the salary of any sanitary officer.

Mr. Reeves—I apprehend with regard to that notice that has been put forward, whether we have the power to alter or reduce the salary is one thing; but I do not think, according to the act of parliament, that you can pay a man according to the job or by fee when it says you must give him a "salary," and I take salary as a yearly stipend.

Mr. Reeves—He thought that having appointed Dr. Clarke at a yearly salary they could not now turn round and pay him by the job. To his mind there was a clear distinction between the terms.

Mr. Pattison proposed that Mr. Cobbe's motion be not entertained.

Mr. Cullen had an amendment to propose. They paid their consulting sanitary officer £80 for the last four year, and all the times he was called upon to act in that capacity were three—that is, he received £26 13s. 4d. for each visit. He thought that was a monstrous payment, and he would move that the matter be laid before the Local Government Board

I move "That the Local Government Board be called upon to relieve the ratepayers of the union of the grievous

charge of £26 13s. 4d. a visit to Dr. Clarke as consulting sanitary officer, that being the average at which he was paid since his appointment four years ago." There could be no objection to that.

Mr. Reeves—I put forward this—"I submit that the chairman cannot entertain Mr. Cobbe's resolution, as the sanitary officer has been appointed at a fixed yearly salary, and that we have no power to pay by fees."

Chairman—There is no reason why both amendments should not go up. They must go whether they are carried or not.

A vote was then taken, when there appeared for Mr. Cullen's amendment, 3. Against, 10.

Mr. Reeves's query passed by a like majority for. Mr. Cobbe's original motion was neither formally seconded nor put.

MOUNTMELLICK UNION.

COOLRAIN DISPENSARY.

THE Hon. Sec. of the Coolrain dispensary district wrote to say that at a meeting of the committee, it was resolved, that Dr. Cornelius be granted three weeks' leave of absence, and that Dr. Fisher, acting as *locum tenens*, be allowed three guineas a week.

The following letter to the clerk on the subject was read :—

DEAR SIR,—If Mr. Cullen carries his resolution, of course Dr. Fisher will retire from the medical duties of the district, and the end will be that the Local Government Board will send down a doctor to take charge, at double or treble Dr. Fisher's remuneration, as I believe the district won't be left without a medical attendant. Mr. Cullen not having to pay the additional cost of course doesn't mind.

Yours,
GEORGE NEALE.

Dr. Fisher also wrote, inquiring if the guardians had agreed to give him three guineas a week for doing Dr. Cornelius's duty.

Mr. A. Peacock thought there could be no objection to the payment, seeing that the same rate of remuneration had been given to Dr. Rice during the illness of Dr. Clarke.

Mr. Cullen, said he did not propose that Dr. Fisher be not allowed three guineas a week. What he did propose was that Dr. Cornelius be not paid during his absence.

There was a resolution on the books that whenever a doctor applied for leave of absence he should mention in his application who he proposed as his substitute, and and who was to pay him. Neither of these conditions had been fulfilled in the present instance.

Dr. Jacob reminded the board that the medical officer of the Coolrain dispensary had a lower salary than the medical officer of any other district in the union. On this ground alone, and independent altogether of the merits of the case, it would be a great hardship to ask him to pay his substitute.

Mr. Pattison begged leave to move that Doctor Fisher be paid three guineas a week while acting as *locum tenens* for Dr. Cornelius.

Mr. Pattison—You must pay the substitute, and it is quite open to you to pay Dr. Cornelius afterwards.

The recommendation of the dispensary committee was then confirmed, and the matter dropped.

DONOUGHMORE UNION.

PAYMENT OF MEDICAL OFFICERS.

Mr. Dunne handed in a notice of motion to the effect that he would propose that the resolution refusing payment to the officer's substitutes, when granted leave be escinded, on account of Dr. White's illness.

Mr. Rudd proposed that the notice be not received, as he considered it illegal.

Mr. Dunne—The reason I ask to rescind the resolution is that while it is on the books we cannot pay Dr. White's substitute.

Chairman—I think as far as that goes the matter is quite clear. While Dr. White is ill, the dispensary committee of Borriss-in Ossory have the power of recommending to this board a substitute, and if approved of he will of course be paid. As far as I see Dr. White's illness has nothing to say to the resolution.

The clerk pointed out that the resolution debarred payment to the substitute of any officer of the union who went on leave for "amusement or otherwise." He thought the word "otherwise" brought in everything.

Chairman—There are many people who differ with me, and say the views I hold are hard views, are monstrous views—that the doctor should after twelve months hard work get a little vacation ; still I am acting conscientiously. I think we have no right to put our hands into the ratepayers' pockets, and pay away their money in this fashion.

Dr. Smyth—But when a man is ordered to go to the sea or to Lisdoonvarna ?

Chairman—When a man is sick puts another complexion on the matter altogether ; but I would like to have a certificate of everything of that kind.

Dr. Smyth—If I wished to act discourteous to this board I had nothing to do but to refuse to take up Dr. White's duty, and send up a certificate that he was ill, and the Local Government Board would soon order a man down from Dublin at a guinea a day. Having acted before for half-a-guinea a day, I did not like to refuse now. Dr. White is ill, and he is likely to be so for some time. In the present instance you cannot pay me as his substitute while that resolution is on the books.

Chairman—I don't agree with you, because that resolution was never intended to apply to a case of ill-health, nor would the board stand upon such a narrow technicality. We all know that Dr. White is ill, and that you are doing his duty, and the board could not therefore refuse to pay you.

Dr. Smyth—If the board allow it the auditor won't allow it while that resolution remains.

The motion will come on for discussion that day fortnight.

NORTH DUBLIN UNION.

DISQUALIFICATION OF VOTERS.

AT the usual weekly meeting of the Guardians, a communication was received from the Local Government Board with reference to the objections raised by Dr. Stokes to the election of Dr. Kenny as medical officer of the workhouse.

"Sir,—With reference to your letter of the 25th ult., protesting against the recent election of Dr. Kenny to the office of medical officer to the workhouse of North Dublin Union on the following grounds :—1. That on the first and second pollings you had a majority of the votes of the guardians present ; and (2) that one of the guardians who voted for Dr. Kenny was not qualified to do so, he being a bankrupt, the Local Government Board for Ireland desire to inform you that they have been in communication with the guardians on the subject, and have ascertained through their inspector, Mr. O'Brien, the precise manner in which the voting was conducted at the election. The board are of opinion that the final poll, when each guardian simply recorded one vote, is the only one that can be recognised as determining the question, and Dr. Kenny on that poll appears to have obtained a majority of one vote. As regards your second objection, the Local Government Board have been advised by counsel that the fact of bankruptcy may or may not be a disqualification, according to the precise circumstances of the case. In any event, the 30th section of the Irish Poor Law Relief Act (1 and 2 Vic., cap. 56) provides that no defection in the qualification, election, or appointment of any person acting as a guardian shall vitiate or make void any proceedings of such

board in which he may have taken part. Under these circumstances the Local Government Board see no reason for setting aside Dr. Kenny's election.

"By order of the board,

"B. BANKS, Secretary."

ENNISCORTHY UNION—OULART DISPENSARY.

A MEETING of the Managing Committee of the Oulart Dispensary District was held on the 9th inst. It was proposed that Dr. Kelly be appointed Medical Officer of the Oulart Dispensary District, also Sanitary Officer and Registrar of said district; salary, £90 per annum as Medical Officer of the Oulart Dispensary District; £15 per annum as Sanitary Officer, and £25 per annum as Medical Officer to the Oulart Fever Hospital. No other candidate being proposed, Dr. Kelly was unanimously elected. Dr. Kelly has for some years been a resident of Enniscorthy, and has been highly respected.

CORRESPONDENCE.

RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you be so kind as to inform me whether a medical officer of a district is obliged to attend, on a *red* ticket, a gentleman, who can afford to keep servants, as appeared in the last issue of the MEDICAL PRESS; also to know if any person holding more than ten acres of land is entitled to a red ticket, and that a doctor's only remedy is to apply for cancellation of the ticket from the committee?

Hoping the insertion of this letter will not occupy too much of your valuable space,

I remain, yours,

T. R. G.

[The medical officer is obliged to attend any "poor" person on red ticket, but—intentionally—no definition is given in the Act of the term "poor." The giver of the ticket is the sole judge of the matter, but his judgment may be reversed by the dispensary committee, and the ticket thereupon cancelled. Meanwhile the medical officer *must* attend everyone who presents a red ticket, no matter what his means may be, for he is not permitted to act upon his own idea as to whether or not the ticket holder is "poor." If, however, the issuer of the ticket gives it to an unfit person, either through malicious intent or negligence, he, the issuer, can be sued, and made to pay. It has never been decided whether the recipient of a ticket can be made to pay under any circumstances, or whether the cancelling of a ticket has any effect in making him liable. It would be very desirable that the first typical case should be tried by the Irish Medical Association.—ED. M. P. & C.]

VACCINATION PROSECUTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You will oblige me very much by letting me know how I sould act in the following case:—

Having reported some defaulter under the Vaccination Act to the Board of Guardians, the Board gave an order to their relieving officer to have the parties summoned. When I heard this I told the relieving officer that he should either get me an order from the Board to attend to prosecute, or else serve me with a summons. He applied to the Board for instructions, and was informed that I was to attend, and that if I was entitled to my fee that the Board would pay me. When the case was tried the chairman of the magistrates signed a paper for me, stating that I had that day attended petty sessions and prosecuted on behalf of the Guardians, and I sent this paper, together with a bill for £1 1s., to the Board, and they declined paying me, the chairman remarking that such a thing could not be taken cognisance of.

Now, Sir, will you kindly inform me what steps I ought to take to recover my fee. The reason I only put in for £1 1s. is, that the sessions are held here, and that I was not long delayed in court.

Yours faithfully,

P. L. M. O.

Oct. 15, 1877.

[The 13th Clause of the Vaccination Amendment Act ("Irish Med. Direct.," 1877, p. 498) *orders* the Guardians to pay it, if the magistrates certify for the fee. But it says that "such justices shall ascertain the amount," which the Bench does not seem in this case to have done, and a technical defence might be taken by the Guardians on this ground. We would advise the medical officer to get the magistrate to certify that he "attended on ——— day of ——— at the petty sessions of ———, and gave evidence in the case of ——— against ———, and we, the said justices, hereby certify that a payment of £1 1s. for expenses in so attending and giving evidence ought to be allowed." This certificate being presented to the Guardians they *must* pay, and you can recover the money at a moment's notice by law. See case of "Kisbey *v.* The Boyle Guardians" in the MEDICAL PRESS some months since.—ED. M. P. & C.]

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 13, 1877.

Total registered deaths in Dublin and suburbs*	...	136
Ten years average of same week	...	140
Decrease of mortality below average	...	4
10 weeks ratio of deaths Rathmines	17·5 per	1,000
" " " " Donnybrook†	16·6	"
" " " " Blackrock	21·6	"
" " " " Kingstown	16·0	"
" " Entire Dublin District	22·5	"
COMPARATIVE RATIOS—London ...	19·5	"
" " Glasgow ...	22·0	"
" " Edinburgh ...	18·5	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 36; average number in the corresponding week of the last ten years 38·3. The deaths from these diseases recorded last week comprise 5 from fever (3 typhoid and 2 simple continued fever), 12 from measles—5 of which occurred in Kingstown and 3 in Peter Street District—4 from diarrhœa, 3 each from dysentery, scarlet fever, croup and whooping-cough, 1 each from diphtheria, erysipelas, &c.

Eight children died from convulsions.

Twenty deaths resulted from bronchitis, against an average of 11·3 for the corresponding week of the last ten years, and 1 each from pleurisy, pneumonia, and lung disease unspecified.

Heart disease caused 5 deaths, aneurism 2, apoplexy 2, cephalitis 3, brain disease unspecified 2, liver disease 1, and diabetes 1.

Six deaths from accidents or negligence, 1 case of homicide, and 1 of suicide were registered.

BELFAST.—Four deaths from diarrhœa, 2 each from fever, scarlatina, and measles, and 1 from whooping-cough were registered during the week.

COMPARATIVE SUMMARY OF DISPENSARY RELIEF FOR THE LAST TEN YEARS.

Period.	Province of Ulster.		Province of Munster.		Province of Leinster.		Province of Connaught.		Total for Ireland.		
	Dispens'ry Tickets.	Visiting Tickets.	Dispens'ry Tickets.	Visiting Tickets.	Dispens'ry Ticket.	Visiting Tickets.	Dispens'ry Tickets.	Visiting Tickets.	Dispens'ry Tickets.	Visiting Tickets.	Total.
Year ended 30th Sept., 1865	137,886	58,509	212,838	60,773	201,730	63,136	82,882	19,915	635,336	202,333	837,669
,, 1866	123,510	55,252	184,780	55,651	187,585	62,321	73,687	18,011	569,562	191,235	760,797
,, 1867	120,979	52,733	184,176	55,950	194,820	65,443	72,747	17,554	572,722	191,680	764,402
,, 1868	125,658	53,051	191,986	54,476	188,096	58,399	78,864	17,229	584,604	183,155	767,759
,, 1869	128,583	58,988	183,463	55,856	190,176	62,395	77,308	18,558	579,530	195,797	775,327
,, 1870	127,974	59,922	182,408	57,813	192,452	64,864	78,390	20,601	581,224	203,200	784,424
,, 1871	119,782	55,009	175,722	55,668	180,001	64,102	71,986	19,005	547,491	193,784	741,275
,, 1872	115,208	56,169	159,221	65,527	169,866	68,384	68,875	20,779	513,170	210,859	724,029
,, 1873	114,493	53,412	153,933	59,459	168,575	60,207	63,376	18,571	500,377	191,649	692,026
,, 1874	115,057	55,757	153,074	51,829	169,570	60,877	63,326	17,675	501,027	186,138	687,165
,, 1875	116,536	63,456	150,509	54,704	168,164	61,844	60,321	18,658	495,530	198,662	694,192
,, 1876	110,595	56,359	145,349	54,477	166,336	61,076	59,051	17,507	481,331	189, 419	670,750

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, October* 13*th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, Oct. 13, 1877.					Number of Deaths from									
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered*.	Total Deaths *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	22	149	136	25	24	..	12	3	1	3	5	4	8	7	29
Belfast . .	20,687	182,082	22	111	77	18	10	...	2	2	...	1	2	4	2	2	8
Cork . .	13,816	91,965	17	60	30	5	4	...	4	...	..	...	1	2	...	...	7
Limerick .	8,509	44,209	27	25	23	3	14	...	...	...	...	...	1	4	...	...	16
Londonderry	21,865	30.884	7	11	4	...	3	...	...	...	...	...	...	...	...	...	...
Waterford .	17,209	30,626	20	13	12	2	1	...	...	...	...	...	...	1	...	...	...
Galway .	21,358	19,692	16	4	6	1	...	...	...	1	...	...	...	...	...	...	2
Sligo . .	30,835	17,285	21	6	7	...	3	...	...	..	1	...	...	...	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 31, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On Syphilis as it Affects the Brain and Nervous System. By Thomas Stretch Dowse, M.D., F.R.C.P. Edin., late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest 353

CLINICAL RECORDS.

Case of a Woman Afflicted with Primitive Free Pleurisy—Thoracentesis—Cure 357
New Method of Treating Fractures of the Clavicle 358

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—
On Œdema (Myxœdema) in Cretinoid of Adult Women 359

"The Medical Press" Special Report on the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom 360

Pleuro-Pneumonic Beef as Human Food .. 362

LEADING ARTICLES.

Co-operative Doctoring..... 363
The Parkes' Museum of Hygiene 364

NOTES ON CURRENT TOPICS.

Bath and the British Medical Association 366
The Fever Carriages of the Metropolis.... 367
Mr. Brudenell Carter on the Alcohol Question 367
Scarlet Fever at Southall 368
Drug Adulteration 368
The Conjoint Examining Board for England 368
The Irish College of Physicians 368
Anti-Vaccination 369
Royal College of Physicians of London.... 369
Wine Adulteration 369
Poisonous Tin 369
Cattle Plague in Germany 369
The Anti-Contagious Diseases and the Anti-Vivisection Fanatics 369

PAGE

LITERATURE.

The Vest-Pocket Gray, or Anatomist's Vade-Mecum 370
Examinations in Anatomy..... 370

NEW REMEDIES.

Syrupus Chloralis (Liebreich) 371

CORRESPONDENCE.

A Practical Hint in Obstetrics..... 371
Medical Certificates 371
"Black Hives" 371

The Throat Hospital in Golden Square.... 372

MEDICAL NEWS.

Royal College of Physicians of London.... 372
New Entries at the Medical Schools 372
Lectures at the Brompton Consumption Hospital 372

NOTICES TO CORRESPONDENTS.

The Queen's University 373
The Carmichael Prize Essays 373
Vin de Baudon 373
Vacancies..... 373
Appointments 373
Deaths 373

Original Communications.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By Thomas Stretch Dowse, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 256.)

PATHOLOGY.

The pathological products of tertiary syphilis as they involve the skull, the brain, the cord, and the membranes, are now well known, and require no second-hand interpretation on my part. It can safely be said that the effects of syphilis on the nervous system may be recognised with a precision and exactness which the other viscera cannot equally claim.

Our patient may have multiple gumma in the substance of the heart, lungs, liver, spleen, or intestines, which have not been diagnosed during life, and the existence of which would never have been known but for post-mortem investigation. This is rarely the case when such changes exist in the brain. We have seen that syphilitic specific inflammations usually arise in the fibrous structures, and in that portion which is continuous with the vessels.

Rindfleisch states that the adventitia of the vessels is the proper matrix of the syphiloma. How far the statement is absolutely true is uncertain, for Heubner, as we have shown, asserts that the syphilitic degeneration of cerebral vessels originates under the normal lining layer of epithelium between it and the membrana fenestra. Yet it is perhaps of more interest, if not of greater importance, to note that the share taken by the proper nervous elements in these pathological changes which affect the nervous system is extremely limited.

Dr. Moxon tersely says that "syphilis attacks the surface of the brain and the membranes, it attacks them in limited spots, and spreads slowly. The morbid changes are, on the one hand, adhesion of the membranes to each other, and to the surface of the brain by means of an adventitious material of firm consistence and yellow colour, which may be called lymph, but is harder, tougher, and more opaque. This exudation may be found at any part of the surface, it invades and destroys the grey matter, interferes with the supply of blood, and when it occupies the membranes at the base of the brain surrounds and involves the nerves in the intercranial part of their course."

In the examinations which I have made of the brain after death (over 1,000) I have been surprised to find in how small a number this disease appeared to originate in the under layer of the periosteum of the endocranium. I think this, perhaps may be accounted for by the fact that when a gumma of the inner table of the skull does arise the clinical features, as evidenced by pain, &c., are so marked (for these manifestations usually occur with the existence of external gummata) that remedial measures are adopted early, and thus promotes absorption before the membranes of the brain become involved.

The following abridged notes of cases will serve to demonstrate the usual features of gross syphilitic disease of the brain and cord in what may be designated its tertiary stage :—

Case I.—*Syphiloma of the Membranes, and of Brain Substance, Involving the Inferior Frontal Convolution of the Right Hemisphere—Migratory Pseudo Left Hemiplegia—History of Injury to Right Frontal Eminence of Twenty-two Years' Standing. He contracted syphilis seven and a-half years ago.*

B. C., æt. 51, a man of fair complexion, was admitted into the Central London Sick Asylum, August 5th, 1874, and died October 12th, 1874. There was an old cicatrix over the right frontal eminence, the size of half-a-crown, which was the result of a gun accident that took place twenty-eight years ago. It appears that the barrel of the gun burst and a splinter of iron struck him on the forehead; he went into the Leeds Infirmary, but did not remain long. When he left he was quite well, and continued so. Twenty years afterwards he contracted syphilis, and since that time he has suffered from an ulcerated throat and other symptoms of

this disease. Twelve months before he came under my care his health commenced to fail. He suffered from intense neuralgic pains, which came on regularly at night. After this his memory became affected, and he would have attacks of *petit-mal*, and reel about whilst walking as though he was intoxicated; then followed a weakness of the left arm, which was soon felt in the leg. Motion and sensation were equally involved. At times he could move the limbs fairly well, and on September 10th the following note was made:—

"Walks with a reeling gait; memory obtuse; says that it is much better if he keeps perfectly quiet, but if irritated or excited his ideas become confused, and he is unable to think of words by which to express his thoughts."

1*st Nerve.*—The sense of smell is partially obliterated.

2*nd Nerve.*—Vision of right eye normal; has completely lost the sight of the left eye from a sudden inflammatory attack twelve months ago, but the ocular muscles are not paralysed.

5*th Nerve.*—There is general numbness of the left half of scalp, face, and buccal mucous membrane, with hyperalgia. No defect of swallowing or of speech; the tongue is slightly divergent to the left. The left hemiplegia is less marked than upon admission.

After this note was made he complained greatly of a fixed pain over the left side of the head and left ear. Treatment availed him little. He had a quasi-epileptic seizure, with rigid spasms of both upper extremities, and clonic convulsion of right side. Shortly after this he died.

Post-mortem Examination.—Brain weighed 53 ounces. Upon examining the internal table of the skull no fracture was found; it was adherent to the dura mater, to the other membranes, and to the brain substance of the right inferior frontal convolution by an abnormal growth which penetrated some way into the frontal lobe. The grey matter was disintegrated, and mingled with the softened surrounding nerve tissue, *débris* of vessels, and small hæmorrhages. The arachnoid membrane covering the surface of the hemispheres was opaque, and beneath it and the pia mater of the *right* side was a layer of colloidal sanguinolent material. On the *left* side, over the frontal lobe, the dura mater was much thickened, and contained within its structure numerous nodular bodies, varying in size from a pin's head to a small pea, but here no adhesion had taken place between it and the arachnoid. The same kind of growth was found to exist on either side of the superior longitudinal sinus. Of the central ganglia no especial change was apparent, with the exception of the right half of the pons, where the membranes were thickened, and adherent to its substance. The tumours, upon section, were found to be made up of highly corpusculated embryonic tissue. The viscera were free from gummata.

This case is of some interest, as apparently exemplifying how "residues of disease" are often more prone to become the seats of degenerative changes and inflammatory products than healthy normal tissue.

The man, as stated, met with a gun accident and severely injured his skull many years previous to his being infected with syphilis; yet when the poison finally determined to settle down and propagate itself somewhere, it chose the weak point in the man's body, namely, the cranium and membranes of the brain.

We know that tertiary syphilitic changes are not, as a rule, distinguished by symmetrical manifestations, yet the dura mater here was the seat of gummata over both anterior lobes.

Case II.—*Syphiloma of Spinal Cord in Dorsal Region, involving Antero-lateral Columns.*

S. W., æt. 40, admitted into the Central London Sick Asylum, July 17, 1873, died August 12, 1874. A woman of fair complexion, well nourished, with no specially marked cachexy. She contracted syphilis in 1870, and suffered more or less from it until she became paralysed. Her habits were intemperate. For some time before the paralysis came on, she had suffered severely from nocturnal pains down the spine (neuralgic pains), and a feeling as of electricity running down the limbs; cramps in the calves of the legs, and involuntary startings just as she was going to sleep. And even if the toes touched the ground suddenly, sometimes the legs remained so strongly flexed that she was unable to exercise any voluntary control over them. At other times sensation appeared to be more influenced than motion, the feet became cold and numb, so that she did not feel when they were pressed upon. This was succeeded by intolerable dull aching pain until they were warm, then she became easier. Both legs were affected in much the same way, but it was interesting to note that sometimes one limb would be much hotter than the other, and when in this state it would be less paretic, and *vice versa*, but the especial features, though variable, were—

1st. Painful and hyperæsthetic state of the spine, extending from the second dorsal spine to the sacrum, but more particularly over the spinous processes of the 9th and 10th dorsal vertebræ.

2nd. Cutaneous hyperæsthesia, and intense muscular and general hyperalgia.

3rd. Subjective sense of heaviness as though the limbs were wooden.

4th. Reflex excito-motor irritability of the cord greatly increased both to touch and the galvanic current (variable).

5th. Automatic spasms very severe.

6th. Temperature usually below normal.

7th. No marked muscular atrophy or fibrillations.

8th. Muscular power (when lying in bed) co-ordinate, not associated with tremor.

9th. Vaso-motor nerves easily stimulated.

10th. Very defective power of locomotion; but no throwing upwards of the feet, and implantation of the heels as in loco-motor ataxy, or dragging of the toes as in muscular atrophy.

11th. No derangement of anal sphincter.

12th. Occasional retention of urine, and subsequent incontinence.

13th. Urine acid, clear, free from albumen.

The limbs remained in the same state as just described for some time.

About two months previous to her death the want of motor power gradually increased, and the pain decreased almost in equal ratio. She became of necessity more helpless, and could not move in bed without the aid of her arms. The following note was made on August 1st—

Has only sufficient voluntary power to draw up the legs, which feel heavy, like lead. The special senses are good, but at times her memory fails, and the speech becomes thick. Cutaneous hyperæsthesia, and muscular hyperalgia have left the limbs, and sensation is normal. The bladder is extremely irritable, and incontinent.

A short time after this severe diarrhœa set in, from which, with the exhaustion from want of rest owing to the persistent reflex movements of the lower limbs, she died.

Post-mortem examination gave no evidence of gross lesion of the brain or medulla oblongata. When the spinal cord was removed, and before the membranes were cut, it was evident that a growth existed beneath the dura mater. The cord was found to be anæmic in the cervical and upper dorsal regions, but from the seventh pair of dorsal nerves, the membranes were adherent to each other, and to the cord over the anterior and lateral columns, but quite free over the posterior. Upon section a growth was seen, about an inch in extent longitudinally, and a quarter of an inch in thickness, invading the structures just named. There was no softening or hyper-vascularity as seen usually in gummata of the brain (the patient died prior to the degenerative stage). A section under the microscope gave good evidence as to the nature of the growth, which was composed of an enormous proliferation of small cells undergoing granulation change, as well as a large increase in the fibrous con-

nective tissue structure. Here and there were seen lumps of amorphous material, of no especial organisation, surrounded by zones of fibrous tissue.

The whole of the anterior root zones and outer borders of anterior cornua of grey matter were seen to be invaded by this hyperplastic growth, and the anterior portion of the lateral columns were undergoing a similar change, so that it was evident that the morbid condition arose, most probably in the membranes, and gradually made its way amongst the proper nerve structures of the cord from without to within. In some parts the nerve cells were completely obliterated, and others were seen to be undergoing atrophic fuscous and pigmentary degenerations. The vessels were not so much involved, excepting those in immediate relation with the gumma, where their coats were separated by cellular proliferation and granular material.

I thought this case at the time to be of considerable interest, and bore out with some precision in its clinical and pathological aspects the physiological views of Brown-Séquard. For instance, we had hyperæsthesia of the limbs, with marked functional automatic activity of the spinal cord, arising doubtless from congestion of the grey matter and antero-lateral columns. The grey matter as it became invaded so became functionally diseased, and we had transitory and migratory impairment of sensibility, sensation, and temperature. The posterior grey matter and columns were healthy, and to this may be attributed the perfect power of co-ordination. But considering the amount of disease in the periphery of the anterior horns of grey matter, one would have expected an equivalent of muscular atrophy, but this was not the case, owing in all probability to the unstable dynamic condition of the grey matter of the cord generally. Localised disease of the spinal cord similar to that found in this case is rare, and gives to it an especial interest for the proof of physiological experiment which would have been upset if the patient had survived for a sufficient length of time to permit of degenerative metamorphoses and softening of surrounding parts.

Case III.—*Syphilitic Aphasia.—Syphiloma involving Post-third of Inferior (Left Frontal) Convolution, and Lower Two-thirds of Anterior and Posterior Central Convolutions.*

A. P., æt. 36, was admitted into the Central London Sick Asylum, Highgate, on Nov. 3, 1875, and died in the Spring of the following year. She contracted syphilis from her husband when twenty-nine years of age, and since this time has had several miscarriages. The attack of syphilis was severe and succeeded by a large nummular gumma of the tongue which yielded rapidly to treatment, and for two years before the paralysis came on, her health had apparently become sound. At this time, however, family matters distressed her. She became nervous, anxious, and irritable, and would suddenly find the *right* leg to give way as she was walking down stairs. Her ideas would become confused, and she would often get into a passion when articulation became impossible. This was followed by a fit of sobbing, and not till then did the power of speech return. It was succeeded by defective co-ordinating power in the *right* arm, so that writing was difficult; but co-incident with this, the speech was faulty, and she could not roll the letter R. In attendance, also, upon the derangement of speech was defective co-relation of motor ideation. She could write fairly well before her seizure, and was intelligent, but now she wrote as follows:—"I feel very weak and nerves—my head is very bad." She would loose hold of a cup which she may be carrying, and not be aware of it for some few seconds after. There was want of voluntary co-ordinating power, both of leg and arm, sometimes existing in both together; at other times, in one limb only, with inability to articulate freely, as well as a dull, aching pain in the head, not unfrequently extending to the limbs. These were the chief signs exhibited by her for some time. The cranial nerves were not markedly involved, but occasionally there was slight evidence of a *right* facial palsy, and involuntary twitchings of the muscles of this side of the face. On the 10th of January she had a quasi-epileptic fit, with irregular movements of the *right* facial muscles and *right* extremities; but this attack was of short duration.

Three months before her death I was called to her, and found her in a condition of sub-consciousness, with bilateral twitching of facial muscles, and rigid spastic contraction of the *right* arm. She was quite sensible to pricking and pinching on the *left*, but on the *right* side of the body there was complete loss of voluntary, but not apparently automatic, power. When the attack had spent itself, she became partially comatose for over thirty hours, and when consciousness returned there was found to be complete absence of speech, as well as perfect *right* hemiplegia; no control over sphincters.

A month after this attack the following observations were made, but little attention was paid to the case beyond the question of the relation of mind to language and the power of articulation. The *right* hemiplegia was persistent until her death, except some slight power, which she regained in the *right* leg. The *right* arm remained permanently flexed, the forearm upon the arm, and the fingers into the palm of the hand. No cranial nerves were directly involved. The drowsy, heavy facial aspect which had existed previous to the complete hemiplegia had now given way to a bright and intellectual expression, but the condition of aphasia was complete, and her language was limited to, "Don't know," from first to last. In the same way that the hemiplegia was persistent, so in like manner was the state of aphasia also persistent; and I should here like to make a few remarks upon the clinical aspect of aphasia, as presented to my own observation. In the first place, there cannot be a doubt that the inferior frontal convolution of the *left* hemisphere is the seat of the function, and faculty of articulate language. Mere ataxy of speech is one thing, and aphasia is another; but the two are often confounded together, and serious mistakes are the result. I divide that condition which we know by the term aphasia into three stages. The first occurs immediately after the attack of *right* hemiplegia, where there is confusion of intellect, amnesia, and loss of the faculty of language. This means where an aphasiac will say, for instance, "Yes" for "No," or "No" for "Yes," in answer to all questions which might be put to him, without any self-knowledge of his loss of power for words, and where the brain cells are not sufficiently receptive to build up a reasoning faculty through the combined senses of sight and hearing. If in this stage the patient is asked to close the eyes or protrude the tongue, the response, if any, is a vacant stare, or "Yes" or "No," as the case might be. Here, then, we have a condition of amnesia, as well as loss of reasoning power, through the morbid state of the perceptive faculties which ought normally to be in co-respondence with the outer world. Yet the patient under these circumstances will be conscious of his own wants, and endeavour to make these known to others—"sub-mental reflex cerebral consciousness."

In the second stage we have a dulled brain regaining molecular activity, but the faculty of language has not improved, although reasoning power is returning. The patients will still say, "Don't know," or "Haish, or "Two, four, six, eight, ten," or "Don't, dow, dow, ditto, do," or some other words devoid of any definite ideal meaning, and look vacant and unintelligent if asked a question. But now the faculties of sight and hearing are beginning to act upon an impressionable medium, and the brain is similar to that of an animal endowed with merely an instinctive faculty. You can train a dog to bring your bird or your slippers, but you must show the creature by signs what you wish him to do; and so it is with an aphasiac in this stage. You tell your patient to sit down or stand up, close the eyes, protrude the tongue, or touch the nose. Yet all is blank. Then you show him by signs what you wish him to do, and his countenance beams with receptive pleasure, and voluntary co-

ordinate acts immediately follow. They are, however, only the outcome of a reflex mechanism, and as unstable as the physical state of brain cell which gave them origin. *In this stage the man is an irresponsible being.*

It is in the third stage that we have the true aphasiac, where the brain has regained its normal activity, and reasoning power is evidenced by act and gesture, if not by language. If now the patient is asked to rise or sit down, &c., he does it at once, without sign or token, and he now, for the first time, becomes aware of his inability to express his ideas in intelligible and appropriate language. These are the features which characterised the patient whose case we now have under observation. The following note was made on Feb. 10th :—She still says, "Don't know" to every question that is put to her. The special senses are excellent. She appears to be mindful of the past and conscious of the present. It is unfortunate that she is unable to give one an exact idea of her mental state, but I am inclined to think, if she could only express her thoughts by language, she would be found fairly intelligent. Some time after this she suffered from persistent diarrhœa, became comatose, and died in a few hours.

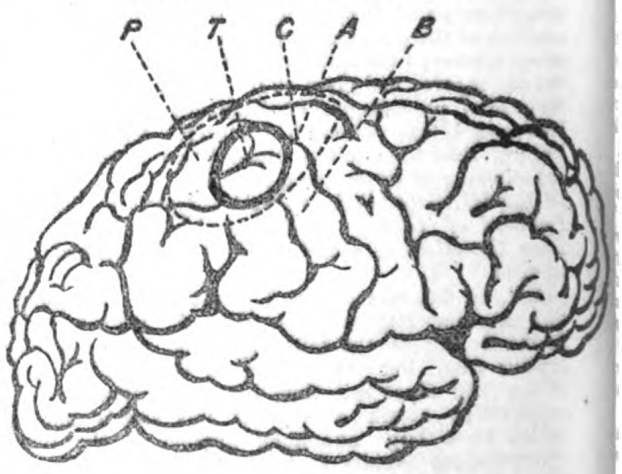
Post-mortem Examination.—The dura mater was normal, but imbedded in its substance, just to the left of the longitudinal sinus, were two irregularly-shaped bony plates. The arachnoid membrane was opaque and distended with fluid. At the base of the brain this membrane was much thickened, fibrillated, and bound down the vessels and nerves ; the former gave no evidence of plugging or atheromatous change. There were two growths, one involving the grey matter and substance of the post part of the inferior frontal convolution, and another the lower two-thirds of the ant- and posterior central convolutions. Over these tracts the tumours had replaced almost in its entirety the grey matter. There was considerable softening of the white nerve substance adjacent to these bodies. The microscope revealed the usual characteristic of a gumma, and the spinal cord gave evidence of a sclerosis of the right lateral column.

CASE IV.—*Syphiloma of Upper Third of Posterior-Central and Postero-Parietal Convolution of Right Hemisphere, Migratory Ptosis of Right Eyelid, Rigid Flexion of Left Arm, and Extension of Left Leg.*

S. S., æt. 34, a pale, thin, ill-nourished man. He stated that his health had been good for the best part of his life, but for the past ten years he would get out of sorts whenever he was over-fatigued ; his occupation was that of a clerk, and not unfrequently was his mode of living somewhat precarious. At these times his tongue became sore at the sides, the throat ulcerated, and migratory pains were experienced over the head, clavicles, sternum, and ribs, his voice was nasal, and at one time he had an offensive discharge from the nose. At the age of twenty-two, he had a sore on the penis, which healed in a few days, and was not, as far as his memory serves him, succeeded by a secondary eruption, neither did he feel constitutionally affected until three years after. He never had been treated for syphilis. Says that his family were remarkably strong, healthy, country people, and all lived to a good old age. For some six months previous to the advent of the paralysis his health had been visibly on the decline, so much so that he was unable to follow his employment for any length of time. His friends accused him of growing lazy and indifferent to those about him. One day he was found lying upon the pavement in a partially conscious state, and could not remember his home or where he lived. At another time he was taken to the police station and supposed to be drunk and incapable. He said that at times he rallied in the most wonderful way and felt as well and as intelligent as ever, but the next day he was altogether wrong.

He came under my care on June 13th, and died in the following November, 1875. It was in the month of March, previous to my seeing him, that he awoke in the morning and felt the *left* leg, as he called it, quite dead, as well as a numbness and tingling in the *left* arm. He could not open the *right* eye, but during the day all these symptoms passed off, and he felt nothing more of them for nearly a month. During this time if he began to write he got on well enough for a line or two, when he failed to make a straight stroke, and the arm shook violently, so that he had the greatest difficulty in controlling it. In May he became visibly paralysed, but it came on so very gradually that he thought it to be due to weakness. He was under treatment, and this seems to have been the opinion also of his medical attendant. However, the paralysis increased. When I first saw him, three months after, the *left* forearm was rigidly flexed upon the arm, and what is not usual, the extensors of the forearm were markedly palsied, so that the hand fell from dropping of the wrist, as in lead poisoning, the fingers on the ulnar side of the hand were rigidly flexed into the palm. The leg was extended and immovable, no anæsthesia, the intellect clear and the speech perfect. As time went on the speech became ataxic, and when at all excited there was complete absence of co-ordination between the facial labial and lingual muscles, so that articulation became a mere jumble of syllables. His memory failed, and other psychical phenomena presented themselves, until he became in a measure demented. The urine was of normal gravity, free from albumen and of acid reaction. Eventually the sphincter became incompetent, and he died very slowly, with occasional convulsive movements of bilateral facial muscles, and *right* and *left* extremities.

FIG. 1.—RIGHT HEMISPHERE.



A. Anterior Central Convolution. B. Posterior Central Convolution. C. Sulcus Centralis. P. Posterior Parietal Lobule. T. The Syphiloma. The dotted lines around tumour indicate Ferrier's centres for complex movements of the arm and leg, I should say more especially the latter.

Post-mortem Examination.—Upon removing the calvarium, the dura mater was not adherentt o the skull. It was slightly adherent to the arachnoid over the parietal convolutions (see Fig. 1), and contained within its fibres a solid tumour the size of a small walnut. This had compressed the brain substance of the parietal convolutions of the hemisphere (*right*) to such an extent that they were scarcely definable. The grey matter had become absorbed, and the surrounding white substance was much softened, so that the adjacent convolutions were implicated in the degenerative changes. There was chronic arachnitis, with effusion, over the whole of the cerebral surface. The arteries were not essentially atheromatous ; recent soft thrombi were found in the anterior cerebral vessels, and the substance of the *right* hemisphere, though showing no more absolute gross change than that first mentioned, was not so firm as the *left* hemisphere, which was comparatively healthy. Upon section, the tumour was found to be made up of a yellowish homogeneous material, varying in consistence, and apparently

made up of cheesy masses, imbedded in a softer gelatinoid matrix. Hardened sections showed it to be composed of a highly corpuscular parenchymatous growth, more or less vascular in patches and granular material.

Hornsey Lane, N.

(To be continued.)

Clinical Records.

CASE OF A WOMAN AFFLICTED WITH PRIMITIVE FREE PLEURISY—THORACENTESIS—CURE. (a)

If we resume the principal features of this case we find that it deals with the case of a woman 72 years old, previously in excellent health, who was neither tuberculous, cancerous, rheumatic, cardiac, nor afflicted with renal lesion; she is attacked, without any apparent cause, with *unilateral* pleurisy, accompanied by a discharge abundant enough to fill the pleura towards the eighth or tenth day of the sickness, and to force the heart strongly towards the right. Thoracentesis is employed, and a fortnight after the puncture, and the subsequent application of a blister and diuretics, she revives, and soon becomes effectually cured.

It is difficult not to see in this instance an incontestable case of free, primitive, and inflammatory pleurisy happening to an aged person. Now if one consults the authors, few though they be, who have treated the question of pleurisy in old people, it will be found that nearly all are agreed on the rarity of free pleurisy at such an age.

Grisolle, with his usual conciseness, declares it "very rare in old persons." Chomel expresses himself in the same terms. According to M. Durand Fardel, pleurisy in old persons is very uncommon as a primitive affection; its rarity, he adds, making allowance for affections of pulmonary parenchyma, can be compared to that of meningitis in old persons, allowance made to cerebral affections.

In the opinion of Bean, simple, idiopathic pleurisy is an affection both rarer and more serious in the case of the aged females that he attended at the Salpêtrière, than in the case of male adults. According to him the discharge is never great; in five cases which he observed, he saw none of them attended with absorption; the patients in every instance succumbed to the disease. This opinion of M. Bean must be compared with our case, where, on the contrary, the discharge was abundant, and the result favourable.

Grillette also points out the rarity of pleurisy in aged persons, and even professes never to have seen it otherwise than as a complicative pneumonia.

Valleix, as well as M. Bean, knows scarcely of a single instance of primitive pleurisy in an old person; during two winters he observed but a single case at the Saltpêtrière.

The principal foreign authors who have treated of diseases in aged persons—Constatt, Geist, and Day—have come to a like conclusion, and only speak of the extreme rarity of senile pleurisy.

Recently M. Boisseuil defended an inaugural thesis on pleurisy in old persons, in which are found eleven observations communicated by M. Maurea, and made by this distinguished physician at the Hôspices des Menages. These observations have been unexceptionally followed by death and autopsy. They all refer to secondary pleurisy, or, to speak more clearly, to secondary intra-pleura swellings, developed in persons attacked by pericarditis, or pneumonia, pulmonary apoplexy, valvular lesions of the heart, &c.

Nevertheless, in opposition to this almost unanimous testimony of specialists, we must put forward the weighty authority of Cruveilhier. "Nothing is more common," says he, "than latent pleurisy in old persons. There are certain atmospherical constitutions in which all diseases can be reduced to catarrh, to pleurisy, or to pneumonia. The catarrhal constitution often precedes the pleuritic constitution, and but rarely accompanies it. A great many old women at the Salpêtrière, of 80 and 90 years of age, who might be thought to die of old age, die of latent pleurisy, and in their cases the pleurisy, like the pneumonia, especially lies in the dorsal region, to which it is in many cases confined."

This opinion of the renowned anatomo-pathologist ought not, in our opinion, to be allowed to pass unquestioned, and it is likely that he alludes, not to free inflammatory pleurisy, but solely to pleuritic effusions so common in the autopsies of persons of every age. The latent pleurises mentioned by Cruveilhier, are in all probability secondary pleurises connected with inflammatory lesions of the lung, with nucleus of infarctus, or of broncho-pneumonia. This interpretation is all the more probable as Cruveilhier himself remarks that the catarrhal constitution often precedes the pleuritic constitution.

The morbid susceptibility of the pleura, common to children and adults, appears therefore to lessen in aged persons, inasmuch as it seldom breaks out spontaneously, and in a protopathic shape. The inflammations of the pleuritic serosities at this period of life are in most cases secondary, or produced by alterations of the pulmonary parenchyma (lobular pneumonia, in fact, carcinoma).

Considering the fewness of documents on this subject, it would be most certainly premature to attempt any description of the progress and clinical peculiarities of free senile pleurisy. One remark, however, calls for our attention. The case we have described is not only a case of idiopathic pleurisy, but also, in our opinion, a case of acute pleurisy, as is proved by the course of the disease, the rapidity of its evolution, and especially the decidedly fibrinous nature of the liquid discharged.

Now in this case, the shivering, the thoracic pain, the cough even, and the expectoration, were entirely absent during the course of the malady. Were it not for the oppression and physical signs, this pleurisy would merit, in all the strictness of the term, the qualification of latent. We find, therefore, for the pleurisy, that absence of reaction and pain, that special torpor which is common in senile pleurisy.

There is yet a point to which we would call attention; it is the question of the treatment. The thoracentesis in this special case was an operation of necessity, needed by the extent of the effusion, by its position in the left pleura, by the deviation of the heart, and the other dangers incident to the case. Still, not without some hesitation, did we decide to have recourse to the trocar. Now, however, that the result has justified such a course, we venture to say that reason and clinical discussion are likewise in its favour.

If there had been immediate danger, if the fear of syncope or asphyxia had not overcome all hesitation, it is probable that notwithstanding the abundance of the discharge in a woman of so advanced an age, prudence would have dictated the adoption of the means ordinarily employed in such cases, and an endeavour to procure absorption by repeated blisterings, by diuretics, purgatives, &c.

Nevertheless, one may ask if the vital indication in the species alone could call for thoracentesis, and if the advanced age of the patient, instead of proving an obstacle, should not be considered, as on the contrary, an additional reason for the performance of the operation. It is this last opinion that pleases us most.

Treated by purely medical means it is probable that the patient, instead of being cured in a few weeks, would have been confined to her bed, or at least, to the hospital, for several months, a circumstance always unpleasant, but particularly so in the case of a woman seventy-two years old. Besides, it is well known how weak the functions, not only of secretion, but of absorption, are at such an age; and beyond doubt the action of revulsions and evacuents would have been more slow and more difficultly obtained than in an adult patient. All those unfavourable conditions considered, the cure, supposing it obtained, would only be effected by a long dilatory treatment.

In a word, in cases of this kind, thoracentesis appears to recommend itself not only as a check on asphyxia and syncope, but also as a curative agent, and at the age of the patient seems to us to be an indication, rather than a counter-indication.

It is doubtless unnecessary to add that the minute precautions which must invariably be observed in this operation in adults, are all the more imperatively called for when an old person is in question, who but badly supports rough treatment, and whose heart and vessels, more or less impaired, inspire in every instance a fear of syncope.

Hence the precaution of giving but slow egress to the liquid by a narrow outlet, of watching carefully the condition of the pulse, of stopping the flow at the least symptom of danger, and above all, of not endeavouring to empty at once the entire fluid contained in the pleura.

(a) Paper read before the Medical Hospital Society, Paris.

NEW METHOD OF TREATING FRACTURES OF THE CLAVICLE.

THE following modification of Dr. Lewis Sayre's plan of treating fractures of the clavicle by the use of two adhesive strips, without any axillary pad, is worthy of consideration and trial. It is proposed by Dr. H. Van Buren, of Chicago (*Chicago Med. Journal and Examiner*). We give Dr. Van Buren's description at length :—

To make known my plan in a sentence—I make attachment to the middle of the arm on the fractured side; draw the arm backward until the clavicular portion of the pectoralis major muscle is put sufficiently on the stretch to overcome the sterno-cleido-mastoid, and then make a hitching post of the sound shoulder to hold these muscles an extension, and by this extension with the sling, which will be hereafter described, the ends of the fractured clavicle are held in apposition.

I make the first bandage 3 or 4 inches wide out of unbleached cotton, of double thickness and sufficient length. On one end of this bandage a loop is made, by returning the bandage on itself, and fastening the end with a few stitches. The hand on the injured side is then passed through this loop, and the loop carried up to a point just below the axillary margin. This bandage is then passed directly across the back, and under the sound arm and over the sound shoulder, and returned across the back, and pinned or stitched to itself at the point where the loop is formed. See Figure 1.

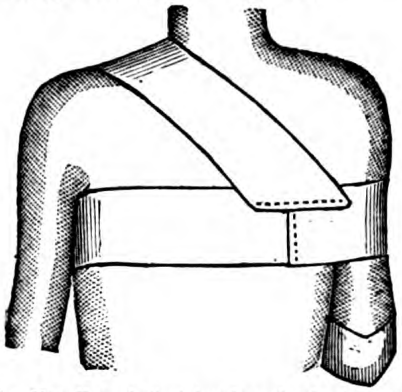


Figure 1.—Van Buren's first bandage for fractured clavicle. Back view.

The second bandage is then made and applied as follows :—

I flex the arm of the injured side, and place the hand on the chest, pointing in the direction of the sound shoulder; I then take a piece of the same material as used in the first instance, and make a bandage 4 inches wide, of double thickness and sufficient length, and pin or stitch one end of this bandage to the lower margin of the first bandage, in front of the sound shoulder. It is then passed diagonally downward, and across the chest under the hand and forearm which has been flexed upon the chest, and carried around the arm at the elbow, and back on the dorsal surface of the forearm and hand to the point from which it started, and this end also pinned to the first bandage.

I then stitch the lower margins of this bandage together for a distance of about three inches at the elbow, thus forming a trough for the elbow to rest in. I also do the same at the upper end of this bandage, which forms another short trough for the hand to rest in. See Fig. 2.

This bandage or sling may be made as described above, before it is applied, and the elbow placed in the lower trough and the hand in the upper one; and the upper ends of the bandage pinned to the lower margin of the first bandage, at a point opposite the sound shoulder, as above indicated; indeed I prefer this plan because more convenient.

This sling serves the triple purpose of drawing the lower end of the arm forward and upward, and thus throwing the arm backward. It supports the fore-arm and hand in a comfortable and quiet position, and last, it prevents the first bandage from cording under the sound arm by its attachment to its lower margin.

To prevent the first bandage from producing excoriation in the axilla of the sound side, I usually cushion the bandage at this point by stitching on two or three extra thicknesses of the cotton cloth. The same may be done at the loop,—around the arm of the injured side, if necessary.

What is presented, then, for the consideration of the profession in this method is—

1st. The great simplicity of the appliance.

2nd. The complete retention of the fragments in apposition.

3rd. The comparative ease with which the bandage is worn.

The deformity which takes place in fracture of the clavicle is too well known to require any description, viz., that the shoulder falls downward, forward and inward, and that the outer end of the sternal fragment overlaps the inner end of the acromial portion of the clavicle.

The indications to be fulfilled in the treatment are also well known, viz., to draw the shoulder upward, outward and backward, and retain it there, and thus by virtue of this position, hold the fracture ends in apposition.

It will be observed that the first bandage, as presented in Fig. 1, not only draws the shoulder backward, but has a lifting tendency, the bandage being at a higher point

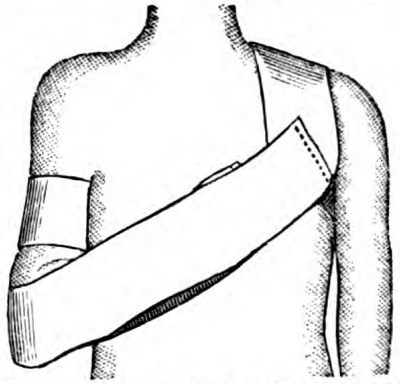


Figure 2.—Van Buren's second bandage for fractured clavicle. Front view.

where it passes over the sound shoulder than where attached to the arms on the injured side, hence the shoulder is drawn upward; also that the deltoid and biceps muscles are quieted by the loop around the arm.

Let the surgeon himself stand erect and thrust backward and upward his own shoulder, the one supposed to be the injured one, and flex the forearm upon the chest, with the hand pointing in the direction of the sound shoulder, and he has at once secured the position and fulfilled all the indications desired in fracture of the clavicle; and the bandages presented in this paper retain this position in a very simple and practical manner.

A patient of mine under treatment for this injury, was brought before the Chicago Medical Society, at one of its regular meetings in May last, after union had taken place, and I think the gentlemen who were present can say that there was little or no deformity in the case before them.

I also had the privilege of doing what was so much desired before submitting this paper for publication, that of bringing this method before a number of surgeons of high standing in the profession, at the late meeting of the American Medical Association, among whom were Dr. Lewis A. Sayre, of New York; Drs. Gunn and Powell, of Chicago; and Drs. Bridge and Hyde, associate editors of the *Medical Journal and Examiner*, who approved of the plan laid before them.

I was eager for the opinion of Prof. Sayre, who was the first to put into practice the principle laid down in this method, and the plan received his hearty approval.

I have treated every case of fractured clavicle upon this plan, which I have been called upon to attend for the past two years, modifying the appliance from time to time, until the indications sought after were more perfectly acquired.

At the beginning of the third week, or earlier, the bandages should be removed occasionally, and passive motion of the elbow and shoulder made.

We are of the opinion that judicious movement of all fixed joints has been too long delayed, by most surgeons in cases of fracture. In the fracture presented in this paper, with the bandages used, early movement is indispensable, inasmuch as the parts are held so completely quiet.

And now, if any apology is needed for trying to present a new way for treating an old fracture, the excuse must be found in the fact, that we think the old plans were failures, notwithstanding the many and complicated means devised to secure retention.

Dr. Sayre has quoted, in his pamphlet on this fracture, from a dozen authors, running back to the days of Hippocrates, showing that this injury has always been attended with deformity.

In Prof. Hamilton's work on "Fractures and Dislocations," the author quotes from fifty-seven different authors, to sustain his own observations, that this fracture is nearly always followed by deformity.

Miller, Ferguson, Simpson, Hancock, South, and many others of England, and a grand array in other countries, have all had their wedged-shaped pads, and never-ending turns of the bandage around the body, but I cannot see that they accomplished more than to keep the fracture quite quiet, and thus facilitate a kind of union with, as they all acknowledged, more or less deformity.

South says that he does not like any apparatus which draws the shoulders backward. If the author means both shoulders, we are agreed; but I want one shoulder, and that the injured one, drawn backward and well backward at that,—for herein we get extension and counter-extension too, if you please, the thing so essential in fractures of all long bones, and we cannot get this in any other way. The pad under the arm does not cause adequate extension, nor will it ever do so, no matter how large or in what manner placed.

The figure of 8 bandage of modern use, is to me exceedingly objectionable, for one important reason, if for no other. If the fracture is in the middle third of the clavicle, or near the middle at all, the bandage presses down over the site of injury, and particularly over the inner end of the outer fragment, the very end already dragged down by the weight of the shoulder, and just here is one of the valuable points in what we have termed a new method. The injured shoulder is entirely free from any depressing or other bandage. I do not even allow the patient to wear a suspender over the injured shoulder,

De Sault, Dupuytren, Cloquet, Salamon, and Jæger, all carry their bandages over the injured shoulder, and all admit, as they must do, that they get angular deformity.

The "postural position" might do quite well for an indolent man, but even then we might fail in getting union again. This is an age of fresh air and hygiene, and every patient, as far as practicable, should have the advantages of out-door exercise.

I am no stickler for any particular apparatus in the treatment of fracture, any more than I would be for any particular medicine in disease. Whatever accomplishes the end in the most simple manner under existing circumstances, is generally, if not always, the best, and the plan for treating fracture of the clavicle, as presented in this paper, is in keeping with this doctrine, and is brought before the profession with confidence, and we believe that a good result can be attained in the hands of any surgeon, if the method is faithfully and intelligently carried out.

In memory of Mrs. Nassau, senior, an institution for boarding out orphans is about to be established in London.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the meeting of this Society, held on Oct. 23, a paper was read by Dr. Miller Ord, "On Œdema (Myxœdema) in Cretinoid Condition of Adult Women."—In the cases described, general anasarca, without albuminuria, was the first symptom noticed. But the anasarca was peculiar in that the parts affected did not pit on pressure, and remained equally swollen at all times. There was remarkable thickening and broadening of the features, a slow articulation, dulness of perception and thought, the pink tinge of the cheek, and the spade-like state of the hands described by Sir William Gull, in his paper on the subject, and a dry, swollen, and semi-transparent imperspiring condition of the skin. There were no indications of renal disease, except in two cases in which symptoms of kidney disease appeared shortly before death. In one case a *post-mortem* examination was obtained. The kidneys were normal in size, rather tough in consistence, not discoloured, capsule not adherent, a thickened and atheromatous condition of the arteries, and hypertrophy of the left side of the heart. The thyroid gland was much atrophied, and tough and fibrous looking on section. Under the microscope a remarkable overgrowth of the fibrillar element of consecutive tissue was found throughout the body, the fibrillar insterspace being filled by a transparent material yielding mucus, with excess of nuclei. The failure in the action of the skin, and the general want of peripheric stimulation of the nerves (supposed to be caused by the mucous œdema surrounding the nerve ends), probably account for the singular train of nervous symptoms. A steadily maintained stimulation of the central nervous system is probably a condition of health in the great nervous centres, and in the body at large. In cases of this kind there was, perhaps, an isolation from external influences somewhat comparable to the effect of shaving and varnishing a rabbit. The symptoms in these cases resembled cretinism, as well as the symptoms described by Sir William Gull. The atrophied state of the thyroid gland would appear to indicate some connection with the mental infirmity, as was also noticed in the cases recorded by Mr. Curling and Dr. Hilton Fagge. It was suggested that the œdematous state above described might, if occurring early in life, arrest the development of the intellectual organs, through failure of the guiding sensations and stimulations; it being held that the development of the central nervous organs depend upon their exercise being prompted by impulses from the periphery, and that the intrusion of an insulating medicine will tend to arrest this development. Extended observation may, therefore, reveal some such connection in cretinism as is here asserted of the cretinoid state of adult women.—Dr. Hilton Fagge said that, after hearing the paper he was more than ever persuaded that the adult condition of the disease first described by Sir William Gull resembled the affection occasionally met with in children. Dr. Fagge discussed the question of the identity of sporadic and endemic cretinism, pointing out the chief points of resemblance and difference. He could not, however, accept the view adopted by Dr. Ord that the myxœdematous condition of the skin was a primary cause of the cretinoid state.—The President thought it premature to apply the term "cretinoid" to the condition above described. In Derbyshire where goitre is endemic, cretinism does not prevail more than elsewhere. In the cases related by Sir William Gull and Dr. Ord, the intellectual condition was only part of the profound constitutional state in which many organs were affected, and which culminated in renal disease.—Dr. West protested against the adoption of a special nomenclature for conditions at present so obscure.—Dr. Ord, in reply, said that in his cases the idea of cretinism was not at first entertained; but as they progressed he was led to associate the cutaneous change with the cerebral symptoms. In reply to a question of Dr. Heywood Smith, he said that in his cases there was no relation between the diseases and uterine disorder.

Mr. Erasmus Wilson has issued a pamphlet on Cleopatra's Needle, in which he gives an account of the history of the obelisk and explanatory details indicating its historical interest.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

Chapter II.—General Statistics.

We are following to a certain extent, the rules laid down by Dr. Abercrombie, in his Inquiries concerning the intellectual powers, and the investigation of Truth—rules which, at the present day, are apt to be neglected, but which, if observed, would materially assist in rendering the science of medicine more exact. We have, then, collected—firstly, as many statements under the head of hydrophobia, as we deemed sufficiently accurate, in order, secondly, to compare these statements with each other, and arrange them according to their resemblance or dissimilarity; and, thirdly, tracing any connection between them, to draw general conclusions and inferences which may assist, not only ourselves, but further investigators on the nature of the disease we are examining.

Dr. Abercrombie tells us that we should beware of the following sources of fallacy, and they are so highly important, not only for the special question of rabies, but for all medical inquiries, that we insert them, as a fitting introduction to the mass, of facts, or statements, we are laying before the profession. They were written in 1830, and like good wine they have lost nothing by age.

Dr. Abercrombie warns us against—

1. Receiving as facts statements which are not facts, but opinions. Thus:—A person dies after being affected with a certain set of symptoms, and we find, on the examination after death, the usual appearances of hydrocephalus; another is seized with certain symptoms and recovers; he is therefore said to have recovered from hydrocephalus, and such a statement is often given as a medical fact. The man's recovery from certain symptoms is a fact; that he recovered from hydrocephalus is not a fact, but an opinion. We shall subsequently see the necessity of applying this rule to hydrophobia.

2. We must guard against receiving as a fact, a statement which only assumes the relation of facts. A person recovers from a particular disease, while he was using a particular remedy. His recovery is ascribed to the effect of the remedy, and the cure of the disease by this remedy is often given as a medical fact. The man's recovery is a fact, and that he used the remedy is another fact, but the connection of the remedy with his recovery, we are not entitled to assume as a fact. We shall also see the necessity of this rule, as for instance, in the case of hydrophobia said to have been cured by lead.

3. We must not receive as facts, general statements, or the generalisation of facts.

One of the most common examples of this error, occurs when a statement is given of a symptom or set of symptoms, as certainly diagnostic, of any particular disease, or of a particular morbid condition of an internal organ. Such a statement we hold to be of no value except we have absolute confidence in the narrator both in regard to his habits as a philosophical observer, and to the extent of his observations, on which his statement is found. But with every possible advantage in these respects, we must exercise the utmost caution before we receive the relation thus stated, as a fact; for it is to be kept in mind that it is not properly a fact, but a generalisation of facts. Some writers, for instance, have maintained with much confidence that a particular state of rigidity of some of the limbs, is distinctly characteristic of ramollissement of the brain. But further observation has shown that the disease may exist without this symptom, and that this condition of th limbs may appear in connection with other disease

This observation of facts, was in so far correct that this state of limbs, does very often accompany ramollissement of the brain; the error consisted in giving it as a general fact, or a fact applicable to all cases of ramollissment, which is without foundation. Yet such statements when brought forward with confidence are often received as facts and rested upon as established principles; and then the facts by which their fallacy might be detected, are apt to be overlooked or forgotten. Dr. Abercrombie indicates clearly the uncertainty of causation and generalisation in medicine, and the danger of receiving general statements as equivalent to facts. Sir W. Jenner has also insisted on these dangers. We are arming our readers even against ourselves, but we are placing them in the most favourable condition to estimate the value of our statistics, conclusions, inferences, deductions, statements and suggestions, but better for medicine that we should be checked and corrected, than that we should promulgate, as facts, what are only individual opinions.

Fully alive, both to the dangers that beset us and the importance of our task, we present some of the facts which we have to vivify and interpret.

Table of Cases of Hydrophobia, showing Sex, Age, Nature of Bite, at what period after the bite Hydrophobic Symptoms appeared, Remedies, Result, and the Sources of Information.

Case I.—John Metcalf, æt. 21, bitten in the right hand by a dog, not considered mad at the time, but affected by quinsy, from which, not having recovered, it was killed.

Result and Time of Attack.—Eleven weeks after. Fatal, first day.

Treatment.—Bleeding, calomel, mercury, opium.

Post-mortem.—Head. Brain natural, slight fulness of the sinuses and great veins of the dura mater. *Spine*, Preternatural vascularity, heart natural. *Pharynx sub-livid, inflamed.* Lungs, liver, spleen, pancreas, and outer surface of the intestines livid, but healthy.

Remarks.—There is no account as to application of cautery. The cicatrix was irregular, hard, and situate on the dorsal side of the root of the thumb.

Reference.—Med. Gazette, vol. i, p. 53, 1827. Dr. Black.

Case II.— ——, male, æt. 30, bitten by a cat, not seemingly rabid, on the right finger of the left hand and on the calf of the leg.

Result and Time of Attack.—Ten weeks. Fatal, first day.

Treatment.—Bleeding, belladonna, laudanum.

Post-mortem.—Twenty hours after death arachnoid membrane of the brain, opaque, thickened, congested—the same in the spinal cord. *Back of fauces and throat darker than usual*, the *heart* flaccid, muscular substance soft, contained no blood. No very striking appearance in other parts of body.

Remarks.—He refused to have the injured part excised when he came to St. Bartholomew's next day. His child was also bitten on the hand; but though the wound was not excised, he did not suffer.

Reference.—Med. Gazette, vol. i., p. 517, 1827. Dr. Hue.

Case III.— ——, male, bitten on the calf of leg—wound healed in three days. Recovery.

Remarks.—For four days he laboured under all the ordinary symptoms of hydrophobia; the dog returned on the ninth day free from disease, and from that time the man recovered.

Reference.—Med. Gazette, vol. i., 1827, p. 582. *Giornale di Fisica.*

Case IV.— — Barham, male, æt. 60, bitten by a strange dog in the left arm and hand.

Result and Time of Attack.—One month after. Fatal, second day.

Treatment.—Bleeding, Prussic acid.

Post-mortem.—Cranium, thin—numerous red spots in the medullary portion of brain, a tablespoonful of water in each ventricle, the choroid plexus turgid. The corpora striata, thalami, and base of the brain injected. The cerebellum, crura cerebri in a high state of inflammation. The spinal cord considerably inflamed. The preparation of the cord is in the Museum of the London University.

Remarks.—This patient died in total ignorance as to the cause of his malady, as he did not attach any importance to the wounds, which were perfectly healed.

Reference.—Med. Gazette, vol. iii, p. 123, 1828. Dr Godrich.

Case V.— — Courbouloy, male, æt. 28, bitten on the right thumb by a dog, whose state of health was not known.

Result and Time of Attack.—Six weeks afterwards. Fatal, in twenty-four hours.

Treatment.—Bleeding, calmatives, leeches.

Post-mortem.—Twenty-one hours after death the cicatrix was carefully examined. The subjacent cellular tissue was not injected, and the nerves from the spot up to the brachial plexus presented their natural colour and consistence. The cellular tissue, inferior to the dura mater, was infiltrated with blood, the sinuses gorged with fluid blood. The arachnoid covering the spinal marrow, was uniformly red and raised by a layer of thick serosity. The internal surface of the dura mater was not red. No other appearance in the brain worth recording. *Uniform redness of mucous membrane of trachea and pharynx.* Nothing else particular in chest or stomach.

Remarks.—This patient had not any horror of liquids, and attributed his symptoms to eating fish.

Reference.—Med. Gazette, vol. iii, p. 819, 1828. *Journal Hebdomadaire*, D. Cousture, Vidal, and M. Pages.

Case VI.—Mr. Hill, Ensign 10th Regt., bitten on the back of the hand by a dog.

Result and Time of Attack.—Three months after. Recovery.

Treatment.—Salines, aperients, blisters.

Remarks.—This was a very peculiar case, his illness lasted from Nov. 14th till Jan. 14th, and it is a question whether it was a case of hydrophobia, but it is reported on good authority. It will be alluded to again.

Reference.—Med. Gazette, vol. vi, p. 561, 1830. Drs. Grant and Sloane.

Case VII.— ——, male, bitten on the hand.

Result and Time of Attack.—Three weeks after. Fatal, first day.

Treatment.—Bleeding, mercury, injections of water *à la* Majende.

Remarks.—Died in seventy-four hours after appearance of symptoms.

Reference.—Dr. Ekstrom, *Med. Gazette*, vol. vi, p. 690.

Case VIII.— ——, male, æt. 40, bitten on leg.

Result and Time of Attack.—A year and a half after. Fatal in three days.

Treatment.—Mercury and other remedies.

Post-mortem.—The only remarkable appearance found on inspecting the body was inflammation of the absorbents, and considerable effusion of serum within the head.

Reference.—Med. Gazette, vol. vi, p. 690.

Case IX.—Edward Boutle, æt. 46, bitten slightly on the back of the hand by a fox.

Result and Time of Attack.—Six weeks afterwards. Fatal within forty-three hours.

Treatment.—Opium, morphia, &c.

Post-mortem.—There was serous effusion between the arachnoid membrane and pia mater. The substance of the brain was increased in vascularity, Nothing unusual about the nerves. *The mucous membrane of the pharynx and larynx was remarkably vascular.* Lungs healthy.

Reference.—Med. Gazette, vol. x, p. 367, 1832. London Hospital.

Case X.—Male, æt. 4, bitten in the face by a dog.

Result and Time of Attack.—Seven weeks after. Fatal in twenty-four hours.

Treatment.—Acetate of lead, leeches.

No *post-mortem* allowed.

Reference.—Med. Gazette, vol. x, p. 399. London Hospital.

Case XI.—M. A. Fergusson, female, æt. 57, bitten on the fore-part of right arm.

Result and Time of Attack.—Three weeks afterwards. Fatal in two days.

Treatment.—Opium, camphor.

No *post-mortem* allowed.

Reference.—Med. Gazette, vol. x, p. 538. Mr. Badgley.

Case XII.—Ames, male, æt. 14, bitten by a dog.

Result and Time of Attack.—Three months after. Fatal, first day.

Treatment.—Warm baths, belladonna, opium.

Post-mortem.—Brain softer than natural. Vascular turgidity.

Reference.—Med. Gazette, vol. xii, 835. Dr. Cox.

Case XIII.— ——, female, æt. 32, bitten on the left heel by a dog.

Result and Time of Attack.—Eight days after. Recovery.

Treatment.—Bleeding, vinegar.

Remarks.—A very questionable case.

Reference.—Gazette Medical, vol. xiv, p. 226, 1833-34. M. Dubedat.

Case XIV.— ——, male, æt, 6½, bitten over the eye by a rabid dog.

Result and Time of Attack.—Five weeks afterwards. Fatal fourth day. Part excised after a few days.

Treatment.—Blisters, morphia, vaccine.

Post-mortem.—There is a very long account of *post-mortem*, with a plate representing the morbid appearances; *the pharynx was considerably inflamed. The œsophagus inflamed near its termination.* The whole of the nervous system was remarkably developed.

Reference.—Transactions of the Pro. Med. Surg. Ass., vol. ii. Mr. R. B. Grindrod. *Med. Gazette*, vol xiv, p. 358.

Case XV.— ——, male.

Result and Time of Attack.—Two years after. Fatal.

Remarks.—Inquest held at Westminster, by Mr. Higgs, coroner. The verdict was that the deceased had died of hydrophobia, the supposed cause of which was the bite of a dog received two years ago.

Reference.—Med. Gazette, vol. xvi, p. 768, 1835.

Case XVI.—Victor Le Gras, male, æt. 19, bitten by a cat.

Result and Time of Attack.—Hundred-and-one days after. Fatal in four days.

Treatment.—Bleeding.

Reference.—Med. Gazette, p. 703, vol. xvi.

Case XVII.—Edward Lloyd. æt. 11, bitten on leg by a dog supposed mad.

Result and Time of Attack.—Four months afterwards. Fatal, second day.

Treatment.—Calomel, opium, mercury, &c.

No *post-mortem.*

Reference.—Med. Gazette, vol. xvii. p. 269, 1836. Mr. Thornhill.

Case XVIII.—Joseph Robbins, æt. 20, bitten on thumb by a strange dog.

Result and Time of Attack.—Ten weeks after. Fatal in forty-two hours and a-half.

Treatment.—Calomel, mercury, tobacco, belladonna.

Post-mortem.—Sinuses of brain gorged with blood. Effusion of serum between the arachnoid membrane and pia mater, and about an ounce of fluid in the lateral ventricles. The choroid plexus of a dark colour. The medulla oblongata injected. The theca vertebralis highly vascular and injected. The medulla spinalis in a very softened state, and the *larynx, trachea, and trachiæ congested*, lungs congested. Heart, pale soft. Congestion of most of the other organs.

Remarks.—This patient did not lose his senses, nor ever allude to the bite.

Reference.—Med. Gazette, vol. xvii, p. 812, 1836. M. F. Pritchard.

Case XIX.—Elizabeth Rollins, æt. 37, bitten on left arm and ankle.

Result and Time of Attack.—Seven weeks after. Fatal, second day.

Treatment.—Croton oil, hot-air baths, morphia, &c.

No *post-mortem*.

Reference.—Med. Gazette, vol xviii, p. 55. Dr. W. England.

Case XX.—G. Nichols, æt. 17, bitten on the right wrist by a spaniel, supposed mad. He was recommended to have the part excised, but did not do so. Wound healed in a few days.

Result and Time of Attack.—Six weeks after. Fatal, second day.

Treatment.—Belladonna, bleeding, injections of tobacco.

Post-mortem.—Eighteen hours after death. Vessels of the pia mater distended with dark blood. Substance of the brain rather more injected than usual. Heart healthy. Congestion of the lungs. The glandular solitariæ, both in the large and small intestines, hypertrophied. *Tonsils enlarged. A cluster of hypertrophied mucus follicles, presenting a grey appearance on the under surface of the epiglottis. Pharynx and larynx highly injected. Several mucous follicles on the lining membrane.* Two worms found in the intestines (ascari lumbricoids). Nothing particular in the cicatrix of the bite in the wrist. Mr. Cerling has put this query: Did the worms act as the predisposing cause of the disease?

Reference.—Med. Gazette, vol. xviii, p. 736. F. Blizard Curling.

CASE XXI.—Edward Lynch, æt. 26, bitten by a dog on the cheek and upper lip. Not known whether mad or not. Lips excised. Nothing done to the wound on the cheek.

Result and Time of Attack.—Five weeks after. Fatal, second day.

Treatment.—Carbonate of iron, morphia.

No account of *post-mortem*.

Reference.—Med. Gazette, vol. xxi, p. 75. Mr. Jones, Dr. Babington, Westminster Hospital.

CASE XXII.—William Hays, æt. 28, bitten on the hand and fingers by a dog. Not known whether mad or not.

Result and Time of Attack.—Two months afterwards. Fatal, second day.

Treatment.—Opium, morphia, &c.

Post-mortem.—The spinal column was opened and the whole of the spinal marrow was exposed, but there was no appearance of disease; nothing remarkable in the brain, and its membranes, except a slight partial thickning of the arachnoid and a little fluid, slight but decided vascularity of the pons varolii and medulla oblongata. The surface of these parts was injected with bright red vessels. *The membrane of fauces and root of the tongue rough and irregular from enlargement of the mucous glands. The mucous membrane of the œsophagus was in some parts abraded, and in other parts its superficial interior lining had the appearance of a fine false membrane.* Mucous coat of the stomach softened. Small intestines healthy. *Epiglottis, every part of larynx, and trachea, congested.* Great fluidity of blood.

Remarks.—It was questioned at the time whether this was hydrophobia, by persons not only of general experience, but who had seen hydrophobia before.

Reference.—Med. Gazette, vol. xxi, p. 205. Dr. F. Hawkins, Middlesex Hospital.

CASE XXIII.—L. —, male, bitten on the upper part of the left arm by his own dog.

Result and Time of Attack.—Two years after. Recovery.

Treatment.—Salivation, bleeding, hydrocyanic acid.

Remarks.—This case has also been disputed, as it was said it was mania or inflammation of the brain. The dog was not mad, and so long a time had elapsed since the bite. Dr. Du Neaume asks if this be not a case of rabies, what was it?

Reference.—Med. Gazette, vol. xxi, p. 539. Dr. Du Neaume.

(To be continued.)

PLEURO-PNEUMONIC BEEF AS HUMAN FOOD.

THE Dublin Sanitary Association has made a very argumentative and convincing rejoinder to the pamphlet issued by Drs. Macnamara, MacAlister, and Emerson Reynolds, on behalf of the Cattle Dealers' Association, and, as we gave the authors of the first *pronunciamento* on the subject the advantage of publicity in our columns, we think it right to extend the same to Drs. Hayden, Grimshaw, J. W. Moore, Harvey, and Woodhouse, the authors of the replication now before us. Speaking of the characters of the disease, they say—

It is a specific contagious disease and very fatal, usually prevailing as an epizootic or enzootic. Fleming says—

Though usually considered an inflammatory disease, one or two authorities are yet in doubt as to its being in any way connected with inflammation. Endeavours have been made to identify it with rubeola and other human disorders, but with indifferent success, as there is little analogy between it and any special affection peculiar to mankind. In its essence it is a malignant fever, allied to the general eruptive diseases, generated by and generating during its course a specific virus which, when inoculated in a healthy animal, produces local and general disturbance, though very rarely the peculiar lung and pleural changes characteristic of the natural disease.

The above statement is made by one of the highest, if not the highest, authorities on veterinary medicine at present living, and we believe his work is the most recent one of authority upon the question. It is evident from Mr. Fleming's statement that he considers the contagious pleuro-pneumonia of cattle to be of the nature of malignant fever. From all the information we have at our disposal our opinion accords with that of Mr. Fleming upon this point. Mr. Fleming, however, appears to us to be decidedly in error in believing that there is little analogy between it (pleuro-pneumonia) and any special affection peculiar to mankind, as there is a very analogous disease which occurs epidemically, and which has been designated pythogenic pneumonia. The promoting causes of the disease are those which usually favour epidemics or epizootics of any kind, may be generally included under the terms "bad hygienic conditions," but no specific cause has yet been assigned for the disease. The general opinions of veterinarians appears to be that in this part of the world at least pleuro-pneumonia does not arise except through contagion; but, as is the case with all similar epidemic affections, many outbreaks have occurred without the possibility of tracing the origin of the contagion. It is clear to us that the disease has like contagious febrile diseases among human beings.

1st. A stage of fermentation, lasting from the time of reception of the poison to the first symptoms of development of the disease. 2nd. A stage of invasion, when the animal sickens and the first febrile symptoms appear. This stage seems to have been imperfectly studied by veterinarians, and no doubt there is more difficulty in recognising the symptoms of "all-overishness," as it is popularly called, among cattle than among human beings. The third stage is that of the complete development of the disease, when the acute lung symptoms are developed; and the fourth stage that during which the animal recovers or dies, as the case may be. Should the disease follow an unfavourable course, which it most frequently does, the lungs become infiltrated with pus, and give rise (in addition) to the fever known scientifically as pyæmia, or suppurative fever, or "septic fever," but popularly known as "hectic fever." This latter condition arises in human beings, who are said in popular language, to die of "consumption of the lungs." The conditions are completely analogous.

There is not at present sufficient evidence to prove that the blood or secretions of diseased animals can communicate the disease, but, arguing from analogy, such is by no means impossible or improbable. Thus we find that measles in human beings is less contagious than scarlatina, but measles is easily communicable by inoculation with diseased products, while scarlatina is scarcely if at all communicable in this manner.

From the foregoing summary of the history and nature of epidemic pleuro-pneumonia, and from the information in our possession, we believe we are justified in drawing the following conclusions:—

1st. The epidemic pleuro-pneumonia of oxen is a contagious febrile affection,

2nd. That the pulmonary inflammation, although the most important, is only one of the phenomena of the disease.

3rd. That the virus of the disease being of the nature of that met with in contagious zymotic diseases, and being capable of communication by inoculation of the body, pervades more or less all parts of the animal's body.

5th. With regard to the pathological anatomy of the affected animals, it is found that in the so-called "first stage" of the disease the lungs are extensively congested and infiltrated with yellow serum. As the disease advances, solid lymphy deposits take place, the pleuræ present signs of inflammation and effusion, and the pericardium is also affected in some instances. The pleura lining the chest wall is affected, but the cellular tissue lying beneath it is "rarely affected," according to Fleming. The butchers often strip off the diseased pleura with a view of exposing only the healthy sub-pleural tissue, and thus passing off the carcass as healthy; but, says Fleming, "the artifice is readily detected by an expert."

The flesh is dark and harsh in appearance, the fat frequently "yellow tinged," and there is an absence of blood generally.

In the suppurative stages of the disease, large quantities of pus and dead lung tissue are found in the chest. "The stomach contains dry food, and its lining membrane, as well as that of the intestines, may exhibit patches of congestion or extravasation" (Fleming).

It is necessary to refer to the various ways in which animal food may become unwholesome. These are well classified by Mr. Gamgee in a valuable report made by him to the Medical Officer of the Privy Council, and published in the fifth report of that officer, March 31st, 1863, as follows:—*a*. Cadaveric venom; *b*. Animal poisons known from

their effects in inducing specific diseases; *c.* Organic poisons due to putrefaction; *d.* Mineral and vegetable poisons absorbed into the system; *e.* Parasites.

The second class of injurious principles is that with which we have to deal in the present instance, and the question arises, Does the flesh of an animal affected with pleuro-pneumonia produce injurious results? And is there any evidence of such results? Or is there evidence that it may be eaten without producing injurious effects? It is quite certain that large quantities of meat derived from animals affected with pleuro-pneumonia have been consumed without any evil results being recorded. We could give many examples of such negative evidence. It must, however, be remembered that the absence of ill-effect rests on hearsay evidence, and that but little inquiry of a nature that may be termed scientific has been made upon the point. Dr. Mapother makes the very appropriate remark, "It must not be supposed from the rarity of well proved cases that the eating of flesh of diseased animals is safe, for it must be remembered that the fearful effects of meat infected with trichinæ were only lately discovered." We might add that sewer gas, dirty water, and ground water were never thought of as noxious until "discovered" to be so. It must also be noted that it is only deaths from disease, not causes of disease, which appear in public returns, as there is no registration of sickness. Mr. Gamgee quotes a remarkable instance where injurious effects did follow the use of meat which was derived from cattle suffering from lung disease, and states that in an establishment containing 1,520 convicts, 40 or 50 cases of boils and carbuncles appeared each month. It is the fact that anthrax and boils have prevailed to an unusual extent recently among men at a time when pleuro-pneumonia is particularly prevalent among cattle. In the absence of a registration of disease, it is quite impossible to compare accurately the prevalence of pleuro-pneumonia with that of any disease which does not materially affect the death returns.

As flesh with the febrile appearances would never be purchased by any one acquainted with the character of wholesome meat, and as such flesh is particularly prone to decomposition, we have no hesitation in condemning it as unfit for human food. We have, lastly, to consider the relations which "organic poisons due to putrefaction" may have to the unwholesomeness of pleuro-pneumonic meat. It is admitted on all hands that "feverish" meat is more prone to decomposition than that presenting healthy characters. It is well known that putrid meat is dangerous to health, and that, although when well cooked and partially disinfected by salt and other condiments, it may be eaten by persons habituated to it without ill-effects, yet that it is prone to produce diarrhœa, vomiting, and other symptoms of gastro-intestinal irritation.

We consider that when flesh requires special precautions to prevent its becoming unwholesome that such flesh should not be permitted to be used for human food. The proposal to sell it at a reduced price means supplying it to the poor, needy, and hard-working, where its injurious effects are less likely to be heard of, and where the means—such as cooking and seasoning—are less likely to be employed.

Our conclusions are as follow:—

1. That epidemic pleuro-pneumonia is a specific contagious fever, and therefore affects the whole system of the animal, including its flesh and milk.

2. That the flesh of animals affected with the disease, except in the earliest stages, is known to present unhealthy appearances.

3. That the flesh is specially prone to become putrid, and therefore dangerous as an article of food.

4. That it is not known with certainty at what stage of the disease the flesh first shows sign of infection.

5. That there is no evidence of a scientific character to prove that the flesh of oxen affected with the disease has not produced injurious effects.

6. That there is some evidence to show that the flesh when eaten has produced injurious results.

7. That the proposal to sell the flesh at a reduced price, and to make it less prone to putrefaction by careful bleeding, is, if carried out, calculated seriously to endanger the health of the consumers, especially the poor, and to leave a loop-hole for the sale of all kinds of diseased flesh.

We are, therefore, of opinion that the flesh of animals which have suffered from pleuro-pneumonia in any stage should not, under any circumstances, be permitted to be sold for human food.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 31, 1877.

CO-OPERATIVE DOCTORING.

THE tricks to which some medical men will stoop in order to get practice are often as ludicrous as they are deplorable. The serious and the ridiculous are, in real life, so frequently blended that we must not be surprised, even if we see illustrations of this blend in the transactions of a co-operative store-keeper, or in the devices of a medical practitioner. Our readers will doubtless wonder what we mean by "Co-operative Doctoring." We regret to say that we mean nothing less than the strange sight of a medical man placing himself and his services on a footing with the wares of a co-operative store-shop. We have just received a bulky price-list of one of the West-end co-operative stores, in turning over the pages of which we found quite a curiosity of medical advertising. As a whole page is taken up with a graphic description of the unparalleled delicacy of the Specialité Sherry, or of Lea and Perrin's sauce, so your co-operative doctor has a page or two devoted to the announcement of his business connection with one of these "universal" stores. First of all, under the heading, "Medical Department," we are informed that the "directors have made advantageous arrangements" with Mr. Touter—which, of course, means that they and their medical *protégé* will divide amicably whatever spoil may accrue from their little venture—"who," continues the advertisement, "will give professional advice at the stores, or at his residence, or at members' houses, as stated below." Another page is devoted to the "Tariff of Fees" to be charged for the privilege of being supplied with a doctor at the same time you are supplied with your sugar or your bacon; and as there is a scale of charges for your tea and sugar, according to the quality of the article

supplied, it is only consistent that dealers in such wares should have a scale of charges corresponding to the nature of the assistance provided for their suffering customers.

The latitudinarian principles, we might say the philanthropic spirit of the proprietors of these particular provision stores cannot fail to meet with their due reward. To provide drugs, in addition to the thousand other articles usually supplied at these places, to have both the bane and the antidote so close at hand (for we presume their customers now and then suffer from over-indulgence in the delicacies provided for them) was an accommodation almost too good for an ungrateful public, but to attend upon you when you are ill, put your wife to bed, vaccinate your child, set your broken arm, or amputate your leg, is an enterprise which, even in this age of great enterprises, cannot be contemplated with any degree of composure. There is, in the West end, a well known tradesman who has deservedly earned for himself the reputation of being an "universal provider," but we doubt whether even he would not shrink from attending to the health as well as to the bodily comforts of his customers.

There is one item in this "tariff of fees" which appears to us particularly appropriate to the department to which we are now directing attention. We allude to the fee for certificates of lunacy. This provision shows the latitudinarian spirit by which the proprietors of these stores are actuated. It is evident, too, they have an eye to business, and that they, like many other tradesmen, have no objection to make capital out of the fools of this world. Considering the number of lunatics that will probably visit this establishment, we have no doubt that it will turn out to be the most lucrative feature of the undertaking.

Any medical man who has the least respect for his profession would be somewhat shocked if he could overhear some of the conversation which doubtless takes place from time to time in the "medical department" of the "Universal Co-operative Stores," of ——— Road:—"Anything more, ma'm, I can serve you with?" asks the obsequious grocer, having already booked a large order for cheese, butter, tea, sugar, wine, and *id genus omne*. "We-ll, yes," replies Mrs. Brown; "do you know I have a sick child at home, about whom I am rather anxious, and I've heard that a medical department has been recently added to your establishment." "Quite true, ma'm, we are desirous of obliging our customers in every possible way, and we have made arrangements with Mr. Touter, who will be most happy to wait upon you whenever you think proper." "And, pray, what are your charges, for really the last bill that my doctor sent in was so very exorbitant that Mr. Brown declared he would change his medical man the very next time he had any illness in the house." "Charges ma'm, very moderate, very moderate—if you bring your child to the Stores, only two shillings and sixpence; if Mr. Touter visits you at your own house, three shillings and sixpence. Vaccination, ma'm, '*with pure vaccine only*, —mark, ma'm, with pure vaccine only—for the small charge of eighteenpence. He will bring your next child into the world for one guinea; and if, ma'm, your husband is a lunatic he will be happy to accommodate you in that way also; and will, for the small charge I have just mentioned ive you a certificate to that effect." "And is he a nice man?" adds Mrs. Brown, after a pause, no doubt occasioned by the last remark of the grocer, who began to indulge in a little familiarity. "Oh, a very nice man, quite a gentleman, ma'm, and *so* fond of children. We never have any complaint from our customers; in fact, ma'm, the article"—the grocer forgets for a moment, but immediately corrects himself—"the gentleman, I mean will give you the greatest satisfaction." "Well, then, you will be sending my parcel of grocery to-morrow, perhaps you will be good enough to tell him to call at my house."

This is no overdrawn picture of one of those scenes which must often be the outcome of such an unholy alliance as that of a medical man with the proprietors of a co-operative store shop; and if we have exposed one phase of the lower walks of a profession which numbers amongst its members men like Sir William Jenner and Sir James Paget, it is in hopes that these irregular practices may attract the attention of those authorities who have it in their power to censure or to punish the practitioner who does anything to bring contempt upon the practice of medicine. The Medical Council and the various examining bodies are endeavouring to improve the education and the social status of the future race of practitioners by raising the standard of examinations, and insisting upon a sound preliminary education; and are, we would ask, their good intentions to be thwarted, or the results of their reforms to be chequered by the conduct of men who will condescend to discreditable "arrangements" with storekeepers, the retailing of medicine and advice at threepence a bottle, and other like costermongering practices? It may be urged—for there are few abuses which have not their apologists—that, considering the struggle there is to obtain a living in the learned professions, and considering the neighbourhoods and class of people among which some men have to practice, it is impossible for them tobe so respectable as those who practise under more favourable conditions. But this plea will not bear a moment's consideration. We do not hesitate to assert that there is no reason why the medical man who toils away amid the slums of Whitechapel should not be as respectable and as much respected as he who drives his carriage through the well-paved streets of Belgravia or Mayfair.

> Honour and shame from no condition rise,
> Act well your part, there all the honour lies.

He who practises in the poor and densely-populated districts of our large towns must of necessity dispense his own medicines; but that is no reason why he should keep a chemist's shop, and be a retail tradesman as well as a surgeon. If he practises amongst the poor his charges must necessarily be low; but neither is that a reason why he should interfere with the work of th parish doctor, or volunteer to attend paupers for the wages of a crossing-sweeper.

THE PARKES' MUSEUM OF HYGIENE.

WHENEVER anything is done for the first time, it is often with a mixed feeling of pride and of fear. Of pride, because something has been accomplished which we, and perhaps no one else, have ever attempted before: of fear lest the enterprise on which we have embarked should prove a failure, or lest, even if successful, it should not

meet with that amount of approbation we had reason to expect.

It must be with some such feelings that the authorities at University College are about to open this Museum as a memorial to the late Dr. E. A. Parkes, F.R.S., Professor of Hygiene in the Army Medical School, Netley. There could not, indeed, be a fitter memorial to anyone who has distinguished himself in some particular study than that which tends to further the advancement of what was the object and pursuit of his life, and which, bearing his name, points out to future generations the man who was the first to give a practical shape to a branch of knowledge hitherto uncultivated. Such a memorial is not only a "*Monumentum ære perennius,*" but one that continually bears fruit, one that instructs while it reminds. In consequence of the lamented death of Dr. Parkes in the midst of labours that were largely devoted to the general furtherance of hygienic science, it was thought that the most appropriate memorial would be a Museum of Hygiene erected within the walls of that College where he had received his own medical training, where he had occupied an important professorial chair, and the prosperity of which he always had so much at heart. The appeals of the executive committee appear to have met with a hearty response. The Council of University College have placed at their disposal a large and well-lighted room, comprising an area of 3,500 square feet, and well suited for purposes of display, together with a small adjacent room which is being fitted up as a library. The contributions in money already amount to more than £800, and the greater part of this, and of any future sums, the committee hope to invest towards forming a small endowment.

At the same time some may question the *raison d'etre* of such an undertaking, and wonder how hygiene, which signifies the preservation of health and the prevention of disease, can be represented by a museum at all. Even, as we have already hinted, its enterprising promoters may fear lest the success of the undertaking comes short of their expectations, and may well watch the encouragement they receive. Certainly, hygiene, and all departments of State Medicine, have made extraordinary progress during the last few years, but a Museum of Hygiene is almost more than the most sanguine votaries of this science could have expected. A glance, however, at the prospectus which has just been issued will show that there is not only a demand for a museum of this kind, but that it will be a powerful means of furthering the object which its promoters have in view. Long ago we drew attention to the importance of educating the public in the laws of health and in the means which contribute to it, and we directed attention to the efforts which the National Health Society was making in this direction by the distribution of tracts and leaflets on various subjects connected with sanitation. But there are other ways of conveying instruction than that afforded by the press, and just as our national picture galleries substitute example for precept, and show the painter the best examples of that art which he intends to cultivate, and just as the museum at Kensington instructs the inquirer or the skilled artisan by the number and variety of the designs and the perfection of the workmanship presented for his inspection, so the Museum of Hygiene will afford more instruction to e oung sanitarian by its models and its illustrations than could be gained by the study of the most exhaustive treatise on the subject. We therefore do not think the executive committee have over-estimated the importance of their enterprise when they say—"There is a fair prospect that besides directly subserving the college studies of medical men, architects, and engineers, this museum will, by its display of illustrations in every department of hygiene, acquire national interest as a standard repertory of the latest sanitary improvements, and as a pattern for facilitating the formation of similar collections at other educational centres."

Indeed, so much room is there for a museum of this kind, that we cannot here mention a tenth part of the objects of interest that will find a place within its walls. As far as knowledge can be imparted by visual illustration, it is intended to embrace the whole of the comprehensive range of hygienic subjects treated of in the publications of Dr. Clarke and other writers on hygiene. Models of all kind, made to scale; various sanitary appliances or apparatus; plans, elevations, and sections; maps, charts, views, and original designs; and specimens or samples of different articles of food, medicine, or clothing subservient to sanitary purposes will be among the multifarious forms of illustration and means of instruction admissible to the Museum. And if we examine the detailed description of the various classes of objects, we shall be still more struck with the large field that is open to those who would assist the undertaking by their contributions. Under Class I, we have illustrations of local hygiene and sanitary engineering; climatological charts; views, plans, and other illustrations of the medical topography of noted sanitasia, and other places; plans and sections of town drainage and sewerage; plans and bird's-eye views for the general arrangement of towns on improved sanitary principles; plans and sections exemplifying the nature of soil as bearing on local salubrity, or on water supply; and illustrations of the sub-way system for the convenient supervision of water mains, gas pipes, &c. Class II. will have reference to hygienic architecture. Under this heading will be displayed examples of the most approved sanitary dwellings; and here the curious can gaze upon models of dwellings that have existed from the earliest to the present times, and from the "rough shelter of the Andaman Islander to the most modern example of the English cottage;" models of urban dwellings, of renovated and adapted town houses, of model lodging houses, of suburban, rural, and select foreign dwellings; of various special habitations, of homes, asylums, and hospitals; of schools, prisons, and reformatories; of public baths, industrial factories and workshops. This class will also include all devices, materials and fixtures calculated to improve the hygienic condition of dwelling houses, such as means to prevent the rise of damp through foundations and walls, improved construction of walls, wood-floors for use without carpets, contrivances for ventilation, appliances connected with house drainage, water supply, &c., substitutes for paper-hangings, and models of terraced roofs in town proof against all weathers. Under Class III. will be included apparatus and materials for lighting and warming; examples of the most approved grates and stoves; illustrations of cookery, furniture from a hygienic standpoint; and various con-

trivances for ventilation connected with artificial heat. All objects of interest connected with food and clothing will be placed under Classes IV. and V., and we are glad to see that in the food department there will be a synopsis and specimens of the more common adulterations, with indications for their detection, as well as instructive illustrations respecting the preservation of food, dietaries adapted to different climates, seasons, age, occupation, and states of health ; and the means of purifying, and testing the purity of drinking water.

No medical man will underrate the importance of personal *régime* in the preservation of health, and that this department of hygiene has not been overlooked by the projectors of this museum will be seen by glancing at Class VI., which will include a chart of health or synopsis of precepts for the preservation of health ; illustrations of healthy exercises ; a chart of precautions for averting morbid tendencies and for checking incipient harm ; and a variety of other models and illustrations too numerous to mention. Under the rather questionable title, "Safety and Rescue," we have in Class VII. a chart of special precautions to be taken when epidemic diseases are prevalent ; all possible information and illustrations respecting disinfectants, antidotes to poisoning, with illustrations of the means of preventing the various accidents to which man is liable, including even a shipwreck chart of the British Isles.

There is not, however, one subject connected with hygienic science of so much social importance as that of the diseases incident to industrial employments. Illustrations of this subject will be placed under Class VIII., and it is to be hoped that the committee will be well supported in making this department a growing repository of all that may serve to protect the lives and health of the working-classes. We need scarcely tell those who are at all acquainted with industrial pathology that in this department alone there is a wide field for illustration. Even the hard-working professional man will not be forgotten, and the special hygiene of head-workers, such as those included in the "Hygiène des gens de lettres," will receive especial consideration.

We have devoted to this subject more space than is usually allotted to us, with the view of giving the reader some idea of the magnitude of the task which the authorities at University College have undertaken, and of the scope and value of the rich collection of models and illustrations that will be shortly deposited in the Parkes' Museum of Hygiene. Did it serve no other purpose than that of instructing a number of medical men who are at present but imperfectly acquained with practical hygiene, the museum would still have the strongest claims upon the attention and support of the profession. But, on the other hand, considering that such a museum can be a powerful means of popularising the principles and practice of this science, it is to be hoped that the public also will show, by their contributions, that they feel a deep interest in the success of the undertaking.

THE Perpetual Secretary of the Academy of Medicine of Paris was, last week, authorised to accept a bequest of 100,000 francs left by M. De Marguay to aid the Academy in erecting a habitation worthy of itself.

Notes on Current Topics.

Bath and the British Medical Association.

IF we may judge from an interesting article in the *Bath Herald*, the authorities are not only pleased that the Association has accepted their invitation to hold its next annual meeting in that city, but evidently intend to give its members a hearty welcome, and to make the most of the various attractions to be found at this old and fashionable watering-place. Nor has the profession less reason to be pleased at the choice the Association has made. The natural attractions and historical associations of Bath are such as are to be found in few other places. Here, as our contemporary reminds us, amidst the altars and the fragments of massive temples and luxurious baths, we can study the character and arrangements of the Imperial thermæ, and compare the Roman use thereof with our own knowledge and scant appreciation of balneology. There can be no doubt that there is a good deal of ignorance in the profession with regard to the use of the bath as a hygienic and curative agent. Even at Bath itself, we are informed "that the profession does not set a sufficient value upon the instrument of health which it has under its hands, and if so this probably is only a part of the general and confessed indifference to the subject which leads to the use of foreign spas," and we may add, which drives thousands of patients from the regular practitioner into the hands of the hydropathist. This apathy is the less excusable, considering that the citizens of Bath have spared no expense to avail themselves of the gifts of Nature by all the adjuncts of Art. They have, indeed, a suite of baths which is second to none in Europe, and doubtless the medical visitors will return home with a keen appreciation of the completeness and luxury of the buildings raised over their hot springs, to say nothing of the beautiful scenery and other attractions of the place. We cordially hope, with the *Bath Herald*, "that after an exchange of ideas with their professional brethren the physicians of that city will set a higher value upon the things which they somewhat despise because they are their own, and that the profession generally, seeing what these baths are, and reading what has been said about them by writers on the subject, from Guidott to Spender, will take a higher estimate of the importance of English thermal waters."

That Bath should have been the most fashionable watering-place in the kingdom in an age when it was several days' journey to get there, and that it is so seldom resorted to now that it can be reached within a few hours, is certainly one of the most extraordinary changes that time has wrought in the reputation and prosperity of our provincial towns. Fashion, the example of the Court, the difficulties of travelling abroad, the unsettled state of the Continent at the time we are now speaking of, and the attractions then held out to persons who had become tired of the dissipations of a London life, all contributed to make Bath the most favourite health-resort of that day. Now, the greater facilities of travelling, the hundred other pleasant watering-places and sea-side resorts within easy access of Town, the rage for foreign travel, the great

attractions to be found in foreign cities as compared with our own, and the wholesale and unwarrantable manner in which foreign Spas have been puffed up—not by the trade only, but by medical men—have, on the other hand, diverted a large portion of our annual tourists to other parts, to neglect of the many and less exciting attractions to be found in their own country.

We may expect that the reputation of Bath as a health-resort will receive a temporary impetus from the contemplated visit of the British Medical Association, but we doubt whether it will ever resume that place which it formerly occupied among English watering-places. When, however, the medical representatives of that city themselves take more interest in the utilisation of its baths and mineral springs, when the profession—and even the public—cease to confound the effect of change of scene and air with that supposed to arise from a visit to the much-vaunted foreign Spas, and when the authorities of our provincial health-resorts endeavour to imitate, as far as possible, the attractions offered in the Continental cities, and take care that no religious prejudices interfere with the legitimate amusements of their visitors—then, and not till then, can we expect that a place like Bath will recover some of that patronage which years ago it justly claimed.

The Fever Carriages of the Metropolis.

Considering how important it is to limit the spread of infectious diseases, it is to be regretted that no uniform system is adopted by the local authorities for the removal of the infectious sick. A fever carriage may be the property of the Board of Guardians, or of the Vestry, or of a District Board, or of a cab proprietor, or even of an undertaker. Although it is itself apt to be a source of infection, there is no particular place for it to be kept. In one parish it is housed in an open shed, and within reach of every one on the premises; or it is shut up along with other vehicles. There are three kinds of these conveyances, viz., cabs, covered vans, and broughams. In many cases they have been built for the purpose for which they are intended, while in a few instances they are ordinary cabs or broughams, in a dilapidated condition, and show no signs of adaptation. They are often so constructed as to admit of the patient lying down at full length; and they are mostly furnished with bedding of some sort, generally a flock or straw mattress, with canvas cover, and two rugs or blankets, with pillows. Some, as those of the London Fever Hospital, contain air beds, while others are supplied with neither beds nor blankets. The carriage is supposed to be thoroughly disinfected after every journey, but as this operation is not always confided to a competent and responsible person, and is seldom superintended by the sanitary inspector, it is not infrequently done in a very perfunctory manner.

With regard to the fee charged for the removal of persons above the pauper class, while some parishes remove free of charge all their parishioners who may be suffering from infectious disease, in others the patient has to pay for the hire of the carriage, or of the horse, or of both. The London Fever Hospital charges four shillings for the first mile, and one shilling for every subsequent mile, whenever its carriages are used to fetch a case from any part of London. We quite agree with Dr. James Stevenson, the Medical Officer of Health for Paddington, who has just issued a very good report on this subject, that the present arrangements are improvident, insanitary, and inconvenient. They are improvident, inasmuch as they necessitate the provision of, at least, one fever carriage for every parish, or district, and it is proposed to increase their number, while by adopting the principle of co-operation, or some conjoint scheme, the object could be attained at one-third the outlay of the existing machinery, or one-fourth of that contemplated by the authorities. Then again, when it is conceded that a fever carriage may be alone a source of infection, the impropriety of unnecessarily multiplying these conveyances cannot be for a moment disputed.

Nor are the inconvenience and delay inseparable from the present arrangements to be altogether lost sight of. The friend or relative of a pauper patient for instance, has first to apply to the relieving medical officer, and then to the poor-law medical officer. The latter, after a lapse of some hours, perhaps, sees the patient, gives a certificate of the nature of the case, also the order of admission to the hospital, and the order for the fever carriage. The applicant has then to go to the Vestry Hall, from whence he is sent to a cabmaster, who sends a man with a horse to the place where the carriage is kept, and at last a vehicle arrives at the house of the patient. All this gives rise to much delay, sometimes two or three days; necessitates frequent journeyings to and fro through the crowded streets, or in a public conveyance; and consequently runs the risk of spreading the infection. Dr. Stevenson thinks this delay might be avoided, if the certificate of every qualified practitioner were deemed sufficient to procure the admission of a patient into any of the hospitals of the Metropolitan Asylums Board. We also think that neither the local authorities nor board of guardians should be expected to provide the carriages; that the managers of hospitals should supply the necessary conveyances with horses and drivers; that a trained and paid nurse should be sent with the carriage every time it is used; and that the carriages should always be of the most approved construction.

We should, however, make allowances for the fact that it is only within the last few years that these special conveyances have come into general use, and therefore we must not be surprised if they are not so perfect, or so well managed as we should like to see them.

Mr. Brudenell Carter on the Alcohol Question.

Considering the great attention we have all along given to this subject we may be excused for referring to an able letter which Mr. Carter has written to the *Lancet* on "The Medical Aspects of Total Abstinence." Mr. Carter evidently holds the same views as we do on this great question, and he justly considers "that the present time is not an unsuitable one for endeavouring to place the question of the dietetic uses of alcohol upon a sound basis of medical knowledge and experience." His opinion on the subject is based partly upon repeated experiments upon his own person, and partly upon his professional experience. At three different periods of his

life he fairly tried the experiment of total abstinence. At each of these periods the trial was conducted under different conditions as to his position and habit of life; at each period the experiment lasted three or four months, and each time a falling off in his general health compelled him to return to his previous moderate allowance of alcoholic stimulant. With regard to the uses of alcohol in disease, he particularly refers to an old gentleman who, owing to circumstances we cannot now enter into, for several months took no solid food, and was kept in moderate strength and comfort upon alcoholic drinks alone. "While I fully admit," says Mr. Carter, "that there are many people who can support life without alcohol, I affirm, from my personal experience that there are some—I know not how many—to whom alcohol is a necessity. I strongly suspect, from the writings and speeches of many total abstainers, that even in cases where abstinence appears to be successful, the nutrition of the centres, which are subservient to the higher operations of the mind, is less perfect than it might be; and I think it very possible that I might myself exist without alcohol if I could be content to let my brain lie fallow, and to limit my vital activity to a moderate amount of physical exertion. Again, when I am told, as a result of laboratory work, that alcohol is not food, I reply that the statement is a mistake. I care nothing for the laboratory work, which is exposed to countless sources of error, and I have seen life maintained upon alcohol for months together. Although a chemist cannot tell me how the effect is produced, I shall not reject the evidence of my senses because his knowledge of the process of nutrition is incomplete. I believe what I have seen and felt, and I tell the chemist that he has blundered. It is his business to find out the how and the where."

This is not only a strong, but, in our opinion, a truthful way of putting it. We could point to several cases that have occurred in our own practice which would show the justice of these remarks.

Scarlet Fever at Southall.

In a report to the Uxbridge Rural Sanitary Authority, Mr. C. Roberts, the medical officer, states that seventy cases of scarlet fever have been treated in the hospital opened at Southall last Christmas. Of these only four proved fatal. He denies that the continued spread of the disease in Southall—the principal seat of it—is attributable to the patients' clothing not being properly disinfected before their discharge, as has been rumoured. There have been about 300 cases in the neighbourhood since the first outbreak, the majority of the sufferers having been treated at their own homes. Twenty-nine cases have occurred at the St. Marylebone Workhouse Schools, the sanitary arrangements of which Mr. Roberts describes as in every way perfect.

Taking this outbreak in connection with that which has been recently prevailing in Wolverhampton, it is to be regretted that more active steps are not taken by local authorities to check the spread of this disease on its first appearance. We believe that the sanitary arrangements of a place do not have so much influence on the propagation of scarlet fever as they have upon typhoid fever. It is upon the strict isolation of the patient himself that we must chiefly rely for the limitation of the disease.

Drug Adulteration.

Three cases of prosecution for drug frauds in England are recorded in last week's paper. At Huddersfield a chemist was fined 20s. and costs for selling cream of tartar which contained a quantity of sulphate of baryta to increase its weight, and in the same district, two other chemists were mulcted in 10s. each for selling spirits of nitre which was diluted with nearly one-half of water. It would seem as if an honest drug was hardly to be found in the shops of the poorer localities throughout England, or in the warehouses of the low-class wholesale druggists who make money by this wicked and dishonest trade. It is the meanest form of rascality to earn a fraction of a farthing by selling a poor ignorant artizan sulphate of baryta with his cream of tartar, for it, at the same time, cheats him in weight and injures his health. We await with curiosity the apology which our English pharmaceutical contemporaries will make for such an act. Probably they will plead that sulphate of baryta was a recognised ingredient a couple of hundred years ago, or that cream of tartar is all the better for it.

The Conjoint Examining Bo ard for England.

The *Medical Times and Gazette* says that at a meeting of the Conference of the Representatives of the Medical Authorities concerned in the formation of the English Conjoint Examining Board, held at the Royal College of Surgeons last week, when it was resolved that the various medical authorities should be requested to elect respectively their representatives on the Committee of Reference. This was virtually the last meeting of the Conference, as when the Committee of Reference has been elected, all the power of taking the next steps necessary for the formation of the new Examining Board will be in its hands, and the Conference of Delegates or Representatives will have ceased to exist.

The Irish College of Physicians.

At the annual meeting of the Fellows on St. Luke's Day, the officers of the College were elected to hold office during the ensuing year. Dr. Gordon occupies for the third time the Presidential Chair, and Dr. James Little is chosen for the Vice-Presidency. Drs. Hayden and J. W. Moore cease to be Censors, and Dr. Duffey is appointed to the office. The remaining officers remain undisturbed. Dr. MacSwiney, Senior Physician to Jervis Street Hospital, and Professor of Medical Jurisprudence in the Catholic University, and Dr. Macan, Gynæcologist to the City of Dublin Hospital, were elected Fellows of the College on the same occasion.

A scheme for the supply of Liverpool with pure water from the North Wales' lakes, has been adopted. It will cost a million and a quarter, but it is said that the interest on this vast sum will be paid without calling for fresh taxes, by a saving in water waste to the amount of £50,000 a year.

Anti-Vaccination.

At the Leeds Police Court, Mr. J. Atkinson, Honorary Secretary of the Anti-Vaccination Society, was for the sixth time fined for refusing to have his children vaccinated. He did not appear, but sent the following letter to the authorities :—"To Mr. Thomas Holmes, Vaccination Spy, Guardians' Office, Leeds :—John Ewbank Atkinson is not going to be murdered to please you, or a thousand spies, tools, fools, guardians, Local Government Board, or anybody else. Take that for your answer, inform the *Mercury* of it, and take proceedings as soon as you like."

Royal College of Physicians of London.

Dr. Burden Sanderson, F.R.S., has been selected to deliver the Harveian Oration ; Dr. Bucknill, F.R.S., the Lumleian Lectures ; Dr. Pavy, F.R.S., Croonian ; and Dr. Ferrier, F.R.S., Gulstonian. The selection will undoubtedly be a popular one, and much original thought and research may be expected to characterise the various lectures.

Wine Adulteration.

The *Bien Public* says that the falsification of wines with fuschine, and the dangers to the public health arising from that practice have obliged the government to take active steps for its repression.

At first the examination of the wine was made at the stores of the merchant, but this was found to be useless and the adulteration continued. A special commission has now been appointed to inspect the liquor at the wine-shops, and samples are submitted to analysis exactly according to the English system. If the presence of fuschine or any other dangerous ingredient is established the seller is severely punished.

Poisonous Tin.

An ordonnance of the Parisian police, which was adopted some years since, ordered all tin-ware manufacturers and travelling workmen to employ exclusively fine tin for covering copper vessels which are intended for cookery. It has been proved by recent analyses made at the instance of the Council of Hygiene of the Seine, that this order is systematically disregarded. It has been found that specimens of the metal employed in tinning such vessels, contained relatively large quantities of lead, which is liable to be dissolved and thus exercise poisonous effects. The police have been ordered to make inspections of the tin factories in future, in order to check this practice.

Cattle Plague in Germany.

The *Courier du Rhin* informs us that the cattle plague had broken out last week at Elbingen, near Rudesheim, and also near Kreuznack. At Geiseheim, where it has also appeared, all the cattle of the affected herds have been killed. The frontiers of Silesia and Bavaria have been closed on the Austrian side, and every precaution has been taken by that country to prevent the spread of the disease.

The Anti-Contagious Diseases and the Anti-Vivisection Fanatics.

The *Revue Scientifique* refers to the International Congress lately held at Geneva for the repression of prostitution. "This Congress," it says, "convoked by the English pietists, included a great number of Protestant clergymen of all countries and a good many elderly ladies. The walls of the hall of meeting were ornamented by pictures relating to the objects of the assembly. We remarked there a painting representing the horrors of a vivisection. A crowd of dishevelled physiologists are represented as precipitating themselves, with great knives in their hands, upon a poor dog who lay howling with all his might. A band of students provided for the occasion with the countenances and demeanour of so many convicts, are represented as experiencing great enjoyment from the spectacle. Thus, the authors of this precious picture depicted a course of physiology in one of the abandoned and evil-disposed schools of medicine."

According to the official returns for last week, 5,849 births and 3,451 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,443. The mortality from all causes was at the average rate of 22 deaths annually in every 1,000 persons living. The annual death-rate was 21 per 1,000 in London, 21 in Edinburgh, 21 in Glasgow, and 30 in Dublin. In other large twenty towns, the rates ranged from 15 in Portsmouth, the lowest, to 36 in Wolverhampton. The annual death-rate from the seven principle zymotic diseases averaged 3·5 per 1,000 in these towns, and ranged from 1·5 and 1·6 in Newcastle-on-Tyne and Portsmouth, to 6·5 and 10·0 in Manchester and Wolverhamptom. Scarlet fever showed fatal prevalence in Manchester and Wolverhampton. The fatal cases of small-pox were only 10, of which 8 occurred in London, 1 in Liverpool, and 1 in Brighton.

According to the latest official weekly returns, the annual rates of Mortality in the principal foreign cities, were : Calcutta 31, Bombay 55, Madras 117, Paris 23 ; Geneva 24, Brussels 22, Amsterdam 21, Rotterdam 22, The Hague 19, Copenhagen 19, Stockholm 26, Christiania 20, St. Petersburgh 29, Berlin 27, Hamburg 26, Dresden 22, Breslau 27, Munich 28, Vienna 22, Buda-Pesth 36, Rome 20, Naples 22, Turin 22, Venice 27, Alexandria 51, New York 24, Brooklyn 20, Philadelphia 16, and Boston 22 per 1,000 of the population. Cholera caused 27 deaths in Calcutta, 33 in Bombay, and 77 in Madras.

"To what base uses," &c., was never more aptly, but unfortunately, illustrated than in the lot which has befallen Cleopatra's needle. This ancient monument, about which London was in high feather at the prospect of possessing' thanks to the munificence of Mr. Erasmus Wilson, is now virtually "in pawn." Abandoned in a storm it was picked up by another vessel, the captain of which has placed a fancy price of something like £40,000 thereon for salvage, and the obelisk is detained at Ferrol, pending a decision of this monstrous claim in the law courts.

We are glad to announce that Dr. Aquilla Smith, who has represented the King and Queen's College of Physicians at the General Medical Council for the last eleven years, has been unanimously re-elected for the ensuing term. Dr. Smith is a most valuable member of the Council, and reflects great credit upon the College he has represented so long.

The Chair of Clinical Surgery, vacated by Professor Lister at the University of Edinburgh, has been filled by the appointment of Mr. Annandale, F.R.C.S., author of the Jacksonian Prize Essay, "The Malformation, Diseases, and Injuries of the Fingers and Toes, and their Surgical Treatment," and other works. Mr. Annandale has also contributed to our columns and to some of our contemporaries.

We observe, with satisfaction, that the prosecutions against chemists for having sold citrate of magnesia containing a trace of lead have failed and the accused fully acquitted. There was no attempt on their part at deception, or even negligence, for the quantity of lead was quite infinitesimal and no more than what is universally present in citric acid. A prosecution under the circumstances is excessively stupid and entirely at variance with our sense of justice, and calculated to discredit the law which we are so anxious to see justly and firmly dispensed.

At the last meeting of the Council of the London College of Surgeons it was resolved—"That for the future students of the various medical schools shall not be required to register themselves at the College." There is no use in registering at the College, as the General Council of Medical Education keeps a register of all medical students.

At an inquest on a child who died last week in England, immediately after the administration of a Steedman's powder, it was shown that this nostrum is composed mainly of calomel and morphia.

The Annual General meeting of the Medical Society of the College of Physicians, Ireland will be held on this Wednesday evening at half-past eight, when the election of the officers and council will take place.

The Mansion House Indian Famine Fund is steadily increasing towards half a million sterling. All the large towns in the United Kingdom have contributed munificent sums, notably Dublin, Glasgow, and Liverpool.

The election of an Examiner, to examine Candidates for the Diploma in Midwifery, at the Royal College of Surgeons in Ireland, in room of Dr. Roe, appointed Professor of Midwifery, will take place to-morrow (Thursday).

Literature.

THE VEST-POCKET GRAY OR ANATOMISTS *VADE-MECUM.* (*a*)

Within sixty pages, Dr. Leonard has compressed the greater part of the essentials of Gray's Anatomy. It is arranged as follows :—

Head and neck (*a*) *muscles :* origin, insertion, and nervous supply ; (*b*) *arteries :* course, relations, and branches ; (*c*) *veins :* course, relations, and branches ; (*d*) *nerves :* origin and distribution. In a similar manner the *upper extremity*, body, and lower extremity are described ; then follows Osteology, in which the main facts are given, each bone, including its articulations, muscles attached, period of development, and points of ossification. Two pages are given to the *Action* of *Muscles* ; and half a page to the Cardiac, Pulmonic, and Fœtal Circulation.

It is a marvel of cheapness. The student who has read any of the large descriptive text-books on anatomy, will find the little book to be a very valuable help in refreshing his memory on the main facts of anatomy, especially on the eve of examination. The arrangement is clear and concise. A special attraction to the student will be that the pronunciation of each word is given. We augur that it will be as popular as Aids to Anatomy.

EXAMINATIONS IN ANATOMY. (*b*)

This little work is one which we may strongly recommend to all those who are desirous of gauging the extent of their knowledge of anatomy, or who are anxious to be able to answer correctly and concisely any anatomical question which may be put to them, either by their own teacher or by the different examining bodies. It will be, therefore, useful to the student both as a means of testing his knowledge of anatomy and as a guide to him in the difficult task of answering questions with precision and accuracy. There is no surer method of testing and fixing in the memory our knowledge of a subject than that of frequent examinations. This is particularly true of the natural sciences. The student, whose first anatomical examination is that which he gets on presenting himself as a candidate for some diploma or licence, is very likely to fail, not so much from a want of industry and application, but from a false impression that his knowledge is greater than it really is—an error from which repeated self-examination would have guarded him.

The chief object, however, which Mr. Norton had in view in drawing up this series of anatomical questions and answers was to show the well-informed student the best way to set about answering the questions put to him, so that the examiner may be able to gauge correctly the extent of his knowledge. During his experience at St. Mary's Hospital the author found that even those who possessed a good knowledge of anatomy failed to express themselves satisfactorily, many not realising with sufficient exactness the precise question, and so being too diffuse in their answers ; others, with less intelligence, striving to make up for deficient knowledge by extending their answers to collateral parts, not included in the questions. To obviate this Mr. Norton recommends the adoption of a certain plan or method, which is a very excellent one, for the particulars of which, however, we must refer the reader to the work itself. With regard to the manner in which the author has carried out the object he had in view, we can only say that the work is well calculated to diminish the difficulties that lie in the way of a student acquiring and showing a thorough knowledge of anatomy. The questions are well chosen, and

(*a*) "The Vest-Pocket Gray or Anatomists *Vade-Mecum*." By C. H. Leonard, M.A., M.D. Sixth Thousand. London : Baillière, Tindall, and Cox.

(*b*) "The Examiner in Anatomy : a Course of Instruction in the Method of Answering Anatomical Questions." By Arthur Trehern Norton, F.R.C.S., &c. Smith, Elder, and Co. 1877.

comprehend the most important and most practical points of that science; while the answers are models which cannot fail to be useful to those who choose to be guided by them.

Nor is the student the only person to whom a work of this kind will be found valuable. All the questions are, as we have just remarked, picked points in anatomy, and therefore the busy practitioner, be he physician or surgeon, who has allowed his anatomical knowledge to become a little rusty, will find in the "Examiner in Anatomy" a ready means of recalling to memory such anatomical facts as should be always borne in mind in the diagnosis and treatment of disease.

New Remedies.

SYRUPUS CHLORALIS (LIEBREICH).

Professor Liebreich has recently published results of his researches on chloral hydrate, giving the conclusions to which he has been led by them. They may be briefly summarised thus:—A large proportion of the chloral, both solid and liquid, which is at present employed in medicine is not trustworthy in respect to its purity. The impurities are calculated to have both a directly and indirectly mischievous effect—directly, because some of these impurities contravene the simply hypnotic and anæsthetic powers of chloral, and confer upon the so-called chloral with which they are mixed irritating and exciting properties; directly, because, by rendering the chloral in certain cases feebly hypnotic, they render the practitioner or the patient uncertain of the proper dose. The accidents which have occurred from time to time are probably due to the impurities and uncertainty of the many preparations, and especially of the many solutions in vogue.

There is no practical means by which the purity of chloral in solution may be ascertained, and, perhaps, the greater proportion of chloral used by medical men is obtained by them in this form; it becomes, therefore, important to ascertain the possibility of preparing a solution of chloral of absolute purity, and which shall retain that condition. Under the directions of Professor Liebreich, Messrs. Corbyn, Stacey, and Co. have produced a solution of chloral hydrate designated "Syrupus Chloralis (Liebreich)," and guaranteed by Liebreich as the purest form of the drug.

Correspondence.

A PRACTICAL HINT IN OBSTETRICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Forty years ago in the Rotunda Lying-in Hospital woollen threads were always provided for securing the funis after birth. The change to a firmer material was made during my pupillage, and on commencing practice I looked with disdain on the old midwife who always had her woollen thread ready on such occasions. But a case occurred to me the other day which leads one to think that there is more in this specimen of the wisdom of our ancestors than I gave them credit for, and the relation of it may save some young practitioner from an anxious moment.

I had attended a primiparous case to the birth, when, wishing to instruct a woman who had acted as nurse, I made her tie the funis, superintending her carefully; she used a triple plie of strong housewife thread, and brought it round three times, fastening each turn with a surgeon's knot. I wiped the stump carefully for her, and superintended the dressing of the baby until the binder was applied over the funis; this was peculiarly tense and gelatinous. An hour after my assistant was sent for to restrain hæmorrhage, which he did by means of another ligature. Conscious of the extra care I had taken, I examined the funis next day and found that the first ligature had not slipped, but had cut through the textures, and that the hæmorrhage had come from behind the knot. Now, had a strong woollen thread, or a thick ligature of any kind been used, this would not have occurred. Without resolving "Stare super vias antipuas," it may often prove useful to inquire into the *rationale* of ancient customs, and we will often find a substratum of sound sense.

Yours, &c.,

J. Martin.

Woodview, Portlaw.

MEDICAL CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You will oblige me, and perhaps a good many of your readers, by giving your opinion on the following case:—

I was called to attend a man labouring under an attack of spasmodic colic, and as he was summoned to give evidence at petty sessions on the same day, I certified that he was unable to attend, but did not mention the particular disease under which he laboured. The magistrates returned the certificate with the remark that it was worthless, and asking me to come down to the court-house. This I declined to do until I obtained a promise that they would certify for the usual fees in such cases. I then appeared, and on being sworn, deposed that the witness mentioned was unable to leave his room through severe illness. The presiding magistrate said: We want to know what is the mattter with him. I replied that I thought it sufficient to swear that his sickness was such that he could not leave home without endangering his life, and I suggested that to mention a man's sickness might be a very improper thing to do. However, as the magistrates pressed and would not be satisfied, I then then told them what the disease was. I need not point out how many cases may arise in which we would be acting most unfairly in telling what diseases our patients laboured under.

I should very much like to know—

1st. Is a certificate that does not specify the disease, or is any certificate, legal evidence?

2nd. Is it *usual* for medical men to specify the disease in such cases?

3rd. Is it *usual* for magistrates, judges, &c., to reject certificates which do not specify the disease?

4th. Is it *professional* to specify the disease even under pressure, when on oath?

5th. Is a doctor *obliged* to specify the disease in such cases, when on oath?

F. J. D.

October 13th, 1877.

[The questions propounded by our correspondent are interesting and important, and we shall be pleased to have the advantage of the advice and experience of our readers upon the subject. Until we can speak with greater authority we confine ourselves to expressing *prima faciæ* an opinion that the legal efficacy of a medical certificate depends entirely upon the value which the court may set upon it, and it is entirely discretionary in the magistrates whether they will accept any certificate as an excuse. It is usual, we believe, for medical men to specify the disease, but we are in grave doubt whether they are right in doing so. To do so may, in many instances, involve a gross breach of professional confidence, and, on the other hand, the refusal to do so may be misinterpreted to the disadvantage of the patient. When questioned on oath, however, a medical man must answer truly, there being no exception to the liability of all witnesses to answer legal questions. —Ed. M. P. & C.]

"BLACK HIVES."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Can you or any of your readers throw any light on the nature or pathology of a disease very prevalent and fatal among children in this and other localities, and known by the country people under the name of "black hives? "Hives" is a name not to be found in any medical work I have met with, but is (as you must be aware) commonly given by the country people to urticaria, or nettle rash, which is a comparatively slight and innocuous affection, whereas the disease above referred to is generally fatal in its results. It attacks children of all ages, and the symptoms are at first so slight as to attract little notice, being merely dulness, loss of appetite,

but going on rapidly to stupidity, coma, and death, the chief diagnostic being, *post-mortem*, the body becoming livid, or marked by livid spots on the chest and back, and almost immediately after death. I would be disposed to set it down as undeveloped "scarlatina maligna" but for the circumstance that it does spread in families or in neighbourhoods, and seems to be neither contagious nor epidemic. On the contrary its attacks are in isolated cases in separate localities. Yet scarcely a year passes without several cases of the kind occurring within a limited district. The people are so impressed with the idea of the deadly character of "black hives" that they think all medical treatment futile, and if they send for the doctor at all it is more as a matter of form than expecting any real benefit to the patient; and, in point of fact, no line of treatment seems to avail in arresting the progress of the disease towards its fatal termination—at least, after it has run through its first stage. The warm bath with stimulants would appear to be the most suitable when they can be resorted to in the early stage of the disease.

I am, Sir, your obedient servant,

S. T. Haslett, M.D., &c.

[It seems to us that nothing but a conjecture can be given as to the nature of the affection of which our correspondent writes. It would have been very desirable that more was known of it, and, above all, what was the state of the inner throat; the duration of the attack, and the incipient symptoms. Our impression is the disease was scarlatina. We have repeatedly seen cases like those described, where but one child in a family was attacked and carried off, all the rest remaining healthy, and the dark rash developing only after death. We have spoken of the throat, and in those cases it is important to know that the child does not complain of it, though, on inspection, it usually discloses a state which is quite characteristic. We have, however, seen cases where nothing but a state of intense congestion was visible. The reason the child does not complain seems to be due to the virulence of the disease, which completely overpowers the springs of life.—H. K.]

THE THROAT HOSPITAL IN GOLDEN SQUARE.

Serious attention has lately been called by the medical papers to the state of affairs at the Throat Hospital in Golden Square. In the early part of the year, the Chairman of the Committee of Management (General the Hon. Percy Feilding) the Vice-chairman, several members of the Committee, the Surgeon, Secretary and Matron all resigned, owing to the alleged mismanagement of the medical department, of which Dr. Morell Mackenzie is the Superintendent, Sir William Jenner having previously resigned the post of consulting physician. Attention having been called to this serious condition of affairs, an inquiry was instituted at the request of H.R.H. the Prince of Wales, Patron of the Institution, who nominated the Earl of Dunmore to act on his behalf, and requested Sir William Gull to watch the proceedings. The president, (the Marquis of Bute) being prevented from illness from attending the inquiry, was represented by the Duke of Grafton and the Earl of Clarendon.

The report of the Committee of Inquiry has not yet been published, but it is stated that the Prince and Princess of Wales have withdrawn their patronage from the Hospital, and that the Marquis of Bute has resigned his presidency. The whole affair is one of very serious import to special hospitals, and seems to justify the suspicion with which such institutions have been regarded both by the public and the medical profession. One of the objections often raised to special hospitals, which has been disagreeably revived by this inquiry), is that the private interests of the founders are liable to be considered before the proper care and treatment of the patients, and as in some instances the committees consist very largely of the friends and relations of the founder (who perhaps is the chief or the only medical officer), it is impossible for them to exercise that influence and control over the actions of the medical staff which is so much needed in small institutions of this kind.

The statements that have already appeared in the public prints make it quite clear that the management of the Throat Hospital is not in a satisfactory condition, and requires to be thoroughly re-organised. The Council of the Hospital Sunday Fund have already shown their disapproval of the management of the hospital by refusing a grant out of this year's collection; and we shall not be surprised if the public withhold any further support until some assurance of a complete reform has been given. As the report of the Committee of Inquiry has not yet been published we are unable to express any opinion as to the justice of the charges brought against the medical superintendent, but looking to the fact of the withdrawal of the patronage of the Prince and Princess of Wales, and of the loss of so many influential supporters, we would strongly urge the medical superintendent, and the treasurer, and other officers, to place their resignations in the hands of the subscribers, and to consent to the appointment of a provisional committee, pending a complete remodelling of the institution.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Members on October 25th:—

Barratt, Joseph Gillman, M.D. St. Andrew's, 8 Cleveland Gardens, W.
Buszard, Frank, M.D. Lond., Northampton.
De Tatham, Hamilton, M.D. Brussels, Junior United Service Club, S.W.
Smith, David Boyes, M.D. Edin., 16 Holles Street, W.
Smith, Robert Shingleton, M.D. Lond., Clifton.
Steell, Graham, M.D. Ed., Edinburgh.

Admitted Licentiates:—

Boulting, William, Belmont House, Heath Street, N.W.
Brown, John, 12 Colebrook Row, N.
Coley, Frederic Collins, 6 Morden Road, S.E.
Collier, Herbert, Bohemia House, Turnham Green, W.
Druitt, Lionel, 8 Strathmore Gardens, W.
Lockwood, John Parker, New Hampton.
Masters, John Alfred, Maidenstone Hill, S.E.
Prentis, Charles, 11 Upper Phillimore Place, W.
Price, Henry Elthington, Melrose, Stamford, W.
Prideaux, Thomas Engledue Pegamus, Scarborough.
Steedman, Percy Andrew, Charing Cross Hospital, W.C.
Thurston, Edgar, King's College Hospital, W.C.
Tyrrell, Walter, Bethlem Hospital, S.E.
Wilmot, Thomas, Fenton, Newark.

The following Candidate, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualfication in Surgery recognised by the College:—

Pointon, James, Birkenhead.

New Entries at the Medical Schools.—The registration return of the Royal College of Surgeons of England shows that 597 first year's students have taken out lectures at the recognised metropolitan medical schools this October, a total which is considerably in excess of last year. The new entries are distributed as follows:—St. Bartholomew's, 149; Guy's, 112; University College, 64; St. Thomas's, 52; The London, 46; King's College, 40; St. George's, 35; The Middlesex,

35; Charing Cross, 29; St. Mary's, 26; Westminster, 9. At Bartholomew's, Guy's, St. Thomas's, and King's College, the new entries show a considerable increase over last year; at Charing Cross, St. Mary's, and Westminster, the numbers are exactly the same as last year; whilst at University College and Middlesex there is a decrease in the number of new students. At some hospitals, several students have taken out lectures in various departments, and are entered as occasional students. At St. Thomas's Hospital the occasional students number 24; at the London, 20; St. Bartholomew's, 8; Westminster, 6; Charing Cross, 5; St George's, 5; and Guy's, 3. We have not been able to get complete returns of the new entries at the Provincial Schools, but we understand that Manchester has 57; Leeds, 40 (including 3 occasional); Liverpool 23 (including 5 occasional), and Bristol, 5.—*Students' Journal.*

Lectures at the Brompton Consumption Hospital.—The following Courses of Clinical Demonstrations will be given during the next two months:—"On the Pathology of Phthisis, with Microscopical Demonstrations." By Dr. T. Henry Green. Consisting of three lectures, to be given on Wednesdays, October 31st, November 7th, and November 14th, at 2 o'clock. "On Prognosis and Treatment of Certain Forms of Phthisis." By Dr. James E. Pollock. Consisting of three lectures, to be given on Wednesdays, November 21st, November 28th, and December 4th, at 3 o'clock. "On the Significance of Sounds in Phthisis." By Dr. Reginald E. Thompson. Consisting of six lectures, to be given each Friday, commencing November 2nd, at 3 o'clock.

NOTICES TO CORRESPONDENTS.

HE APPEAL FOR AN IRISH POOR-LAW MEDICAL OFFICER.

We acknowledge with pleasure the following additional subscriptions:—

	£	s.	d.
Dr. Cordner, Aughnacloy	1	1	0
„ Rowan, Castlewellan	1	0	0
„ Madras, Dripsey	1	0	0

Dr. G., Leeds.—Ramazzin says that "Medical men enjoy good health from exercise and hilarity of mind when they go home with their fees in their pockets, and that they are never so unwell as when no one else is unwell." He lived in the good old days of ready cash, when medical book-keeping was a disgrace.

THE QUEEN'S UNIVERSITY.

To the Editor of the Medical Press and Circular.

Sir,—Your observations on the Queen's University, Ireland, are usually so just that it is with unfeigned regret I find myself compelled to differ from you on one or two points. Have the generality of the medical graduates of the Queen's University, Ireland, studied disease in the hospitals of Galway, Cork, or Belfast only, as your remarks would lead the uninitiated to believe? If I am not greatly mistaken it is usual for the medical students of the Queen's University, Ireland, to spend two years at one of the Dublin hospitals, and a great many like myself go to one of the Queen's Colleges only for six months.

Yours obediently,
M.D., Q.U.I.

THE DOCTOR'S APPEAL AGAINST INCOME-TAX.

The following lines were written by a country surgeon claiming exemption from the income-tax. The author himself recited them when appealing:—

I'm sorry to make so sad a confession
Of the profits that emanate from my profession,
But the fact is, that most of the villages round
With surgeons, quack doctors, and druggists abound,
So much so, that I am unable to clear
The sum of one hundred and fifty a year.
It would give me much pleasure could I return double,
And save myself all this additional trouble.
But opponents and bad debts beyond all redemption
Compel me to fill out this claim of exemption.
And what makes the matter so very much worse,
I've a wife, and three children, and no private purse,
So from these simple facts the collector must see
He can gather no tax upon income from me.—*Students' Journ.*

THE CARMICHAEL PRIZE ESSAYS.

To the Editor of the Medical Press and Circular.

Sir,—Immediately after the decision of the Master of the Rolls, relative to the Carmichael Prize Essays, I set to work with a view of competing, and my work is now on the verge of completion. Will you kindly inform me whether the Council of the College of Surgeons may refuse to adjudicate upon it on sending it in?

Yours, &c.,
Sub Judice.

[We understand that the course to be pursued by the College is under consideration of the Council and its law advisers, and no definite decision is yet arrived at. We are unable to answer our correspondents' question more satisfactorily.—Ed. M. P. & C.]

Analysts' Testimonials.—Messrs. Pritchard and Son's letter, which came to hand just prior to going to press, will receive attention.

Dr. Bright.—Received as we were going to press. The subject will be commented upon in our next.

VIN DE BAUDON.

To the Editor of the Medical Press and Circular.

Sir,—We are only made aware this week of the publication in your issue of Aug. 8th of Dr. Andrew Clark's letter attributing to us the undue use of his name in our advertisement of the "Vin de Baudon." We beg to enclose a copy of the London Hospital Report, as published in the *Medical Times and Gazette*, of May 12th, 1877, and a copy of our advertisement. The report gives great prominence to Dr. Clark's name in connection with the case, and having the care of it, and appearing as it does in a public journal fully, we considered justified us in utilising it for advertising purposes; and we appeal to any impartial or competent judge whether we have given undue prominence to Dr. Clark's name, or made other than legitimate use of the report.

If, instead of writing to your journal, Dr. Clark had advised us that the published report was inaccurate, we should at once have complied with his desire, and discontinued using his name.

Regretting this explanation, due to you and the profession, should, through ignorance, have been so long deferred, and requesting the favour of the early publication of this letter,

We are, Sir,
3 Finsbury Pavement, Yours very obediently,
Oct. 25, 1877. Pagny, Wallace, and Co.

P.S.—Since writing the above we observe that you have added some very severe editorial comments, which we trust you will now consider were quite as undeserved as Dr. Clark's letter was unjust.

[*** As we gave publicity to Dr. Clark's letter we are happy to afford space for this explanation, which is quite satisfactory of the writer's *bonâ fides* in the matter.—Ed.]

Harveian Society of London.—On Thursday (to-morrow), at 8 p.m., Dr. W. H. Day, "On a Case of Hypertrophy of the Heart, with Chronic Albuminuria, in a Child."—Mr. Edmund Owen, "On Imperforate Rectum; Littre's Operation."—Mr. T. Carr Jackson, "On Lithotomy in a Patient aged seventy."—Dr. Ashburton Thompson, "On a Case of Death 4½ hours after delivery."

Mr. J. Allen.—Our Students' Number of Sept. 19 will give you all the information desired.

Dr. J. D. S. will find the subject of his inquiries commented upon in our present editorial columns.

Mr. G., Brighton.—The deaths from rabies having reached such alarming proportions we have undertaken to issue a special series of reports by competent authorities. These reports will be continued weekly in our columns until the subject is fairly exhausted. Your printed list of questions has been forwarded to us, but our inquiries having been already undertaken in another fashion, it will be of no use to us.

Obstetrical Society of London.—On Wednesday, Nov. 7, at 8 p.m., Dr. Galabin, "On the Choice of the Leg in Version." And other papers.

VACANCIES.

Manchester, General Hospital for Sick Children.—Physician Superintendent. Salary, £500 per annum, with permission to engage in private consultations. Applications to the Chairman of the Medical Board, Gartside. (See Advt.)

Birmingham General Hospital.—Two Assistant Physicians, Two Assistant Surgeons, and a Dental Surgeon for a term of three years; there is an Honorarium of £100 per annum attached to each office. Applications, under cover, to the House Governor before the 29th inst.

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff, both honorary. Testimonials to the Committee at the Hospital before the 2nd proximo.

Strabane Union, Castlefin Dipensary.—Medical Officer. Salary, £120; Election, Nov. 5th.

Tobercurry Union, Tobercurry Dispensary.—Medical Officer. Salary, £100. Election, Nov. 5.

APPOINTMENTS.

Browne, H. W. L., L.R.C.P.Ed., M.R.C.S., Medical Officer and Public Vaccinator for the South-West District of the West Bromwich Union.

Callender, G. W., F.R.C.S.E., F.R.S., Consulting Surgeon to the City of London Lying-in Hospital.

Crisp, N., M.R.C.S.E., Medical Officer for the Keynsham District of the Keynsham Union, Somersetshire.

Davies, W., M.R.C.S.E., Medical Officer to the Cardiganshire Prison, Cardigan.

Deaths.

Barfoot.—On Oct. 24, at his residence, 117 Barnsbury Road, Islington after a few hours' illness, Edward Barfoot, M.R.C.S., aged 76.

Bonney.—On Oct. 13, at his residence, Elm House, Francis Augustus Burdett Bonney, L.R.C.S.Ed., aged 73.

Cash.—On Oct. 19, at Matlock, Josiah Cash, L.R.C.P.Ed., M.R.C.S., aged 50.

Conway.—On Oct. 5, at Limerick, James Synan Conway, L.R.C.P.Ed., aged 35.

Douglas.—On Oct. 13, at Croydon, Robt. Green Douglas, L.R.C.P.Ed., aged 26.

Foss.—On Oct. 14, at Pembroke Road, Dublin, Henry Clinton Foss, L.R.C.S.I. & L.M., Surgeon-General, Army.

Silvester.—On Oct. 16, at Tunbridge Wells, Thos. Hookham Silvester, M.R.C.P.L., aged 78.

Steele.—On Oct. 16, at Peckham, Edward H. Steele, M.R.C.S., late of Dorchester, aged 31.

Tinniswood.—On Oct. 14, at Norton, Stockton-on-Tees, George Tinniswood, M.D.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 7, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

The Pathology of Contagion and the Question of Spontaneous Generation. By Dr. Charles A. Cameron, Diplomate in Sanitary Science, Cambridge University; Professor of Chemistry and Hygiene to the Royal College of Surgeons in Ireland, &c. 375

Remarks on the Pathology, Symptoms, and Treatment of an Overloaded State of the Transverse Colon, including some Observations on Suppositious Lumbago and Incipient Kidney Lesion. By Evan Marlett Boddy, F.R.C.S., &c. 376

Curvatures of the Spine Treated by the Plaster of Paris Jacket. By Lambert H. Ormsby, F.R.C.S., Surgeon to the Meath Hospital and Co. Dublin Infirmary, and to the National Orthopædic Hospital of Ireland 378

The Otology of the Last Ten Years. By Dr. Guerder, of Longwy. Translated from the "Annales des Maladies de l'Oreille, du Larynx et des Organes Connexes." By W. Douglas Hemming, M.R.C.S., Clinical Assistant, Central Throat and Ear Hospital 379

PAGE

CLINICAL RECORDS.

Simple Cure of a Large Ganglionic Tumour of the Wrist. By Edward C. Thompson, M.B., Surgeon Tyrone County Infirmary 380

Some Extraordinary Cases of Fasting 380

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—

A Case of Hysteria, with Contraction of the Lower Limbs, Anæsthesia, and Ischæmia in a Boy 381

A Case of Injury to the Lower Part of the Spinal Cord, followed by Wasting and Contraction of the Muscles of the Lower Extremities 382

Cerebro-Spinal Unilateral Sclerosis 382

"The Medical Press" Special Report on the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom 382

LEADING ARTICLES.

The Prognosis of Disease 384

Charbon and Bacteria 385

NOTES ON CURRENT TOPICS.

The End of the Penge Case 386

Gale's Perilous Task 386

PAGE

St. Thomas's Hospital 387

Remuneration in Club Practice 387

The Queen's University in Ireland 388

Deformities at Will 388

The Scythian Disease 388

Singular Source of Bread Poison 388

Prognosis of Hæmorrhagic Apoplexy 389

Hydrophobia—A Suggestion 389

Metropolitan Hospital Sunday Fund 389

LITERATURE.

Transactions of the Pathological Society of London.—Vol. 27 390

CORRESPONDENCE.

The Penge Case 391

Antiseptic Surgery 392

The Wourali Poison 392

Air in the Pleural Cavity 393

Analysts' Testimonials 393

Fermentation and Bacteria 394

Pharmaceutical Licences and the Irish College of Physicians 395

The Queen's University 395

MEDICAL NEWS.

Society for Relief of Widows and Orphans of Medical Men 396

Sanitary Institute of Great Britain 396

Notices to Correspondents, &c. 396

Original Communications.

THE PATHOLOGY OF CONTAGION AND THE QUESTION OF SPONTANEOUS GENERATION.

By Dr. Charles A. Cameron,

Diplomate in Sanitary Science, Cambridge University; Professor of Chemistry and Hygiene to the Royal College of Surgeons in Ireland, &c.

The Lecture at the opening of the Session of the School of Surgery was delivered on Oct. 22nd. It was almost wholly devoted to the subject of the pathology of contagion and to the question of spontaneous generation. Dr. Cameron said:—The definiteness of the symptoms and pathological lesions of the exanthematous fevers and of other contagious diseases was a strong proof that each was the result of an invariable cause. The symptoms and lesions which follow the administration of a poisonous dose of arsenic are not more characteristic than those which follow the inoculation of a man with the matter taken from a small-pox pustule. The etiology of the contagious diseases had been very carefully investigated during the last dozen years, and there is a daily growing conviction that each is produced by a *contagium vivum*, or living organism. There are not wanting physicians who believe that there is but one zymotic poison which, modified by different and at present unknown influences, may, in one case, give rise to small-pox; in another, produce measles. This hypothesis is untenable, for if there were a universal zymotic poison why should yellow fever be confined to the regions which are bounded by the Gulf of Mexico, or why should India be the home of cholera? The prevalence of typhoid fever in Ireland and of malarial fevers in Italy, whilst in other countries these diseases are infrequent, clearly point to the existence of distinct poisons. It seems absurd too, that typhoid fever, scarlatina, whooping-cough, and syphilis could all arise from an identical poison. If they did, we might expect to find hybrid or cross diseases, something, for example, between measles and scarlatina, between influenza and whooping-cough, between typhus and typhoid, but no such hybrid diseases are known.

The life history of the contagia is of the most intense interest to man, but at present it is obscure, and, probably, notwithstanding the admirable condition of our optical instruments of research, will long continue so. This is owing to the excessive minuteness of the contagia; for if we except the contagious diseases produced by such animals as the *Acarus scabei* and trichina spiralis, the infecting substance, or *materies morbi* of small-pox, and similar diseases, is exceedingly minute. Do the contagious particles descend from ancestors after the fashion of ordinary animals, do they consist merely of bioplasm or germinal matter detached from higher organisations, or do they come into existence spontaneously? These questions have each been answered affirmatively by different investigators. It is the hope of the sanitarians that the contagium of each disease is a specific entity derived from ancestors which it resembles, and not capable of indefinitely propagating its race *outside* the animal in which it produces its characteristic disease. If the contagium of typhoid be an organism, the natural *habitat* of which is outside the human body, then though by attention to obvious hygienic precautions, we may lessen the amount of typhoid we can never altogether eradicate the disease.

The theory that zymotic diseases are caused by altered bioplasm, and not by low forms of animals or plants, or both, has been ably advocated by Beale and Ross. We can understand that degenerated or altered bioplasm may often produce septicæmia, such as that which occurs in dissection wounds; but it is difficult to believe that a portion of the bioplasm of a patient suffering from scarlatina can be ejected from the body, and after adhering for months to a carpet or wall-paper, be absorbed into the body of a healthy person, and produce therein all the characteristics of scarlatina. When a fragment of healthy bioplasm is detached from the body of an animal, putridity soon sets in, and ultimate decomposition is a matter of a few weeks. Why should a microscopic particle of bioplasm, however altered, continue to exist for perhaps a whole year, and still retain its charac

teristic infective properties? Whilst we can readily understand the survival for months or years of a living thing, or of a seed or spore, it is difficult to conceive the continual existence of a minute particle of bioplasm exposed to air.

The tiny micro-organisms termed bacteria, are by many considered to be in some way connected with contagious diseases. These organisms and others low in the scale of being are by some writers believed to arise autochthonously or spontaneously. Two centuries ago Van Helmont argued in favour of this hypothesis, though Redi a quarter of a century previously had shown that the maggots believed to be generated spontaneously in meat, were the larvæ of the common blow-fly. Even so great a naturalist as Buffon was a believer in spontaneous generation, a hypothesis ably controverted by Spallanzani, who contended that the organisms which appeared in decomposing substances were produced from germs, derived from the atmosphere. About thirty years ago Pouchet published the results of experiments which appeared to prove that the decay of organic matter gave birth to organisms which had no necessary relation to the organisms from the *debris* of which they had sprung into being.

Quite recently Dr. Bastian, of London, had attempted to prove by what he considers accurate experimental results that, even from purely mineral matter, living things can sporadically arise. (The lecturer here exhibited on a diagram the pictures of organisms which Dr. Bastian stated he had procured by the digestion of tartrate of ammonia and phosphate of soda.) With respect to the beginning of life there were, therefore, three beliefs: *Panspermism*, which held that every animal and plant was derived from an ancestry; *Archebiosis*, which maintained that, at the present time, certain favourable conditions led to the evolution of organisms out of purely mineral matter; and lastly, *Heterogenesis*, according to which organisms resembling those derived from ancestors are evolved spontaneously out of decaying organic matter. It is remarkable that the organisms produced by Dr. Bastian should resemble well-known animalcules and lowly plants of undoubted hereditary descent, for one would naturally expect that each new evolution of life from inorganic matter would assume a new form. Dr. Bastian's experiments have, however, been repeated by Hartley and Roberts, with results totally different from Dr. Bastian's, and they and others have pointed out defects in his *modus operandi* which seriously affect the accuracy of his conclusions.

It could not be affirmed that the *contagium vivum* of any one of the contagious (excluding common parasitic) diseases was thoroughly known. It was, however, probable that they were vegetable, rather than animal. The virulence of many species of fungi is well known. Bacteria, or bacteriod bodies are often found in animal liquids, possessing specific infective powers. Although bacteria moved about very rapidly, they were without doubt of vegetable nature. The oscillatorias, comparatively large and clearly defined plants, possess remarkable locomotive powers. Bacteria, had no chlorophyll cells, and therefore, did not assimilate carbonic acid, but, they appeared to derive nitrogen from purely mineral sources, which was an eminently vegetable function. According to Roberts, they were the sole cause of putrefactive changes. He has kept animal and vegetable infusion for years, without undergoing putrid or fermentative changes, by excluding from bacteria and other low organisms. Dougall of Glasgow, states, however, that beef juice heated with caustic potash, becomes putrid at once, and before the evolution of bacteria in it takes place, but this does not affect Robert's conclusions. Pasteur has shown that sugar cannot ferment and produce alcohol, if the yeast plant (torula), or fungus is excluded from the saccharine solution. Chauveau has shown that the pustules of sheep-pox contain small particles in which the infective property of the pustular matter resides. By a refined process of *diffusion*, these zymotic particles can be accumulated in one portion of the pustular matter, which even when much diluted with water produces sheep-pox. The portion of the pustular matter deprived of these peculiar particles, has no infective property. Burdon Sanderson has detected similar infective particles in vaccine lymph. Fungoid or bacteroid bodies were found by Klein, in immense numbers in Lieberkühn's crypts and in Peyer's glands, in cases of typhoid fever, somewhat similar bodies are found in diphtheria. Davaine has shown that rod bacteria are always in malignant pustules, whilst the spirochæta-like filaments of Obermeier are invariably to be found in relapsing fever. Lanzi and Terrigi have found dark particles belonging to Cohn's group of pigmented sphæro-bacteria, within the enochrome of algæ, and they increase in number as the algæ decay; these granules by cultivation, become the Monilia pencillata of Fries, and are found to be identical with the pigment granules of the liver, spleen, and blood of those affected with malarial fevers.

After describing the various ways in which the contagious diseases are propagated, Dr. Cameron stated that some of them, such as Asiatic cholera, typhoid fever, and dysentery, were not contracted by coming into contact with the sick, whilst typhus, scarlatina, whooping-cough, and measles were generally acquired by direct contagion. No one need fear to nurse a typhoid patient, provided that the ejecta from the latter was not permitted to putrefy in the room. It was not probable that mere ordinary decomposing animal or vegetable matter, in water or ordinary sewer gases, produced typhoid. There must be the *contagium vivum* present. Decomposing substances do not originate typhoid, but they afford the typhoid fungus, or virus, a congenial soil in which to grow abundantly. When a case of typhoid occurs in a locality where the water is impure, the disease is likely to be spread by the impure water, because as organic matter finds its way into it, so is it likely that the ejecta from the patient will also. Pettenkofer's theory of the spread of typhoid and cholera by underground air, was examined. Dr. Cameron considered the facts brought forward by Pettenkofer were remarkable. A plan, prepared by Dr. Grimshaw and Dr. Mapother, was exhibited, in which it was shown that cholera in Dublin spread over the loose gravel, and extinct or actual water courses, facts altogether in favour of Pettenkofer's views. Still polluted water and foul gases from sewers were, in Ireland at least, the most common carriers of typhoid poison.

The lecturer had found ordinary gaseous disinfection almost wholly useless; and he found that liquid disinfectants destroyed bacteria, and the infective power of vaccine lymph. He exhibited an apparatus which he had constructed for washing the air of rooms with liquid disinfectants.

Dr. Cameron considered tuberculosis a contagious disease, and contended that there were two forms of phthisis. The experiments of Gerlach, Klebs, and Leisering, had shewn that the flesh and milk of cows affected with tuberculosis caused that disease in man. In concluding his lecture Dr. Cameron insisted upon the importance of private and national cleanliness, for the majority of contagious diseases were emphatically filth diseases.

The lecture was profusely illustrated with diagrams and models, and several interesting experiments were made.

REMARKS ON THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF AN OVERLOADED STATE OF THE TRANSVERSE COLON,

INCLUDING SOME

Observations on Supposititious Lumbago and Incipient Kidney Lesion.

By Evan Marlett Boddy, F.R.C.S., &c.

We, who by our calling as medical men, are brought nearer than others into intercourse with our fellow creatures, well know that mankind generally is prone

to indulge in hyperbole; and this opinion is verified by our constantly finding that patients, almost without an exception, imagine that their diseases assume a worse phase, and that their pains are more acute, than those which are experienced by others, and as might naturally be expected, exaggeration of such is the consequence, and more especially by those who are of a highly sensitive and nervous temperament.

It is therefore our duty, being well aware of this weakness of human nature, to be very careful in our diagnoses not to arrive at hasty conclusions, to observe our patients narrowly, and to investigate their complaints minutely, so that we may discriminate between the incipient advances of a stealthy and ineradicable disease of a certain viscus, or a more common rheumatic pain in the back called lumbago (which is much more frequently supposititious than real), from a condition in which no disease exists whatever, as, for example, an overloaded state of the transverse colon, which is as common as kidney lesion is uncommon, and which is, or ought to be, easily diagnosed from lumbago; neither must we be led to a wrong conclusion by our patients' amplifications, for if we unwisely give credence to them, we simply find a stumbling-block to a correct diagnosis; for their recovery, I need hardly say, entirely depends on our accurate discrimination and subsequent treatment.

We are well aware that patients, almost as a general rule, are so much influenced by their imaginations that they are oftener than otherwise, prone to exaggerate and dilate upon their sufferings, so much so as to lead many to suppose they are attacked with some incurable and uncommon disease; or that their magnified distresses are due to some radical defect in their constitutions, or to a peculiar idiosyncracy: now, if we unwisely give them more importance than they deserve, we should be under the impression that their lives were not even worth a day's purchase; but when we come to analyse and sift their numerous complaints to the bottom, we find they are somewhat similar comparatively to the "mountain in labour;" knowing this, it is more than remarkable how often we are mistaken as to the real cause of the symptoms, not from a deficiency of medical knowledge, but from a lack of acumen and discernment, and because in many instances we are more apt than otherwise to be of too credulous a nature, so that we are under an impression that our patients are afflicted with certain obscure maladies which are completely fictitious; again, if we rely on their exaggerations, we are led to suppose that the symptoms are due to some disease from which they are not suffering at all; consequently we find that all our endeavours to relieve them are futile, because the root of the matter has not been delved, if I may make use of such an expression; for the symptoms of many of our patients, which entirely depend upon an overloaded condition of the transverse colon and its subsequent ill effects, are attributed by us unwittingly to incipient kidney lesion, or to the more common ailment, lumbago; also we more often than otherwise are prone to think that an overloaded state of the bowel I have mentioned is *too* small a matter to take into consideration; consequently "our knowledge here is an encumbrance, not a help." Some of us think that such a condition could not possibly give rise to those painful and acute sufferings which sometimes are present, for in these cases—that is in the transition stage from the chronic to the acute—the symptoms are more severe and ominous, and our prognosis therefrom is consequently far from favourable.

I know from my own observations, that some patients suffer very much from such an abnormal condition, if I may so term an overloaded state of the transverse colon; for the very first symptom we elicit from them is a "deep-seated dragging pain in the back," simulating an attack of incipient nephritis or lumbago; some do not express their sufferings so strongly, and probably tell us they have a pain either in the back or kidneys, for, to patients, on account of their anatomical ignorance, one is as good as the other. They generally prefer, however, fixing the pain in the kidneys, or they have caught cold there, and if they do not think of that, they ascribe it to lumbago; but never will they tell us that, their bowels are constipated, which in nine cases out of ten is the root of the evil, for constipation is always concomitant with an overloaded state of the transverse colon; and unfortunately we, on our part, owing to these statements, much more frequently than otherwise, confound the symptoms accruing from an overloaded state of the transverse colon with kidney mischief, or lumbago, so that consequently our patients derive no benefit from our treatment. I think we may account for our erroneous diagnosis, from the fact that we are too often prone to ascribe this pain in the back to the deleterious effects of an incurable disease, rather than to a simple distension of the bowel, arising from fæcal matter and flatus.

We can further account for our failure in treatment because our attention is generally drawn too much to the symptoms, instead of grappling with a determined hand the main cause which is the origin of them; therefore it should be our chief endeavour to treat the cause, and not concern ourselves too much with the symptoms, which are apt to lead us astray in our diagnosis; so that when our patients are suffering simply from an overloaded state of the transverse colon—who are otherwise in tolerable good health—we, instead of administering a purgative which would restore them quickly to their usual state of health, beat about the bush like a will-o'-the-wisp, and inadvertently and unwittingly increase the evil.

Many times are we consulted by patients complaining of this "deep-seated dragging pain in the back," sometimes accompanied by some very ominous and suspicious symptoms, such as vertigo, dyspnœa, pain in the right shoulder simulating a rheumatic affection (the congestion of the liver irritating the phrenic nerve), persistent constipation, an unpleasant taste in the mouth, an offensive breath, the back part of the mouth covered with unhealthy-looking fur, a weak slow pulse, sometimes a strong hard one, a scarcity of urine, and that which is passed being of a high colour and strong ammoniacal odour, and on cooling showing a deposit of lithates, &c., similar to what we see in rheumatic fever. If we look at our patient's abdomen, we notice a fulness and bulging in the lower part of the epigastric, and upper part of the umbilical regions, but in some cases this bulging is modified. This abdominal protuberance is partly owing to the distension of the part of the bowel we are considering, and the liver, owing to its enlargement from congestion, is also partly the origin of this abnormality; these symptoms are self-evident, and do not depend on what we gather from our patients; sometimes they are accompanied with excessive bilious vomiting, which is often very severe; these symptoms would cause us, at first sight, to imagine that they depended on something much more complicated and dangerous than an overloaded state of the transverse colon. We must, however, as practical and observing men, come to the conclusion that such a condition is the root of the mischief, otherwise how could the administration of one or two simple purgatives restore our patients to their wonted health? I have invariably found in the treatment, however ambiguous the symptoms, that they are always removed by the administration of a purgative, the strength depending on the constitutions and ages of the patients. Some tell us they are tormented with a similar kind of pain in the back, unaccompanied by those self-evident symptoms we have just enumerated, excepting the abdominal protruberance; in fact, they are well, and this pain is their only complaint. The bowels, according to their account, are regular; this we often find not to be so, for more often than otherwise they have a tendency to be costive, owing to the overloaded condition of the transverse colon; the urinary secretion may be normal, but if the same be examined microscopically we discover dumb-bell crystals of the oxalate of lime, &c., proving our patients to be thorough dyspeptics; for in all these cases dyspepsia is present. We are also informed by them that this pain

has been present for years, and very likely, without being interrogated on our part, they will tell us they are suffering from chronic kidney disease; this is easily disproved by discovering the absence of albumen, and of those two death-tokens, anæmia and œdema.

On the administration of a simple purgative we find sometimes to our surprise, and our patient's pleasure, that the pain in the back has altogether been removed by this eradicative; and the bulging also in the epigastric and umbilical regions, has visibly decreased. These palpable results prove beyond doubt that our patients suffered from nothing else save an overloaded transverse colon, otherwise, as I have previously remarked, how could one or two purgatives have benefited them?

Others who appear in a similar condition are under the idea that their complaint is lumbago, and they give us a history to all intents and purposes as would lead us to think that such must be the case. They tell us they are perpetually experiencing a sharp pain, which catches them in the back, both when they sit down and when they rise. Others generalise it, affirming that they feel it at all times irrespective of posture. Being on our guard, however, as I have mentioned previously, regarding our patients' omissions and commissions, namely, their magnifying the pain, and their minimising their habitual costiveness, we discover, on closely interrogating them, that all the treatment they require is an aperient, which soon removes this so-called lumbago.

In these very simple cases, our patients, as a rule, love to exaggerate so much, that some of us, through credulity and hastiness, draw doubtful conclusions concerning them; consequently believing they are attacked by some obscure disease, our prognosis is far from hopeful, and our treatment far from correct; and if our patients unfortunately succumb to a hypothetical disease, such an unhappy result is mainly due to our erroneous diagnosis, and subsequent erroneous treatment.

Now the question arises, how can we account for the similarity of symptoms existing between incipient kidney lesion, lumbago, and an overloaded state of the transverse colon?

We must first of all take into consideration the chief symptom of incipient kidney lesion, namely, the lumbar pain which is always present in these three abnormal conditions, being the chief trouble our patients complain of, however slight it may be, and it is for its removal they seek our advice.

I make use of the words, *incipient kidney lesion*, for the following reasons:—We well know that such a condition of the kidneys may be the precursor of certain forms of disease to which these organs are prone, which I will not particularise, as it would be wandering from the subject, and, no doubt, the pathology of those diseases to which the kidneys are now and then subjected are known to my readers; besides, such would be a digression, and have no bearing on what we are considering; for we well know that weakness, anorexia, cerebral symptoms, and œdema, are generally present. All we have to do with is one principal symptom, which so misleads us, and that is the pain in the back, for it is this which causes us to confound the slow and sure advances of an incurable disease with an organic derangement, for such is an overloaded state of the transverse colon; besides, it is pathognomonic of this condition.

This cursory glance is quite sufficient for my line of argument, as far as the symptoms of incipient kidney lesion go, for here all similitude ceases, with the exception of those respecting the general health, which are unimportant in comparison.

We must now consider the supposed lumbago, which is a great favourite with some of our patients, and we, losing sight of the overloaded state of the bowel, treat them as we should a case of chronic rheumatism, and during our efforts to overcome this supposed affection, we omit to take into consideration the condition of the alimentary canal. And again, unfortunately, some of us think that the administration of a simple aperient would not be sufficient for the cure of our patients, but when we do call to our aid a purgative, we find that the lumbago, or rather the pain in the back, is totally dissipated.

(To be continued.)

CURVATURES OF THE SPINE TREATED BY THE PLASTER OF PARIS JACKET.

By Lambert H. Ormsby, F.R.C.S.,
Surgeon to the Meath Hospital and Co. Dublin Infirmary, and to the National Orthopædic Hospital of Ireland.

Curvatures of the spine occur so often that few who are engaged in dispensary or hospital practice fail to meet with numbers afflicted in such a manner. At the National Orthopædic Hospital (7 Upper Kevin Street) it is sometimes difficult to know what to do with certain patients who apply for relief; their means are so scanty as to prohibit them from buying a spinal support suitable for their case, for which reason we find in many instances spinal distorsions are allowed to acquire such an aggravated form as to be nearly, if not altogether, irremediable, whereas, if something cheap and easily applied could be adopted in an early stage many a spinal curvature might be prevented and checked in the beginning, whether in lateral or angular distortion. Owing to the kindness of Professor Sayre, of New York, who when at Manchester last August, explained and demonstrated to me a method which he has advocated very strongly lately—viz., treating cases of lateral and angular curvature by a cheap and efficacious plan of putting such patients up in a plaster-of-Paris jacket—I was greatly pleased with his demonstration, and I determined to lose no time in erecting the apparatus necessary to carry out the plan in its integrity at the National Orthopædic Hospital of Ireland.

The apparatus consists of an iron or wooden tripod with a hook and double blocks attached, the height of the appliance being about ten feet from the ground; a horizontal bar with hooks is then attached to the lower block, from which bar is attached a leather collar, which encircles the neck, exerting pressure on the chin and occiput. Two straps also pass under the armpits, and are attached to the extreme ends of the horizontal bar. This apparatus was made for me in Dublin by McAdams and Corcoran.

The patient suffering from curvature is then secured by the straps under occiput and chin, and then the straps are passed under each armpit, so as to prevent the patient from being entirely suspended from the head. The rope is then tightened, and by degrees the patient is thus hauled from off the ground; the weight of the lower extremities has a tendency to keep the body in perpendicular extension, while the head is fixed and stretched by the pulley and blocks from above. The curvature appears to disappear considerably during suspension, and while the body is in this suspended state the plaster-of-Paris jacket is applied by Sayre's method, which is as follows:—

A tight-fitting vest or under-shirt is then put on the body, and over the anterior portion of the thorax and abdomen, a small pillow or wedge-shaped pad is introduced under the vest. About half-a-dozen roller bandages covered with dry plaster-of-Paris are then placed end upwards in a basin of water; when these are completely saturated the operator takes the first bandage and begins to roll it round and round the body over the vest, while an assistant assiduously rubs fresh plaster of Paris into the wet bandage. Bandage after bandage is thus applied in the same way; small strips of thin tin plate are then adapted to the back and sides, and covered over with plaster and bandages; these tin slips are merely to give support to the mould or case. When enough bandages have been used, which vary from four to six, the patient is still kept suspended, when the plaster soon sets and hardens. The abdominal and thoracic pads are then gradually removed, and this allows the patient plenty of space to expand the chest or abdomen for respiration, &c. The patient is then grasped at the head and foot

by two assistants, who are on no account to let the body bend, and thus laid flat on a hard bed or table, and in less than a quarter of an hour the plaster sets, and the patient is delighted with the equable support it gives to the trunk and back. This is worn for a fortnight or more, until the case gets loose, when the patient is again suspended, and a new plaster jacket is applied as before.

On Saturday morning last I demonstrated, for the first time in Dublin, the use of the apparatus to a number of students on two cases of spinal curvature that presented themselves for treatment at the National Orthopædic Hospital of Ireland.

One case was a boy aged 12, who suffered from angular curvature. He was suspended, and jacket, bandages, and plaster applied, and when the plaster set he was two inches taller, owing to the body being more erect. He had every facility of breathing, and expressed himself greatly delighted with the support. The other case was a child aged four, on whom the same plan was adopted.

From my observation I strongly approve of the method for the early stages of distortion of the spine, but I must say there are some cases of extreme curvature where such a plan would be highly inadmissible.

THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. Guerder, of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes.*

By W. Douglas Hemming, M.R.C.S.,
Clinical Assistant, Central London Throat and Ear Hospital.

(*Continued from p.* 212.)

The Membrana Tympani.—The works of Troltsch (*a*) and Gerlach (*b*) made great additions to our knowledge of the structure of the tympanum; but the physiological importance of the membrane is daily giving origin to new researches. Gruber (*c*) in the most important work which has ever been written on the tympanum, is especially minute in his description of the fibrous lamina of the membrane. He admits the three layers, cutaneous, fibrous, and mucous. In the first place he calls attention to the striated fibrillæ, which extend from the superior wall of the auditory canal to the tympanum in two parallel bands which in the region of the malleus divide at the extremity of its handle to envelope the bone. They form the support of the vessels and nerves, and have, therefore, some pathological importance. According to Gruber, the fibrous layer composed of circular and radiating fibres is of especial interest from the existence of a fibro-cartilage, which he first described.

This fibro-cartilage passes by the short process of the malleus, and extends about half a millimetre below the extremity of the handle of the malleus. There is distinguishable an exterior convex segment, and an interior one, which in the upper part is hollowed like an articular surface, and in the lower part is concave in the direction of its length. This fibro-cartilaginous tissue is maintained in its place not only by the cellular fibres which, coming from the auditory meatus, belong to the cutaneous layer of the membrane, but also by the fibres of the membrane proper, and by a peculiar cellular tissue which proceeds especially from the tendinous ring.

Outside the radiating circular fibres of the fibrous membrane Gruber describes yet another set of fibres, which he calls ascending.

Between the radiating and circular fibres Gruber describes a new tissue which he calls "dentritic fibrillary tissue," and which he considers as an apparatus for stretching the membrane. In his description of the intimate connection of the malleus with the tympanum, the author arrives at data entirely new. Leaving to physiologists the determination of the question whether or not there is a true articulation, he combats the opinion which regards the malleus as enclosed in a proper coat, the fibres of which are closely attached to it. According to him the fibres of this proper tissue are inserted for the most part into the fibro-cartilage, which he has described, and this last is connected with the malleus by a cellular capsule. The smooth part of the malleus, which is clothed with cartilage, is in contact with the cartilage of the tympanum, and between the two is a liquid-like synovia.

Prussack (*a*) and Moos (*b*) in their works on the anatomy of the tympanum do not admit the views of Gruber as to the existence of all the elements of an articulation between the tympanum and the handle of the malleus. After macerating the parts in a weak solution of sulphuric acid Prussack assured himself by longitudinal and transverse sections, including the tympanum and the handle of the malleus, that there existed no synovial membranes, no liquid, no articular surface between the process and the membrane, but that cartilaginous tissue existed through the whole extent of the handle of the malleus, which tissue Moss calls osteoid. By the aid of these sections he proved that the relations of the layer of circular fibres of the tympanum with the handle of the malleus, and the short process are so intimate that this membrane may be considered as forming their periosteum.

Prussack made a very minute description of the different kinds of fibres of the tunica propria. By means of Troltsch's method, maceration in water, he was able, like that author, to separate with ease the layer of radiating fibres, even to the vicinity of the malleus handle. At this point the separation became almost impossible, and the two layers remain closely connected. Troltsch said, that at this point the circular layer passed outside the malleus handle, whilst Prussack says tha it passes inside.

On the internal surface of the tympanum, Troltsch described two folds of the fibrous membrane, which he called, one the posterior pocket, and the other the anterior pocket. Prussack has described a third, which he calls the superior pocket. This pocket is situated between the neck of the malleus and the superior part of the membrane (Shrapnell's membrane, membrana flaccida). He thus describes it: the neck of the malleus is found separated from the membrane for a vacant space of a quarter to half-a-millimetre. This space, which must be called a cavity, for it is closed on all sides, communicates only with the tympanic cavity by an opening as large as that found above the posterior pocket of Troltsch. The boundaries of the cavity are on the outside, Shrapnell's membrane; on the inside, all the external surface of the malleus handle; below, the upper surface of the short process of the malleus; above, the boundary is found as follows: the membrana flaccida, when it reaches the tympanal border of the squalleous portion of the petrous bone, divides into two parts; the one external, which is directed to the auditory meatus, the other internal, which extends towards the tympanic cavity in a direction a little downwards and inwards towards the malleus, and is inserted into a small osseous projection which separates the head of the malleus from the neck; it is this leaf which closes the cavity at its upper front. In front the pocket is closed by the duplication of the tunica propria of the tympanum, behind it is completely open.

Circular ring of the Tympanum.—The circular ring found at the circumference of the tympanum was considered by the older writers as having a cartilaginous structure, and was called by them the cartilaginous ring. Arnold (*c*) denied it this structure, and called it the membranous ring. Gerlach and Troltsch have preserved this denomination; while, according to Sappey, (*d*) it posseses

(*a*) Wurtz. Ver Handlungen, 1856.
(*b*) Med. Stud. aus dem. Gibieti des Mensch. Morph. Erlangen, 1858.
(*c*) Anat and Phys. Stud. ubn des Trommelfills und des Gehorknechelchen, Wien. 1867.

(*a*) "Zur au des Mensch Trommelfells, Arch." des Oh. 1868.
(*b*) "Arch. der Augen und Ohrenheilkunde," t. 1.
(*c*) "Tabulæ Anatomicæ."
(*d*) "Traité d'Anatomie."

a fibro-cartilaginous structure, Gruber (*c*) has reopened the question.

To study this ring, there must be left round the tympanum itself only a small bony zone ; then the specimen must be softened, to allow of sections being made perpendicular to the surface of the membrane. It should be remarked, that this border is not inserted directly into the furrow of the osseous tympanic ring, but that the insertion takes place through the medium of a thick membrane composed of fibrillæ interlacing as the periosteum of the furrow. This membrane here takes the place of the periosteum, and is found intimately connected with the border ; as far as it extends it is covered on one side by skin, on the other by mucous membrane.

The fibres of the tunica propria, both circular and radiating may be followed even in the circular ring.

The ring is not composed solely of interlaced fibrillary tissue, but represents true fibro-cartilage, in which cartilage cells are much more abundant as one approaches the bone. The cartilaginous nuclei appear isolated and in groups, and are much more abundant as one gets nearer the bone.

As it is shown that the radiating fibres of the tunica propria of the tympanum may be followed up even into the cartilaginous ring, it is easy to see how they are entirely wanting at the upper part of the tympanum (membrana flaccida) where the ring itself is wanting.

(To be continued.)

Clinical Records.

SIMPLE CURE OF A LARGE GANGLIONIC TUMOUR OF THE WRIST.

By EDWARD C. THOMPSON, M.B.,
Surgeon Tyrone County Infirmary.

ABOUT three months ago, when on a visit in the wilds of Donegal, I was requested to see a young girl, who had for many months suffered considerable pain and inconvenience from a large lump on her wrist. The patient was about 19 years old, strong and healthy. She stated that the ganglion made its appearance rather suddenly, after a sprain, received whilst wringing clothes. Latterly it had much increased in size, and prevented her following her occupation as a shirt maker. The diagnosis of the tumour was self-evident, it was situated over the middle of the wrist-joint of right hand, and was the size of a large walnut. Having no surgical instrument of any description at hand, I tried to follow Sir A. Cooper's plan of rupturing the sac with the blow of a hard book, to no purpose, however. I then procured a long, fine darning needle and introduced it under the skin, about two inches distant from the tumour. After freely rupturing the sac, by rubbing the point of the needle backwards and forwards, across it, I withdrew the instrument, and readily squeezed out the contents of the tumour into the surrounding cellular tissue. A splint was applied under the hand, and a firm pad with a carefully applied bandage over the site of the ganglion. It is now more than three months since this simple operation, and I have within the past few days learned that the girl is quite well and at her work again. I have operated in many similar cases, when I had at hand every possible surgical contrivance, but in none of the cases was the result more successful than in that just recorded.

SOME EXTRAORDINARY CASES OF FASTING.

Two very singular examples of abstinence from nearly all food, protracted for an almost incredible length of time were published in the *Medico-Chirurgical Review*, 1833, being originally reported by Dr. Schmaez in *Hufeland's Journal*. He saw both individuals, and one case was the object of a Government inquiry.

They are interesting at the present time, to some extent, in connection with the Penge affair, and we therefore reproduce them.

CASE I.—Angelica Vlies, born, South Holland, 1787, enjoyed tolerable health, till 1811, when she suffered from hysteria, with obstinate constipation, followed subsequently by repeated attacks of chronic enteritis.

In 1818 she discontinued the use of solid food entirely, taking nothing but drinks, chiefly whey. All medicines were rejected by vomiting, as soon as swallowed. For upwards of four years she tasted nothing solid, and about 1822 refused all nourishment whatsoever, fluid as well as solid. The catamenia, which had hitherto been regular, now ceased. She suffered very much from heat in the mouth, which she relieved with cold water.

From the 18th of March, 1822 to 1826, she had had relief only once by stool, and three times by urine. In the latter year, a Dutch Medical Commission were very anxious to induce her to remove to The Hague, in order that an opportunity might be had of strictly inquiring into her case. She would not, however, consent to this, but permitted four nurses to wait upon her alternately for the space of a month, the expense of their attendance being defrayed by Government.

Dr. Vorstman published at Delft, in 1827, the result. According to the authentic reports of the nurses, Angelica took no fluid, or solid, from Nov. 11th to Dec. 9th. During this time she only moistened her mouth, with water, tea, or whey, but she invariably spat the fluid out again. She had no evacuation by stool or urine, but had occasionally belchings of wind. During the day, she sewed or amused herself with reading. She was lifted from bed at 9 a.m., and was carried back again at 11 p.m., but she slept very little, being much distressed with headache, swoonings, and cramp.

Her age at this time was 41, but her appearance indicated more than sixty years, her face being shrivelled and her eyes dull and lustreless ; her tongue was clean and dry, the skin was parched ; the pulse normal in frequency, but exceedingly weak and small ; the sensibility of the cutaneous nerves was so much impaired that she was scarcely aware of her skin being pinched or pricked. Dr. Schmaez visited her in Sep. 1828, when she told him that she had not eaten or drunk anything since the report of the Medical Commission, and she added that she would very willingly take food if she could in any way swallow it, but that the effort was impracticable to her. She was alive at the date of the report. There may have been a *post-mortem* in after years, and some of our readers may be able to complete the history.

CASE II.—Professor Ricci, of Turin, has published it in full in the *Repertoria di Medicina di Chirurgia et di Chimica di Torino*.

Anna Garbero, had hitherto enjoyed moderately good health, although her appetite had always been remarkably sparing. Her food consisted of vegetables only once a day.

Gradually the appetite became less and less, and once she passed forty days without using any solid or fluid aliment. But it was not until Sep. 1825, that a total inappetence for food came on ; it was after a very scanty meal consisting of only a mouthful or two of cabbage and a draught of wine and water that she was seized at once with intense gastralgia with copious vomiting ; from this date she was unable to swallow anything, and even her spittle was thrown back when she tried to allow it to pass down. Up to the 7th of the succeeding January she neither ate, drank, nor had any relief either by urine or by stool ; the only appreciable evacuation was that of the catamenia, which, though very sparing, returned regularly. Dr. Schmaez visited her at this period, he found her so emaciated that she seemed a mere skeleton, over which a dry skin had been forcibly stretched. The skin was almost quite insensible to pricking or to the strongest pressure, the limbs were cold and corpse-like, the pulse

(*c*) "On the Structure of the Ring of the Tympanum." Mon: Fur Ohr. 1869, No. 2.

small and scarcely perceptible, but yet regular in frequency. The patient was quite willing to make an effort to swallow food, but it was of no avail; at length the mere sight of any victuals, however simple, brought on most painful vomitings. She died from exhaustion on the 19th of May, 1828. The body was examined in the presence of Rolando and Galo, by whom a very interesting memoir was published at Turin. We regret we cannot give all the details. The omentum was found adherent to the brim of the pelvis, leaving the small intestines quite uncovered. This change had been caused by the falling down of the colon, which was lying in the pelvic cavity; it was distended with hard fæces; the small intestines were, on the contrary, contracted to mere cords. On carefully tracing the colon, it was found that the canal of the descending portion was so much obstructed by the swelling of its mucous lining that the fæces could only with difficulty be forced along.

The obstruction was still greater at the commencement of the rectum, and completely prevented the transit of any solid matter. The contents of the ascending colon were more fluid, of a dark green meconium-like colour, and most intolerably fœtid; two lumbrici and several ascarides were found in the bowels.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 26TH, 1877.

THOMAS BRYANT, F.R.C.S., Vice-President, in the Chair.

A CASE OF HYSTERIA, WITH CONTRACTION OF THE LOWER LIMBS, ANÆSTHESIA, AND ISCHÆMIA IN A BOY.

DR. HENRY THOMPSON communicated the report of this case. The patient, aged 14, son of a French father and English mother, was admitted into the Middlesex Hospital on May 10th, 1877. He had always been delicate, but had had no definite illness until two months before admission, when he began to lose flesh, became low-spirited, and complained of vertical headache. He had occasional paroxysms of laughing and crying, accompanied by a loose barking cough and globus. For a month he had been unable to walk, owing to paresis, rigidity, and distortion of his lower limbs. On admission, his pulse, temperature, and respirations were normal, and remained nearly so throughout the case. His voice was almost inaudible, but was strengthened by weak faradism. The legs were firmly flexed upon the thighs, and the feet extended as in talipes equinus. The genital organs were ill-developed. Anæsthesia and ischæmia were prominent symptoms from first to last, and on May 18th experiments were made to define those conditions, with the following results:—At the time of observation he was very impassive, but the senses of sight and hearing were normally acute. There was complete cutaneous and deep anæsthesia to ordinary and painful impressions on his cheeks, forearms, and legs—in fact, over the whole body—the punctures being made down to the bone, and none of the punctures were followed by any bleeding. Faradism being applied to the right forearm, the seats of puncture began to bleed, but the anæsthesia persisted. Gold coins were then applied, and it was noticed that, after their application for ten minutes, sensation returned over those regions, and punctures produced bleeding, the range of sensibility gradually diminishing in every direction from the area over which the coin was placed. These experiments were repeated on the 19th, 21st, 29th, and on several subsequent occasions, with invariably the same result. Like observations were made with other metals, insulated and non-insulated, and with wood, with the boy's attention drawn to it, or, on the other hand, wholly without his knowledge; but only with the gold could the above results be obtained. On one or two occasions the gold failed, but never when it had been applied so long as ten minutes. Once a puncture made into the leg when he was asleep produced pain and free bleeding. In about a month after admission he had so far recovered the use of his limbs as to be able to walk about with the aid of a stick. It was not until fully three months after his admission that the anæsthesia and ischæmia passed away; and he left the hospital on August 25th, able to walk fairly well, and with his sensibility and capacity for bleeding everywhere normal. With the exception of being treated for two severe attacks of bronchitis, shower baths, faradism, vulcrian, cod-liver oil, and iron were the only remedies adopted. Dr. Thompson pointed out that the case was one of pure and simple hysteria in a boy, who was singularly intelligent, thoroughly truthful, straightforward, and uncomplaining, but who appeared to have been foolishly indulged by an overfond mother, and was of rather an effeminate disposition, and was possessed of ill-developed genital organs. Possibly the latter was the main element in his predisposition. The symptoms included paresis and contractions, anæsthesia amounting to analgesia, which, unlike the majority of cases, was distributed equally on both sides. Thirdly, there was the strange feature of ischæmia; and, lastly, the influence of the gold coins. The author of the paper then dwelt at some length upon the nature of this influence; he considered that what is known as the "moral" theory, which has the support of Dr. Russell Reynolds—although, no doubt, an element in this as in every other case of hysteria—could not altogether explain the result of this experimentation. Thus the gold was operative when the boy was told and believed it was silver; and the silver was inoperative, although the boy believed it to be gold. On the other hand, so far as the anæsthesia was concerned, a puncture made when the boy was fast asleep was evidently felt, and produced bleeding.

DR. ALTHAUS said that recently the investigations of Charcot had drawn attention to the phenomena of anæsthesia in hysterical persons. He had, at a recent visit to Paris, examined cases in Charcot's wards, and he concluded that the phenomena could not have been brought about by stammering on the part of the patients. The anæsthesia and analgesia were profound, and at the same time there was a low temperature, loss of muscular power, and anæsthesia of the special senses. There was also complete ischæmia, no hæmorrhage occurring after the insertion of needles into the flesh. These symptoms yielded to the application of metallic plates, though it was impossible to account for the *modus operandi*. Dr. Russell Reynolds' explanation that it was a mental impression might account for the removal of some of the symptoms, but not of all. It would not account for the fact that in some patients sensation would return after the application of gold only, and in others of copper only. Further, an important fact was that whereas in hysterical patients the effects of the application of the metal plates were only transitory, they were permanent in cases of undoubted disease of the nervous centres. He thought much further investigation was necessary to assign these treatments to their proper place in the pathology of the nervous system.

DR. BROADBENT had seen the effects of these metallic plates. He briefly related a case in which a girl seventeen years of age had suffered from back and headache for two years, but had never had hysterical attacks. There was muscular weakness and loss of sensation in the legs, so that pinching and pricking was not felt. She did not even detect a pin being pushed in under the toe nail. The limbs were cold and did not bleed when pricked, the usual internal remedies were adopted without success. A metallic band or garter was then put round the leg immediately below the right knee, sensation gradually returned, and in six days became normal; the band was now shifted to the left leg with the same success, and the patient left the hospital cured in thirty-one days. He looked upon the cure in this case as the effect of expectant attention. Attention directly strongly to a part would induce a pain there, why should it not tend to bring about ordinary sensation. He did not understand the value of one metal over another.

DR. BRUDENELL CARTER said that facts resting on the testimony of hysterical patients were not worthy of credence, and suggested that as Mr. Maskelyne, the conjurer, had said tricks were more likely to be found out by school-boys than by scientific men. It behoved the members to be very careful in drawing conclusions upon this treatment.

DR. GLOVER thought hysteria a much more real disease than doctors were apt to think it, and referred to young men having needles thrust beneath their toe nails under the influence of mesmerism.

A CASE OF INJURY TO THE LOWER PART OF THE SPINAL CORD, FOLLOWED BY WASTING AND CONTRACTION OF THE MUSCLES OF THE LOWER EXTREMITIES.

Mr. LAWSON read a communication he had received from Dr. AIKMAN, of Guernsey, on this case. A lad, aged 21, fell about twelve feet on March 30th, 1877. With the exception of severe nocturnal pains, which were not allayed by full doses of opium or of chloral, he presented no evidence of spinal injury for four months after the date of his accident, about which time atrophy of the muscles of the left leg set in. At present, his left leg is much atrophied, the muscles on the front of the leg not responding even to the electric stimulus, while the sural muscles and the dexor muscles of the foot remain in tonic spasm, even when the patient is fully under the influence of chloroform. No treatment having done any good, suggestions are asked for.

CEREBRO-SPINAL UNILATERAL SCLEROSIS.

Dr. DOWSE read a report of this case, and exhibited some well-executed photographic drawings showing its pathology. The patient—a woman, aged 41—was admitted into the Central London Sick Asylum, at Highgate, on January 12th, 1872, and died on September 23rd, 1876, so that she was under Dr. Dowse's observation for more than four years. She was completely devoid of voluntary motor power. In the year 1870 she was seized with a fit of unconsciousness, followed by left hemiplegia. In the year 1872 she was seized with right hemiplegia, and three months after this she came under Dr. Dowse's care in the following condition:—There was complete paralysis of voluntary power of every muscle in the body, as far as one could judge; and as the nurse placed her at night, so she was to be seen, in precisely the same position, in the morning. Dr. Dowse said that he was really doubtful whether there was or not any voluntary, or even muscular, automatic power; but after repeated observations, month after month, and year after year, no movement of a voluntary nature could be detected, excepting upon one occasion, when she answered some few questions clearly and intelligibly, showing that, most probably, her reason was not affected. There was complete anæsthesia of the entire body, with flexed contractions of the four extremities, which were in a constant state of rhythmical agitation. There were apparently no trophic changes, and there was no appearance of a bed-sore until within a month of her death. There was no marked adipose or muscular wasting, and the muscles contracted readily to Stohrer's galvanic continuous current. The countenance was mask-like and devoid of expression. When she was spoken to about her home, the tears would flow freely down her cheeks, but no sign of emotion was ever visible beyond this. When agitated, the tremor of the limbs increased; and when asked to perform any act, it was clearly seen that an attempt was made to carry it out, but the will was unequal and powerless to execute. It was difficult to say how far the special senses were involved. The application of strong ammonia to the nostrils caused at first what was considered to be a voluntary movement of the head, but repeated applications did not produce the same effect. The sense of sight was thought to be good, and the ophthalmoscope gave no evidence of retinal changes. Both pupils were asually contracted, but more so the right. There was marked trismus, and no ordinary power could depress the lower jaw; yet, when food was brought to her, the rigidity became in a measure relaxed, although there was no direct masticatory power. There was marked paralysis of the facial muscles (bilateral), evidently from central causation. The sense of hearing was normal. When semi-solid food was given, it was necessary to place it well into the mouth, otherwise it would return, showing clearly that she had no voluntary power over the labial muscles. Sensation of the tongue and the special sense of taste were in like manner obliterated, as far as one could ascertain. The voluntary power over the tongue appeared to be greater than that over any other member of the body, for she would at times get it to the lower row of teeth, but it was never protruded. These were what might be noted as the objective signs presented by this patient, and so, in a manner, she vegetated until she died. What her sufferings might have been it is impossible to say, for she had no voluntary power whatever to make these conditions manifest, even if they had an existence. The *post-mortem* appearances were then noted, and the evidence was to the effect that the general surface of the convolution of the hemispheres was normal. The motor ganglia on the left side were free from any gross lesion, but on the right side a brownish-looking degenerative change was seen to extend from the internal capsule of the corpus striatum, running along the under surface of the optic thalamus, through the right crus cerebri, into the under and inner part of the right half of the pons Varolii, involving the right floor of the fourth ventricle. The drawings, from sections made by Dr. Kesteven, showed the sclerosis of the right half of the pons, advancing in successive stages through the anterior pyramids, and then crossing over in direct relationship with the decussating fibres to the left lateral column of the spinal cord. Dr. Dowse remarked that it was now a recognised pathological fact, which had been more particularly demonstrated by M. Charcot, that lesions of the brain, when they succeeded in promoting consecutive degenerative changes, did so in direct harmony with what may be termed a direct histo-pathological law. He said it was interesting to follow out M. Charcot's statements concerning the association which existed between sclerosis of the lateral columns of the cord and hysteria, both with and without tremor; and had it not been for the marked facial paralysis in this case, he should certainly have felt inclined to look upon it as of an hysterical character, the more especially as there was such general and profound anæsthesia.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER II.—*Continued.*

Table of Cases of Hydrophobia, showing Sex, Age, Nature of Bite, at what period after the bite Hydrophobic Symptoms appeared, Remedies, Result, and the Sources of Information.

CASE XXIV.—George Cubit, æt. 17, bitten on hip by a dog, no reason to be believed mad.

Result and Time of Attack.—Seven years after. Fatal, in forty-four hours.

Treatment.—Belladonna, blisters, morphia endermically, brandy, &c.

Post-mortem.—Thirty-six hours after death. Brain and spinal cord; slight aqueous effusions underneath the arachnoid membrane and in the ventricles, and a larger quantity in the spinal sheath. The cut surfaces of the brain showed numerous bloody points, and the membranes of the medulla spinalis were abnormally vascular, without any change in their organisation. *The phargnx, larynx, and trachea were highly vascular.* The lungs congested, the other viscera presented no abnormal appearance.

Reference.—Med. Gazette, vol. xxii, p. 100. Dr. Burne, Westminster Hospital.

CASE XXV.—Thomas Chester, æt. 72, bitten on the middle and index fingers of the right hand by a dog not rabid.

Result and Time of Attack.—Fifteen months after. Fatal, in forty-eight hours.

Post-mortem.—Thirteen and a-half hours after death. Brain and nerve surface normal, numerous bloody points in the medullary substance. Pneumogastric nerves normal. The superior cervical ganglion of the sympathetic was supposed to be of a deeper reddish-brown than usual. *Vascularity of pharynx, larynx, and trachea.* Lungs congested, and the heart soft, flabby, and lacerable. Stomach and alimentary canal normal. Blood black, thick, and not coagulated.

Reference.—Med. Gazette, vol. xxii, p. 103. Dr. Burne.

CASE XXVI.—Anne Jameson, æt. 53, bitten on the right hand and fingers by a terrier supposed to be mad, wounds were excised and cauterised shortly after.

Result and Time of Attack.—Two months after. Fatal, second day.

Treatment.—Opium and ammonia.

Post-mortem.—Inflammation of membranes of spinal cord. Brain and membrane healthy, except some ossific deposit, on falciform process of the dura mater, and effusion in the choroid plexus of the left side. *Membrane of pharynx and upper part of œsophagus and stomach inflamed.* All the other viscera healthy.

Reference.—Med. Gazette, vol. xxiii, p. 62, 1838-1839. Mr. Holt, St. Bartholomew's Hospital.

CASE XXVII.—Rugheem Ling, Sepoy, 51st Native Infantry, bitten on the leg.

Result and Time of Attack.—One month after. Recovery.

Treatment.—Iodine.

Reference.—Med. Gazette, vol. xxvi, p. 548. Dr. Rankin.

CASE XXVIII.—Charles Havens, æt. 13, bitten by a dog on the right hand, small wound, healed in three days.

Result and Time of Attack.—Fifty days after. Fatal, in fifty hours.

Treatment.—Cannabis, Prussic acid, beef-tea, &c.

Post-mortem.—There was a small quantity of serum in the spinal canal, the membranes and cord being apparently healthy; the posterior spinal veins were less turgid than in many cases, although the body had been lying on the back since death; the membranes of the brain were apparently healthy, and there was no effusion in the arachnoid or sub-arachnoid cellular tissue. Both substances of the brain were congested, and of a darker colour than usual, the grey matter presented a marked pinkish colour, especially that portion in contact with the pia mater. The ventricles did not contain more fluid than natural. The cerebellum, pons varolii, and medulla oblongata were congested, but not more marked than other portions of the brain. The substance of the medulla was examined under the microscope by Mr. Toynbee and Mr. Hewitt, but presented nothing remarkable, the different parts of the brain were somewhat softer than usual, but this softness was general, and most probably attributable to the time of the patient's death and the state of the weather. *The mucous follicles at the base of the tongue were very large and numerous, and the mucous membrane of the fauces and pharynx congested.* The discolouration did not extend beyond the level of the superior margin of the thyroid cartilage. Below this the mucous membrane of the pharynx and the œsophagus was of its natural colour, the mucous membrane of the wind-pipe was but slightly congested. General congestion of the other organs. Both pneumo-gastric nerves were throughout their whole extent minutely examined, but they presented nothing remarkable, exactly such is the usual result of examination after death, and very nearly similar to this is the evidence afforded in the examination of the rabid dog.

Reference.—Med. Gazette, vol. xxxiv, p. 417. Cæsar Hawkins, 1844.

CASE XXIX.— ——, male, æt. 29, bitten on the inside of one of his fingers; small wound. The dog was destroyed by a veterinary surgeon, who said it was mad. Wound was excised at the time.

Result and Time of Attack.—Nine months after. Fatal.

Treatment.—Bleeding. A proposition was made that the curare (Wourali) poison should be used as a remedy, but it was not carried out.

No *post-mortem*.

Reference.—Med. Gazette, vol. xxxvi, p. 211.

CASE XXX.— ——, male, æt. 37, bitten in the thumb by a dog, which died the day after.

Result and Time of Attack.—Five weeks after. Fatal, second day.

Post-mortem.—There was slight hyperæmia of the spinal cord and its membranes, and the red spots on the medullary substance of the brain were more numerous and larger than usual.

Reference.—Med. Gazette, vol. xxxvii, p. 843.

CASE XXXI.—Samuel Soring, æt. 35, bitten by a spaniel.

Result and Time of Attack.—Three months after. Fatal, first day.

Treatment.—Belladonna, mercury, cupping, lead.

Reference.—Med. Gazette, vol. xl, p. 136. Dr. Addison.

CASE XXXII.—Emmanuel Soult, bitten under the right eyelid by a mad dog.

Result and Time of Attack.—Two months. Fatal, second day.

Treatment.—Prussic acid, cold baths, &c.

Post-mortem.—Fifteen hours after death. There was congestion of the brain, spinal cords and membranes. The cerebral substance was somewhat softer than usual. *The bronchial tubes and lungs were congested*, the pharynx injected, and its follicles rather large.

Reference.—Med. Gazette, vol. xl, p. 137. Dr. Todd.

CASE XXXIII.—Female Maltese lady, bitten on the hand by a cat, which had been bitten twenty-four days before by a mad dog.

Result and Time of Attack.—Three months and a-half. Fatal.

Treatment.—Cicatrix excised, ether, belladonna. The treatment here shows the beginning of the new era opening for medicine—in the suggestion of ether and the abandonment of old remedies.

No *post-mortem*.

Remarks.—This case is a most interesting one. Hydrophobia was not known in Malta, and there is no word for it in the Maltese language. None of the women or the patient had ever heard of canine madness, no fear was excited, and consequently imagination could not have a share in producing subsequent symptoms.

Reference.—Med. Gazette, vol. xl, p. 212. T. Spencer Wells, 1847.

CASE XXXIV.—John Henderson, æt. 14, bitten on the chin and upper lip by a mad dog.

Result and Time of Attack.—Nine weeks after. Fatal.

Treatment.—Chloroform, which had a powerful influence in modifying the symptoms.

No *post-mortem*. Dr. Smyly also abandoned the old system.

Reference.—Med. Gazette, vol. xlii, p. 643. Dr. Smyly.

XXXV.—John Loyd, 54th Regt., æt. 28. The evidence as to any bite was not clear. He was supposed to have been bitten by a puppy, which had no signs of being ill at the time.

Result and Time of Attack.—Fatal, in twenty-four hours.

Treatment.—Cold baths and Prussic acid.

Post-mortem.—Forty hours after death. The brain was found natural, spinal marrow soft as jelly in parts. *The mucous membrane of pharynx and larynx presented throughout a flesh-red colour, and the sebaceous glands at the root of the tongue were unusually large.* The œsophagus was natural, the blood was dark and grumous, of the colour and consistence of hot pitch.

Reference.—Med. Gazette, vol. xliii, p. 932. 1849. Dr. Dawson.

CASE XXXVI.—Francisco Napolitano, æt. 16, bitten badly in various parts of the body.

Result and Time of Attack.—Three months after. Fatal, second day.

No *post-mortem*.

Remarks.—It is remarkable that four cases of hydrophobia occurred in Malta in 1847, while only two had appeared during the preceding forty-seven years, one seen by Dr. Franklin, 1805, the other by Dr. Grieves, 1805. This does not agree with Spencer Wells' idea that the disease did not exist in Malta. According to Spencer Wells a rabid dog arrived in an English vessel in 1846.

Reference.—Med. Gazette, vol, xliii, p. 932. 1849. Dr. Dawson.

CASE XXXVII.—David Lichgow, æt. 30, bitten slightly by a dog, no scar remained.

Result and Time of Attack.—A month or two after. Fatal, second day.

Treatment.—Morphia.

Post-mortem.—Twenty-two hours after death. *The mucous membrane of larynx was of a deep red, the lower part of the epiglottis scarlet.* The medulla oblongata was white and longer than natural. Large clots of blood were seen in the cineritious portion.

Reference.—Med. Gazette, vol. xliv, p. 345. Dr. Jackson, 1849.

CASE XXXVIII.— — Burrows, female, æt. 30, bitten on the hand slightly by a dog.

Result and Time of Attack.—Three months after. Recovery.

Treatment.—Cicatrix cut out, chloroform.

Reference.—Med. Gazette, vol. xliv, p. 346. Dr. Jackson.

CASE XXXIX.—W. H. B., æt. 18, bitten on the wrist by a dog.

Result and Time of Attack.—Three months after. Fatal, third day,

Treatment.—Chloroform, which slightly retarded the progress of the disease.

Post-mortem.—Eighteen hours after death. The brain and

spinal cord were highly injected, but otherwise healthy. *The trachea and bronchi were inflamed, and the epiglottis very large.*

Reference.—Med. Gazette, vol. xliv, p. 346. Dr. Parkman.

The Editors of these Reports would feel obliged if readers would forward them short notes of any cases of hydrophobia that may have occurred in their practice. They would also feel indebted for extracts from recorded cases between the years 1800 and 1815, giving name, age, where bitten, by what kind of animal, period of attack, treatment, result, *post-mortem*, date, source of information.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 7, 1877.

THE PROGNOSIS OF DISEASE.

In a recent monograph on "Prognosis in Valvular Disease of the Heart," Dr. Peacock observes that, notwithstanding the duration of life in cases of valvular disease varies considerably, it is remarkable how little information in reference to prognosis is to be found in systematic works. What this physician has said in respect of heart disease might be said with equal truth, of all other diseases. Still more remarkable we would say is the fact, that the study of prognostics generally should be so neglected at the present day, when we reflect how much this department of medical science was cultivated at a very early period in the history of medicine. Some have gone so far as to say that the science of prognosis has advanced little since the time of Hippocrates; and certainly, if we compare its progress with that which has been made in diagnosis, in pathology, and in therapeutics, we must admit that it has been comparatively at a standstill. For one work that is written on prognosis there are a thousand on the subjects just mentioned. We are as well acquainted as most people with the medical publications of the last half century, and yet, so meagre is our literature, that we cannot call to mind a single work that has been entirely devoted to the consideration of a department of medicine which is of the last importance, and the state of which is the best test that can be afforded of the general progress of the healing art. We need scarcely remark that the prognosis of disease is one of the chief goals to which all our other medical studies should eventually lead, and the chief criterion by which the public estimate the scientific value of medicine, and the skill and ability of the practitioner. A correct prognosis involves a correct diagnosis, a correct pathology, a correct estimate of the curative value of the therapeutic agents at our disposal, and a due consideration of the constitution of the patient, his mode of life, his surroundings, &c. The greater perfection of medicine as an exact science would be unattainable without a much more perfect knowledge of prognosis than we now possess, and in this respect prognosis stands on a higher footing than even treatment. There are some diseases which are incurable, and all men must die. But if, to take one of these diseases, we can say that we have a perfect knowledge of its nature or true pathology, and if we could at the same time predict with certainty, the time when, in any particular case it would prove fatal, then, we assert, the science of medicine would be, with regard to that particular disease, as exact as any other science, and as perfect as if by rational treatment, we had effected a speedy and incontestable cure. In other words there are physical and insuperable obstacles to curing all diseases, but there are n physical and insuperable obstacles to our making the science of prognostics much more perfect than it is, if we only set our minds to the task, and resolved, by systematic research and the co-operation of a large number of observers, to accomplish in time what now appears almost an impossibility.

It is not difficult to account for the comparatively little attention that has been given to the subject of prognosis, and for the fact that the principles and practice of this department of medicine do not rest upon such a firm basis as could be desired. Other departments of medicine have made great progress because it was possible for a few individuals, or even for one individual to contribute largely to their advancement, in many instances to throw a flood of light upon subjects which were previously enveloped in darkness, or to discover successful methods of curing diseases which had been hitherto deemed incurable. Thus the comparative perfection of surgery, as an art and science, is exclusively due to individual genius and enterprise. One man conceives and demonstrates the practicability of a new operation, another improves upon an old one. New instruments are designed, experiment follows experiment, there is no standstill, all is activity and progress, a continual triumph of art over disease. Then again with respect to diagnosis, one of the most remarkable and eventfu discoveries that have been made in this direction was entirely due to the genius of one man. When Lænnec established the principles and practice of stethoscopy, he truly discovered a *novum organum*, one which had more influence upon the future advancement of medicine than any previous discovery, and one which at once gave to the diagnosis of diseases of the chest, the dignity of an exact science. To the researches of one or two physicians, we

are also alone indebted for our knowledge of the diagnostic significance of albuminuria and the bronzed skin, for the discovery of embolism as a cause of apoplexy and softening of the brain, for the invention of the clinical thermometer, and for our knowledge of the action and uses of such valuable medicines as bromide of potassium and the hydrate of chloral.

On the other hand, if more scientific precision is to be given to the study of prognosis, we cannot expect much assistance from the genius and industry of one individual. Here there is no scope for any brilliant discovery. All advancement must be based upon patient and systematic inquiry, and upon generalisations that have been founded on a large accumulation of facts reported by numerous observers, and upon a large collection of clinical records that have been made with the express view of throwing more light upon this branch of medical knowledge. Neither one nor a dozen observers could add much to what we may term our standard knowledge of prognostics, for the simple reason that the progress and mode of termination of a disease depend upon so many and complex conditions that the few cases which fall to the lot of one practitioner could not possibly afford sufficient data for any reliable generalisation on the subject.

Nor must we forget the great natural obstacles which lie in the way of accelerating the progress of this department of medicine. Without entering into details, we may briefly assert that if (1) we could gauge more accurately the amount and the influence of the forces at work in any given case of disease, and if (2) we could also gauge more accurately the amount of vital energy and the power of resistance to disease possessed by the patient, we should then have carried our knowledge of prognosis to a degree of perfection far exceeding that to which we have as yet attained. One case of typhoid fever, for example, terminates unfavourably, another to all appearance running a very similar course ends in recovery. In the former case the conditions which regulated the progress and termination of the disease were such that it was a physical impossibility for recovery to have taken place, while in the other case it was likewise, and for the same reason, a physical impossibility for death to have taken place. One of the difficulties, therefore, we have to overcome is that of discerning what these conditions are. It may be that, in such cases as we have supposed, it will never be in our power to fathom the conditions in virtue of which one person dies and another recovers from apparently the same kind, the same form and the same extent of disease; but it is equally certain that the labour that has hitherto been spent in unravelling some of the mystery in which such questions are enshrouded, cannot be compared with that which has been bestowed upon other subjects.

Such are some of the reasons why the advancement of prognosis has not kept pace with that of other branches of medical science, but that it has made some progress within the last few years, and that there is ample scope for those who are willing to work in this field of medical inquiry will be evident when we take into consideration the prognosis of some special class of diseases, such as those on the prognosis of which Dr. Peacock has recently written an interesting monograph.

CHARBON AND BACTERIA.

THE long discussion between the partizans of spontaneous generation, and its opponents, has not resulted as yet in a decisive victory for either party. In almost such words M. Ferrand introduces this subject in *La France Médicale*, and as the *rôle* of bacteria is, in the order of the day, the latest French views are interesting. M. Ferrand does not deny that Pasteur has placed before the heterogenists some ingenious experiments, difficult of refutation, but that is not surprising when we consider the nature of the study—infinitesimal particles depending for their clearing up, not only on the naked eye, but on artificial instruments. The microscope allows us to see so many things in its field, that each one naturally is inclined to admit the existence of primary beings, as we suspect there are such things. We might suggest that M. Ferrand means to express a condition known to astronomers under the name of "personal equation," and certainly the "personal equation" of microscopists is very great. M. Ferrand does not apply these reflections to Pasteur, who is acknowledged by the world as a man of honour, and esteemed for his scientific acquirements, and who has been familiarised with inferior organisms by his passionate devotion to the study.

Leaving the general question, in the blood of animals suffering from charbon there has been found small filiform bodies designated bacteria, supposed to be capable of developing the malady. Hence there are two parties absolutely divided; one asserting that the virus is due to a soluble principle in which bacteroids play no part, the other maintaining, that when the bacteroids are absent the blood is inoffensive.

M. Paul Bert, an authority in physiological science, states that after destroying the bacteria by compressed oxygen, inoculating with the remnant of the drop of blood, the malady may be reproduced and death ensue without a bacteroid showing itself. He concludes that bacteria are neither the cause nor the necessary effect of the disease, charbon, and that it is due to a virus. M. Pasteur did not accept this absolute affirmation, and, with the assistance of M. Joubert, has re-examined the question.

The first note of the two authors is the subject of M. Ferrand's paper. The object of the two experts was not to positively refute the conclusions of M. Bert, but only to show that bacteria may multiply indefinitely in artificial liquids without losing their action on the economy; that is to say, the property of transmitting charbon, and that consequently it is impossible to admit that they are accompanied with a soluble virus, sharing with them this property. If we examine the blood in charbon we find it formed of red globules, more or less agglutinated; white globules more numerous than in normal blood, and serum in which the filaments float. It is said that if a single drop of such blood be introduced under the skin of an animal, whether ox or horse, the animal dies in a very short time—two, three, or four days—and all the blood presents the physical and virulent characters of the inoculated drop. The Indian and African dips his arrow in putrid flesh, which kills by poisoning the blood of his adversary in a few days.

Now, amongst the constituents we have noticed in this

drop, which is the germ and which the cause of this malady? Pasteur has shown that blood extracted from the body of a healthy animal, under such conditions that it never has come into contact but with pure air (that is to say, deprived of all living organisms), does not contain and does not give birth to any organism; it also keeps indefinitely without putrifying. The blood in charbon contains a single foreign element—Bacteria—which, under the conditions of this experiment, continue to develop; consequently it is easy to transplant a bacteria from the primitive liquid into other appropriate media, and to cultivate and preserve them indefinitely, free from all mixture, as we cultivate vibrios and different organised ferments. Physiological liquids in general, and most artificial and mineral liquids, may be utilised for this purpose. In consequence of the facility with which it may be obtained pure, and in such quantities as we desire, urine rendered neutral, or slightly alkaline, is the most convenient medium. A solution prepared with yeast, tartrate of ammonia, and sugar, fulfils the same object, and in such an artificial medium M. Pasteur multiplied the bacteria from the blood of charbon. All his experiments commenced with a single specimen derived from Chartres, which cultivated incessantly, has furnished the elements of numerous transplantations, without ever losing its purity or infectious properties.

Must we attribute the effects of charbon, then, to bacteria or to a virus? An extremely small quantity of the blood from charbon has been mixed in the artificial solution indicated above; a drop was taken from the mixture and set in the urine; from the latter a new drop for new urine, and so on for months. The bacteroids coming from the last cultivation have produced ravages, which may be attributed to the primary blood of charbon. We may conclude from this experiment that the red and white globules, of which there is no trace in the last fluid, do not constitute the virulent principle of the blood. But it does not prove the absence of a soluble ferment or of a virus. Bacteria may give birth to a soluble diastatic ferment, and it is natural that this ferment should accompany its original cause wherever it is met with. We may apply to the virus a similar hypothesis, viz., that it is produced by bacteria, or that, originating in the blood, it is apt to multiply after the manner of an organism. The existence of a soluble ferment is made void by a simple experiment when performed with sufficient precautions. If we filter the fluid containing bacteroids, or the blood itself as soon as taken from the body of a recently dead animal, it may be introduced with impunity under the skin of an animal, in large doses, of 40 or 80 drops. The same fluid unfiltered produces symptoms of charbon and sudden death. But this conclusive experiment depends on perfect filtration, and after a number of unsuccessful attempts this difficulty has been overcome.

M. Ferrand concludes that neither the globules nor any soluble element are apt to transmit charbon, but only bacteria possess this power.

It yet remains to interpret the experiments of M. Paul Bert, which seem contradictory, and MM. Pasteur and Joubert hope soon to be in a position to clear up the disputed points. They also aspire, by giving a greater breadth to their inquiries, to clear up the primary origin of bacteria, and to discover the preventive and curative measures to oppose to this horrible malady.

Notes on Current Topics.

The End of the Penge Case.

THERE can be no doubt that the decision of Mr. Cross with respect to the Penge convicts has not been received with so much satisfaction by those who have done their best to discredit the *post-mortem* examination of Mrs. Staunton, as by those who advocated the theory adopted by the prosecution. Had Mr. Cross been guided by the opinion of those eminent authorities who insisted that the poor woman died from tubercular meningitis, or general paralysis, we can scarcely conceive he would have sentenced all the convicts but one to penal servitude for life. If he and his advisers had thought that the evidence in favour of death from natural causes was stronger than that in favour of death from starvation, the convicts would certainly have had the benefit of the doubt. In all probability Mr. Cross had little confidence in the opinions of men who were not present at the *post-mortem* examination, and in opinions which were divided between such very different diseases as general paralysis and tubercular meningitis. He and his advisers took a more common-sense view of the whole matter, and evidently came to the same conclusion to which we were inclined from the very first, namely, that although there was a certain amount of disease it was not sufficient in itself to cause death, and that the deceased was actually the victim of starvation and neglect.

We learn from a medical contemporary that the eminent German pathologist, Virchow, has made some observations on the case, and we are not surprised to hear that he also shares the opinion of those who looked upon the case as one of starvation. "He does not," we are informed, "consider that the amount of tuberculous deposit taken in connection with the spot where it was found was sufficient to account for the fatal termination, and in the absence of other evidence, laying particular stress on the extreme emaciation, he inclines to the view that death was due to starvation."

Gale's Perilous Task.

ALTHOUGH, in making some remarks on this subject, we were far from condemning the occasional performance of such athletic feats as that recently witnessed at Lillie Bridge, we do not hesitate to deprecate in the strongest terms the frequent repetition of them, especially in the trying circumstances under which this extraordinary pedestrian is now endeavouring to accomplish an almost impossible task. He seems to us to have imposed upon himself a physiological experiment which, if inflicted upon a dog, would have been regarded as very little short of torture, and would certainly have excited the most indignant wrath of the anti-vivisectionists. To see how long the human body can bear up against continuous toil and want of sleep, is not an object to be encouraged by the plaudits

of the multitude, or the opinions of the press. As we remarked before, no useful purpose is served by repeating too often those phenomenal displays of physical endurance, whilst the athlete himself may be sacrificing his health, if not his life, for the sake of a little temporary gain and notoriety. In the extraordinary walk which this man has undertaken, and which he has, as yet, but half accomplished, the system must be taxed to the utmost, and the want of sleep must even jeopardise the integrity of his brain. We may, however, presume that Gale gets more sleep than is generally supposed, and that, for reasons which we gave when commenting on his last pedestrian feat, he is often in the very act of walking in a semi-unconscious state. Whether, however, he complete his task or not, and whatever effect it may have upon his health, a wonderful proof is given of the great amount of work that may be got out of the system, even when deprived of its natural rest. If we learn what harm may be done by too heavily taxing the strength of the human frame, we also see how superfluous, and even how injurious, must be the long hours of sleep in which so many people indulge.

St. Thomas's Hospital.

It has been long known that the management of the great hospital represented by the fine pile of buildings on the Albert Embankment has not been so perfect as it should have been. One of the greatest defects in its administration has been the absence of effective control. The general government of the hospital is conducted by the Court of Governors, the Grand Committee of thirty members, the four Almoners, and the Treasurer; while the internal administration of the hospital has been conducted solely by the steward and the matron, under the direction of the treasurer. There is, however, no one superior resident medical or other officer who has any supervision over the whole resident staff, and the defects of the internal arrangements of this hospital arise mainly from a want of efficient supervision in matters over which it has been impossible for the treasurer, under the existing organisation, to exercise proper control.

At a recent and very large meeting of the governors of this Hospital, it was resolved "That a House Committee be appointed, to consist of the Treasurer, Almoners, and six Governors, two of whom to be gentlemen who have been physicians or surgeons of the hospital. The House Committee to have full power to make all regulations necessary for its proceedings, for the attendance on the Committee of the officers of the hospital, and of a representative of the medical and surgical staff and school." This plan has much to recommend it, and at all events it will be the means of bringing the medical staff into direct intercourse with the representatives of the Governing Body. It is to be hoped, however, that more energetic and more systematic management will remove the scandal of their possessing 150 empty beds through want of funds. It was also proposed that the new treasurer should receive a salary, but an amendment to the effect that he should be elected in the usual way was moved by Sir Thomas Dakin, and was carried by a large majority.

We are also informed that Mr. Alderman Stone has, in reply to a large and influential requisition of the governors, consented to be nominated for the office o treasurer, vacant by the death of Sir Francis Hicks.

Remuneration in Club Practice.

We notice amongst the proceedings of the Medical Society of California the adoption of a resolution, which pronounces strongly against the custom of forming contracts with individuals, or Societies, for medical attendance, as being derogatory to the dignity and true interests of the profession, and excluding from membership, all who may form, or continue such contracts. This condemnation appears to us too sweeping, to be endorsed without reserve. There is nothing derogatory in the practice itself, provided the medical man does nothing which can lower him in his own self-respect and in the eyes of the public at large, and also that he insists upon a fair and equitable remuneration for his services. The practice existing at present throughout England of contracting with clubs to attend their members for an annual payment of 4s. a member, or in some cases 5s., is one that might decidedly be altered for the better. This scale of payment is much below what it ought to be. Ten shillings a year ought to be the lowest amount accepted, and would readily be conceded were medical men firm to their own interests and that of their medical brethren. This would only amount to a weekly rate of twopence halfpenny, a sum altogether disproportionate to the amount spent upon stimulants and other luxuries and pleasures by working men. The present rate of payment is one that tends to degrade the status of the medical profession and to lower the estimation in which their services are held, so completely is it out of proportion to the time, trouble, and outlay incurred by the medical man.

Questions of importance connected with this subject also arise, in considering the custom of medical men frequenting the club-rooms, and becoming hail-fellows-well-met with the members, when there ought to be no possible grounds for equality between them; treating the members to beer; receiving their money at the club-meetings held in public-houses; frequently canvassing for such appointments, and the many other abominations that are at present connected with club practice in England, and which cover with a deep sense of shame the better class of practitioners throughout the country. That there is not the smallest necessity for such practices on the part of the profession, is matter of experience to those who have tried a different course successfully. If a man knows his business, is genial and pleasant in his bearing, and attentive to his patients, he need not fear taking an open and honourable course and refusing to be guilty of practices which only tend to lower himself, and his profession, in the eyes of the public at large. No wonder those who do such things are not able to lift up their heads as gentlemen, or to maintain their position as such.

An additional evil connected with club practice in England, is the admission to their advantages and privileges of men who are thoroughly well off and able properly to remunerate their doctor for any services he may render them. It is, indeed, time that a thorough revision of this system should take place. Without united action,

it would of course be impossible to effect anything like a useful reform. Let it, however, be once thoroughly understood, that the acceptance of such appointments, at such a low rate of remuneration, carries with it, a stigma in the eyes of the majority of the profession, and they will soon be left to the lowest class of practitioners, in whom the public will very soon cease to trust, and will readily learn to concede better terms to those in whom they can feel confidence.

Graduates at the various colleges and universities might also be called upon to promise, on pain of forfeiting their licenses or degrees, not to enter into such contracts below a fixed minimum rate of payment, or to do anything to obtain them that can lower the profession in the eyes of the public.

The Queen's University in Ireland.

Littleness of mind and narrowness of administrative policy are characteristics which are as plainly manifested in the petty affairs of a public body as in its greater business, and it may be assumed that when the executive of a great institution condescends to ebullitions of petty spite its higher functions will not be likely to be discharged with liberality of idea and largeness of mind. We have, as our readers are aware, felt it necessary to criticise repeatedly the system and results of the Queen's University in Ireland. We have, we hope it will be said, done so in a public spirit, without unnecessary harshness, and solely in the interest of the profession and the community at large, and we certainly intend to continue our protests in the same spirit when occasion requires and without being deterred by the disfavour of underlings at Dublin Castle. Those who speak officially for the castle, however, seem to think that the speech of independent journalism is a thing to be bought and sold by a three-and-sixpenny advertisement, and that—as favourable criticism is to be rewarded by such sugarplums—so uncomplimentary opinions are to be punished by the withholding of these lollypops of journalism. Accordingly, a letter signed "Henry Robinson," and dated from Dublin Castle, informs us that the advertisements for a Professor of Anatomy at the Queen's College, Galway, are given exclusively to our contemporaries whose circulation in Ireland is restricted, and which—if they have any opinions respecting the Queen's University—have not thought it worth while or politic to express them. For such judicious reticence our *confrères* have their reward in the valuable patronage of "Henry Robinson" of Dublin Castle, while we have ours in the consciousness that our comments upon the University have left their impress upon the temper of that gentleman, a satisfaction cheaply bought by the sacrifice of three-and-sixpence.

Deformities at Will.

Amongst the most extraordinary contortionists who ever lived, one who would have puzzled orthopædic practitioners of the present day as much as he did Molins, the celebrated surgeon of the last century, was Joseph Clark, of Pall Mall, mentioned in the November number of *The World of Wonders*. Though a well-made man, and rather gross than thin, he exhibited in a most natural manner almost every species of deformity and dislocation. He frequently made himself merry with the tailors, often sending for one of them to take his measure, but so contriving as to have an immoderate rising on one of his shoulders. When his clothes were brought home and tried upon him, the deformity was removed to the other shoulder; upon which the tailor begged pardon for the mistake, and mended it as fast as he could. But upon a third trial he was found with perfectly straight shoulders and a hump on his back. He dislocated the vertebræ of his back and other parts of his body in such a manner that Molins, before whom he appeared as a patient, was shocked at the sight, and would not attempt a cure. He often passed for a cripple with persons with whom he had been in company but a few minutes before. Upon these occasions he would not only change the position of his limbs, but entirely alter his countenance. His facial powers were more extraordinary even than his flexible body, and he would assume all the uncouth faces he saw at a meeting or place of amusement with the greatest ease and delight.

The Scythian Disease.

Under this title Dr. Marandon de Montyel describes in the *Marseille Médical*, a disease special to certain tribes of the Caucasus, amongst whom are found individuals who, after having possessed for a time all the functions of reproduction, lose them before they are aged, their beards fall off, sexual impulses disappear, their bodies lose the force and energy proper to their sex, and eventually, they fly from the society of males and assume feminine costume, as they have already acquired feminine habits, and resign themselves to partake of feminine occupation for the rest of life. The author of the paper reviews, with much erudition and ability, the causes to which this impotency amongst the Scythians has been attributed from the days of Herodotus up to those of Boyard and Lallemand. He concurs in the opinion of the illustrious Professor of Montpelier, that this singular metamorphosis is the result of the equestrian habits of the nation and the excessive amount of horse exercise which is usual amongst these tribes.

Singular Source of Bread Poison.

Several obscure cases of poisoning having recently occurred in the Moncaux quarter of Paris, inquiry was made, and it was ascertained that the victims had all eaten of the bread baked by one particular baker. Further inquiry elicited the fact that this baker had been in the habit of purchasing the woodwork of old houses for the heating of his ovens, and this woodwork being covered with innumerable coats of lead paint, set free, in burning, enough lead to seriously contaminate the bread. An ordonnance of the police was immediately issued forbidding the use of such wood for this purpose, and its employment is now strictly prohibited.

The appearance of typhoid fever at Marlborough House will probably bring about an investigation of the drainage system of Pall Mall, which, as is well known at the War Office, is not altogether in a satisfactory condition.

Prognosis of Hæmorrhagic Apoplexy.

A PHYSICIAN (observes *L'Année Médicale*, quoting some observations of Dr. Lapponi, of Bologna), called to a patient seized with apoplexy, is sure to be questioned by his friends as to the gravity of the case, and it is necessary that he should at once, or very soon, be able to give a prognosis which is justified by the event. Apoplexies in which the coma lasts more than twenty-four hours are usually regarded as fatal. So they generally are, and although there are exceptions to this rule, we may say that apoplexies which last as long as three days are never recovered from. There are some attacks which are followed by coma that is so transitory as almost to escape notice, which are followed by occasional yawnings. But if these yawnings occur close upon an attack, if they are numerous and occur in quick succession, a fatal termination may be confidently predicted. All apoplexies should be regarded as serious which are attended with paralysis of the buccinator muscle, for in that case the seat of the apoplexy is not far from the medulla oblongata. Still more serious, perhaps, is that form of the disease which is accompanied by labio-glosso-laryngeal paralysis. This would show that the hypoglossal and part of the facial nerve are paralysed, and that consequently the medulla itself is injured. All apoplexies are fatal which are followed, within thirty or forty minutes of the attack, by vomiting that is not attended with any nausea or any effort, but which consists of a true regurgitation of the contents of the stomach. The value of this symptom, as indicating lesion of the vagus nerve, was for the first time shown by Lussana (*Manuale di Fisiologia*, vi.), and has since been confirmed by the experience of other observers. Paralysis of the pharynx, occasioned by a lesion at the origin of the vagus nerve, and polyuria, occurring a few hours after the attack, also indicate considerable danger. A great fall in the temperature of the body, soon after the attack, is often followed by the death of the patient. But if the fall is succeeded by an elevation of temperature far above the natural standard the case is invariably fatal. The writer also points out the prognostic value of *decubitus acutus*, to which Charcot has drawn attention in his lectures on the diseases of the nervous system.

Hydrophobia: A Suggestion

THE great prevalence of this terrible disease is quite enough to create much alarm among the public. Almost daily we read in the papers of a death from hydrophobia, and therefore it would be as well for those who come much in contact with dogs to adopt some simple precaution that will at least enable them to go about with a feeling of comfort and safety. This might consist in every one at all exposed to the infection carrying in his pocket one of those little cases of lunar caustic that may be purchased in any chemist's shop for sixpence. If the point of this were to be thrust deep into the wound *immediately* the person was bitten by a dog, he might consider himself as safe as if he had never been bitten. But the success of this simple operation consists entirely in its being practised *directly the wound has been inflicted*, and there could be no better means of doing this than having the caustic always at hand. The excision of the part, or the application of a red-hot iron, might involve much delay, and during this delay the virus is absorbed into the system. It would be as well too if the person bitten sucked the wound before applying the caustic.

Metropolitan Hospital Sunday Fund.

AT a meeting of the Council of the Hospital Sunday Fund, held at the Mansion House on Monday afternoon, Alderman Finnis, in the absence of the Lord Mayor, presiding, it was resolved to withhold the grant to the Hospital for Diseases of the Throat for the present year. It was also thought that the Committee of this Hospital, by their refusal to meet the Investigating Committee appointed on the recommendation of H.R.H. the Prince of Wales, had virtually admitted the charges of mismanagement brought against their Hospital in the early part of the year. The Report of the Council for the year was agreed to, and ordered to be printed and circulated

THE Hospital Saturday movement at Portsmouth this year shows an increase over last year of £125.

DR. SAWYER, of Birmingham, has been elected President of the Midland Medical Society for the ensuing year.

MR. CHARLES L. MARSH, Honorary Secretary of the Sanitary Institute of Great Britain, was, last week, presented with a flattering testimonial, in recognition of his services as curator and superintendent of the recent Sanitary Exhibition at Leamington.

THE election of Lord Rector of the Edinburgh University takes place on Saturday next. At the nomination of Saturday last, several names were put forward. The two receiving the most support being the Home Secretary, Mr. Cross, and the Marquis of Hartington.

THERE appears to be no foundation for the reports which have been circulated by some of our correspondents that the lower part of his Holiness the Pope's person is paralysed. There is, indeed, no question of paralysis; but it is, nevertheless, true that he is deprived of the use of his lower limbs from rheumatism. His mind is as clear as ever, and he transacts his usual business.

THE cockroach plague in some parts of France has extended so considerably that the inhabitants have recourse to the most extraordinary measures to relieve themselves of the burden. Not only are toads tolerated in gardens and dwelling-houses, but (says the *Gardener's Chronicle*) ladies even tolerate them beneath their dresses for the service they render in protecting them from the bite of this voracious insect.

IN the principal foreign cities the annual rates of mortality, according to the most recent weekly official returns, were, in Calcutta 33, Bombay 55, Madras 108; Paris 22; Geneva 18; Brussels 21; Amsterdam 20, Rotterdam 26, The Hague 15; Copenhagen 21; Stockholm 31; Christiana 20; St. Petersburgh 30; Berlin 27; Hamburg 25;

Dresden 22; Breslau 27, Munich 31; Vienna 22, Buda-Pesth 35; Naples 23, Turin 23, Venice 26; Alexandria 50; New York 25, Brooklyn 22, Philadelphia 16, and Boston 25 per 1,000 of the population.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. Vol. 27.

[SECOND NOTICE.]

(*Continued from page* 331.)

In this section, on the "Organs of Circulation," we notice several other cases of interest; but we can only speak of them in the briefest way. Thus No. 5, by J. T. Goodhart, M.D., is an example of "Cured Hydatid Cyst on the wall of the Heart." The case is remarkable, in that there were few, if any, symptoms leading to the idea that anything was wrong with the heart. The patient, aged 20, died of extensive extravasation on the surface of the brain. Case 7, by F. Robinson, M.D., is a case of "Aneurism of the Ascending Aorta" which, like so many similar instances, gave no sign of its presence during life. The patient was a soldier of 46, and had disease of the aortic valves, which was diagnosed as such. The aneurism rose just above the aortic valves, and had not burst. It was the size of a walnut. No. 8, by S. O. Habershon, M.D., is a case of much interest though quite too long to give here. Amongst other lesions there was obliteration of the superior cava. Fibroid disease played a very important part in this case. No. 9, too, by A. Morison, M.B., is a case of great interest, entitled "A Case of Disease of the Pulmonary and Tricuspid Valves of the Heart." We would particularly direct attention to this case, which is detailed very elaborately. It is curious that No. 15, by W. S. Greenfield, M.D., is also an example of "Stenosis of the Tricuspid and Mitral Valves." And yet in this instance there seemed to be an entire absence of symptoms referable to the heart. No diagnosis of the state of the tricuspid valves was made; and it is more than probable that in such a case this could not have been accomplished. Amongst the examples of disease in the organs of digestion, No. 7, by S. O. Habershon, M.D., is entitled "Ulceration of the Duodenum; Extension into the Portal Vein; Hæmorrhage." This is certainly a very rare case. Hæmorrhage from an ulcer of the stomach is common; but its occurrence in the duodenum is very uncommon. The patient was a woman of 30, and the liver had some small abscesses in it. This is on the whole a very remarkable case. No. 13, by W. S. Greenfield, M.D., is an example of "Multiple Ulcers of the Stomach," occurring in a woman of 44 years of age. There were five ulcers. No. 14, too, by A. C. Air for W. G. Bott, is another example of the same. There were here two ulcers, of which one had given way. Both were situated close to the cardiac end of the stomach, and in the lesser curvature. This patient was a woman of 36 years of age. It is useful to contrast cases of a similar character, and yet rare in themselves, for multiple ulcers in the stomach are undoubtedly rare. No. 16, by T. Barlow, M.D., is entitled "A Case of Tubercle of the Pancreas." The author begins by naming several persons who deny that this ever takes place. We have never seen it ourselves; but this case, if there were no others, sets the matter at rest. The patient was a child of 2 years of age, and very extensively tubercular, and in the head of the pancreas a number of tubercles existed. It is just possible that if this gland were more closely examined such changes might be more frequently found. No. 19, by T. H. Green, M.D., for T. D. Griffiths, M.D., is an example of cirrhosis of the liver in a child of 10 years of age. Of late we have noticed that several instances have been given where this state of the liver was found in childhood. This would seem to prove that strong drinks cannot be the only cause of this affection; and in this instance there certainly was none used. There is one point in the case which seems to us particularly important. The child was watched for some years before its death, and it was observed again and again that the liver was then much enlarged, and the impression was that it was of the lardaceous kind. There was no doubt of its enlargement; so that this state preceded what was found at the post-mortem, namely, a much contracted organ, presenting all the characters of cirrhosis. Many have thought that enlargement went before contraction of the organ; but actual proof was wanting of the fact, which this case confirms. It is worthy of note that No. 21, by W. Cayley, M.D., and 23, by C. Murchison, M.D., are each examples of cirrhosis of the liver occurring in children of six and nine years respectively. Dr. Murchison, we observe, thinks that no cirrhosis occurs except where strong drinks have been taken in excess. Though the case given by Dr. Green is opposed to this view it is best to consider the point as yet undetermined.

Amongst the examples of "Diseases of the Bones" there are some interesting cases. No. 2. by T. Smith, is entitled "Hæmorrhagic periostitis of the shafts of several of the long Bones, with separation of the Epiphysis." This case occurred in a child of only two years of age, and this it is which makes the case remarkable. The child too, it would seem, was rickety. No. 3. by W. I. Walsham, will interest surgeons. It is a case of tumour, apparently malignant, of the clavicle; and occuring in a girl of 14. Its growth was very rapid, and it implicated the glands, giving rise to much suffering. The tumour seemed to grow from the periosteum. Three months after a very severe operation the patient remained well. Amongst the class of tumours, No. 2. by W. W. Wagstaffe is worthy of notice. It is entitled: "Scirrhus of the Male Breast. Both breasts affected. Secondary disease of glands." This is a very elaborate communication; more an essay, indeed, than anything else. It gives an account of most, if not all, the cases on record where the male breast was attacked by scirrhus; and also those instances where both breasts were involved. This essay is followed by two other instances, one by J. Croft, and the other by C. F. Maunder, where the male breast was attacked. In the last case the patient was exhibited to the Society, in perfect health, 14 months after the operation. No. 6. by R. J. Godlee, is a case of interest, entitled: "Epithelioma in Chest and Toe, following the successful removal of an epithelioma of the tongue, without involvement of the glands of the neck." Eighteen months elapsed after the operation on the tongue before the patient again presented himself; and then he had an open cancer on one of the toes, the size of a small hen's egg. He had also symptoms referred to the chest, and after death a large mass of cancer occupied the substance of the right lung. The patient was a man of 56 years of age. It is very rare, we believe, for secondary cancer to show itself in these places, when the tongue was the first organ engaged. No. 9. by S. Coupland, M.D., is entitled, "Cancer of both Breasts and Ovaries;" and occured in a woman of only 24 years of age—an Irishwoman. We ourselves have seen a very rapid evolution of cancer at an early period of life. But we have not seen the disease, as in this instance, attacking several parts, and in this view the case is very rare. The disease, too, seemed to attack the whole front of the chest, so that within a fortnight the walls became quite fixed, causing a dyspnœa, which "was terrible to witness." The visceral layer of the pericardium was also involved. A very similar case to this one was brought under the notice of the author, by Mr. W. Tay; the patient being a girl of 20 years of age, and the disease running its course in about two months. Such cases seem to us analogous to instances of acute phthisis.

Amongst the diseases of the ductless glands, we observe one example of "Disease of the Supra-renal Capsules," by

T. B. Peacock, M.D. It occurred in a woman of 34 years of age, married, but without family; and is a well-marked example of this strange affection. For ourselves we do not believe that the changes in the capsules are the essential cause of the disease. It is certain cases have occurred where these organs were perfectly healthy. If we might venture to advance an opinion on this matter, we would say the affection is one of the modifications of the strumous diathesis; and we believe this opinion is held by others too. No 3 by L. Browne, is a "a Case of Enlargement of the Thyroid Gland, principally of the Right Tube, displacing the Trachea, and interfering with its form." This case will be read with interest, as the tumour gave rise to some uncommon symptoms. The right pupil was contracted, and the right side of the face and neck were quite pale and dry, whilst the corresponding parts of the left side were rather over-flushed and moist. In addition there were paroxysms of dyspnœa, particularly at night. A seton was passed through the tumour with very marked benefit, being left in five months. On one occasion, we ourselves treated a case of this kind by means of a seton, or rather setons, for we used four in succession, not leaving any in longer than a fortnight. The success was complete, and the woman remained quite well after many years. It is not stated whether any other plan had been tried in the case given by Mr. Brown. In our own, iodine had been used in every form, but without avail, and the breathing had been steadily getting more interfered with; it was then the setons were used, and with the result stated.

Though much interesting matter remains, we find our space is exhausted. We consider, however, enough has been brought forward to draw the attention of our readers to this valuable volume, and the work the Society is so steadily carrying out. Its numbers are so great that it is able to bring out its annual volume in a very handsome and complete form. There are in the present one very many engravings, and some coloured drawings, and the whole work is well got up.

We have almost omitted to state that the famous discussion on syphilis, which took place last year in London, is given *in extenso* at the end of the volume. To those interested in the subject this affords a very good opportunity for studying it, or rather for learning the views of the leading medical men in London on it. To ourselves the disease appears very inscrutable, nor are we sure that this discussion has tended to clear up any of the difficulties which surround it.

Correspondence.

THE PENGE CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In justice to the medical witnesses for the prosecution in the Penge case, I shall be very much obliged if you will be good enough to publish the following report in your next issue.

For all omissions in the record of the *post-mortem* examination, and for all inaccuracies, errors, and discrepancies in the reports of the case furnished to the medical journals, I must be held solely responsible.

I am, Sir,
Your obedient servant,
JOHN M. BRIGHT.

Forest Hill, October 27th, 1877.

REPORT OF *POST-MORTEM* EXAMINATION, AND ON THE CAUSE OF DEATH, OF HARRIET STAUNTON, AGED THIRTY-FIVE.

WE, the undersigned, practitioners in medicine and surgery, hereby certify that, having carefully examined the body of Harriet Staunton at Penge, on April 19th, 1877, and having then and there fully and carefully noted all the appearances of the said body, we unanimously decided that Harriet Staunton died from starvation and neglect.

The following are the reasons which, on a careful consideration of the medical facts, induced us, at the inquest and at the trial of the accused persons, to give this opinion, and to which opinion we still adhere.

I. The body (in a filthy condition) was greatly emaciated and wasted, so that the muscles of the chest and abdomen were much attenuated, while the skin over the whole body was parchment-like, dry, and shrivelled. The hair was full of lice, and there were marks of lice-bites about the body.

II. The weight of the body, which was five feet five inches and a quarter in height, was only seventy-four pounds; whereas the weight, given in evidence, of the same person when in health was one hundred and twenty-one pounds; so that the loss of weight was forty per cent. (*a*)

III. The muscles throughout the body, but especially on the chest and abdomen, were shrunk, wasted, and entirely destitute of fat. The mammæ were almost imperceptible.

IV. The stomach was small, and so much thinned, that the undigested food in it was distinctly visible through its thinned coats.

V. The gall-bladder was distended with bile, and contained no gall-stones.

VI. The intestines were collapsed, pale, shrunk, bloodless, and completely empty; not a vestige of food or fæcal matter being found throughout their whole extent. When held up to the light, the wasting of the coats of the intestines was well marked.

VII. The omentum was scarcely visible, and totally destitute of fat. There was no evidence whatever of peritonitis.

VIII. There was a total absence of fat in every part of the body.

IX. All the organs in the body—*i.e.*, the heart, lungs, liver, kidneys, spleen, and pancreas—were small and shrunk, but perfectly healthy, and considerably below the normal weight. The actual weights of the organs were as follow: Heart, 7¾ ounces; liver, 34¾ ounces; spleen, 4½ ounces; kidneys, 7¾ ounces (right, 3¾ ounces; left, 4 ounces).

X. The heart was small, but healthy and empty; all the large bloodvessels were nearly empty.

XI. The rectum and vagina were much congested.

XII. There was no appearance of disease whatever of any part or organ of the body, except the following, viz.: (1) A small part, 1½-2 cubic inches, at the apex of the left lung, which contained inactive tubercular deposit. (2) A congested appearance of the lesser curvature of the stomach, and of the cardiac extremity as well as of the duodenum. (3) There were one or two small and recent patches—which together would be covered by a fourpenny-piece—of tubercular deposit upon the surface of the arachnoid membrane, on the upper surface of the left hemisphere. There was no deposit on the pia mater, and the arachnoid and pia mater were not adherent.

There was no trace whatever of any meningitis—*i.e.*, inflammation of the membranes—either simple or tubercular; there was no effusion of fluid into the ventricles; no softening of the brain or any part of it, and the base of the brain was perfectly healthy.

1. Considering that the appearances here described include all those which the best authorities assign to death by starvation;

2. That there was no appearance of disease in the body sufficient to cause death, or to account for the extreme emaciation—it is our belief that the deceased Harriet Staunton died from starvation and neglect.

3. The appearances met with on the surface of one of the membranes of the brain were, in our judgment, of quite recent origin, and could not be the cause of the emaciation or death of the deceased.

Signed
J. E. WILKINSON, M.D.
JOHN M. BRIGHT, M.D., M.R.C.S, L.S.A.
DEAN LONGRIGG, M.R.C.S.
ALLEN PIGGOT, M.R.C.S., L.R.C.P.
C. HENRY LISTER, M.R.C.S., L.S.A.

REPORT OF PROFESSOR RODGERS.

FROM all the appearances of the organs removed from the body of Harriet Staunton, and submitted to me for analysis:

1. In the absence of any poison to account for the inflamed condition of the stomach, duodenum, and rectum.

2. From the atrophied, but perfectly healthy, condition of the liver and kidneys.

(*a*) This is a remarkable confirmation of M. Chossa experiments. He found that death in different animals from deprivation of food always occurred when the body had lost two-fifths (forty per cent.) of its original weight.—Kirkes's *Physiology*, 1876, p. 277.

3. From the collapsed, pale, and wasted condition of the intestines, which were totally destitute of any food or fæcal matter.

4. And especially from the total absence of fat, which is considered by the highest authorities to be diagnostic of starvation.

5. And, upon hearing the evidence given at the inquest, I could come to no other conclusion than that death had been occasioned by neglect and starvation.

J. E. D. Rodgers,
Professor of Forensic Medicine and Toxicology at the London Hospital Medical College.

October 22nd, 1877.

*** In the Penge matter the atonement has been made, and Justice is satisfied. The wild fever of indignation which has been stirred throughout the country will now probably subside, and we may be able calmly to estimate the real effect the late trial may have on the profession. When a storm passes over the deep its lower depths are disturbed, and the sand and *débris* at the bottom are raised, and tossed momentarily to the surface. So during the late epidemic, amateur judges, extemporised jurymen, ingenious speculators and theorists, honourable, but ambitious, and officious medical men rushed into print, and the pages of our daily journals teemed with various opinions on the merits of this case. Newspapers are a kind of safety-valve to relieve the fermentation and excessive combustion that often takes place over questions of the simplest kind, and we would not for one instant desire their usefulness in this respect to be checked. After the storm, the floating particles of individual opinions, based on speculation, on hearsay, on imperfect information, on false and specious reasoning, will be lost beneath the surface, and the solid super-strata of law and justice will be none the worse for the temporary but harmless buffeting it has been exposed to. But how will it affect the profession? While the medical evidence at the trial cannot be impugned for its *honesty* of purpose, yet the agitation raised by members of our profession after the trial, must have a tendency to lower the value of medical evidence, and to excite the gravest doubts in the public mind, as to whether really there is any medical evidence worth having. When the combined testimony, of four medical men, who, examined the body, were unanimous in their opinion as to the cause of death, and submitted to a severe cross-examination on all the special points in doubt, is called in question, by other medical men who are supposed (upon the very notes of the medical men with whom they disagree) to be able to form a more competent opinion, we look upon it not only as an unfortunate coincidence, but as a very serious and alarming condition. With the remembrance of this case fresh in the mind, there are some medical men who will hesitate about reporting suspicious cases of death, and who may consequently seriously injure society by allowing a criminal to escape justice. The profession is necessarily made up of different orders of mind, and the process of reasoning which might take place in a timid and nervous practitioner's mind is very simple. He will say to himself "As I am only a provincial surgeon, my opinion may be contradicted by some London 'authority' who will bring the argument of *specialism* against my general acquaintance with medical knowledge. I cannot even give evidence as strong, as direct, as in the Staunton case, and if the evidence on starvation is so doubtful and so difficult of diagnosis, surely I may be wrong, and the death may have taken place from natural causes."

We trust this will not be the case, and we can only adjure the members of our profession not to allow the bugbear of "authority" to interfere with justice, but in every doubtful case to withhold a certificate of death, and as honest and conscientious men, undeterred by fear of popular clamour or of professional ridicule, to speak by the light that is in them. If they are grounded in the first principles of the profession, no mistake will occur.

English courts of justice have hitherto not reflected credit on us as a body. When medical men are engaged by either the prosecution or the defence, unconsciously their minds are biased, and as an object may be looked at from two sides, they insensibly look at it in the light in which it has been most favourably placed for them. May this not be the beginning of the end? There is an imperative necessity for an official medical assessor, whose opinion will be looked upon as judicial, and to be only superseded by a supreme court of medical assessors. Continental countries will afford us some sound data for the organisation of such a court as we desire, and we trust that the Government will give the subject their most serious consideration, and devise some plan to fill up a void in our present criminal system.

ANTISEPTIC SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Professor Lister may exclaim with truth "Save me from my friends!" for I have read in the *British Medical Journal* of October 27 a communication from a Physician, who says he is a friend of Mr. Lister, an acceptor of "his theories out and out;" yet he virtually strikes at the groundwork of antisepticism by his doubts and questions.

Dr. Marion Sims asks:—"Why is it that Lister's teachings and practice are not more generally adopted?"

Dr. Sims seems to explain the reason: other medical men have secured equally satisfactory results by simpler methods.

I must pass over the laudation of Mr. Lister, which only increases the gravity of the offence. *Et tu Brute!*

Dr. Sims asks again:—"If putrescible fluids in a flask can be so easily protected against putrefaction simply with a bit of clean cotton wool, without adding layers of carbolised cloth, why cannot wounds be protected by a single covering of clean cotton wool without these expensive coverings?"

Guerin does so, so does Wood of New York, and the results are "*simply marvellous.*"

Dr. Sims says:—"For the last ten years I have used *clean dry cotton wool* as a dressing for the abdominal section in ovariotomy, and I can truly say *no other dressing will compare with it.*"

"To kill atmospheric organisms in a glass flask with a long neck, we apply heat and close the open end of the flask with cotton wool, and it protects the contained fluid against all change indefinitely."

But why not use cotton wool for dressings?

"If the carbolised textures used in Lister's dressings are absolutely essential against the entrance of atmospheric germs, why then should they not be equally essential to protect the open-mouthed flasks against their entrance?"

But this point has been already established by Guerin of Paris and Wood of New York. No. "They have not made their experiments on *the theory of antisepticism.*" But Marion Sims says—"I care nothing for *theories* if we can only relieve suffering and prolong life."

Dr. Sims suggests a combination of antisepticism with the cotton wool. I care not for theories, but I should like to know the reason why the cotton wool by itself affords such excellent results. Can any of your readers solve it?

Yours faithfully,

October 31, 1877. A Surgeon.

THE WOURALI POISON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—This poison is now receiving some attention, and it may interest some of your readers if I tell them something about it, and point out where they can obtain fuller information.

1st. In one of the most interesting and amusing books of travels, I might almost say ever written, full particulars are given. Waterton, in April, 1812, "wandered," with the chief object of collecting a quantity of it.

2nd. It is used by all the South American savages between the Amazons and the Oronoque.

3rd. Some have affirmed that the effects are almost instantaneous. Others that it is not strong enough to kill an animal of the size and strength of a man. This will depend on the purity of the poison and the precautions in making and keeping it.

4th. If the poison is not kept dry it loses its strength, and in wet or damp weather it turns mouldy and becomes quite soft.

5th. The Macoushi Indian gets the poison from a vine, which grows wild, called Wourali, but he also adds other ingredients, uses certain precautions, and indulges in incantations, a full account of which is given by Waterton.

6th. The flesh of game is not in the least injured by the poison, and it may be eaten.

7th. Death seems produced without the least apparent contention, without a cry, without a struggle, without a groan.

8th. It will poison a large animal, as Waterton poisoned a well-fed ox; the poison seemed to take effect in four minutes, and in five and twenty minutes from the time of his being wounded he was quite dead; his flesh was very sweet and savoury when eaten.

9th. Waterton thinks the quantity of poison must be in proportion to the size of the animal.

10th. The antidote was supposed to be, holding the wounded animal up to the mouth in water, and it has been proved that wind introduced into the lungs, with a small pair of bellows, would revive a patient provided the operation be continued for a length of time.

This informion read by the light of the case of hydrophobia said to be cured by curare (Press and Circular, June 13th, 1877, p. 477), renders "Waterton's Wanderings" more justice than it has had, for it will be seen by anyone who will take the trouble to read his book, his observations were tolerably accurate. Taylor, in his "Poisons," quotes from Waterton.

It remains now to accurately fix the dose, for some chemist to secure a genuine supply, so that we may be able to fairly test its value.

Yours truly,

November 1, 1877. Historicus.

AIR IN THE PLEURAL CAVITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read with interest your report of the proceedings of the London Clinical Society (October 12th), in which the operation of "Paracentesis Thoracis" is discussed.

Dr. George H. Evans gives three successful cases, and remarks that "He believed that the old doctrine suggesting that the admission of air into the cavity during or after the operation would probably lead to the serous effusion becoming purulent was now exploded."

Judging from my slight experience, I would be disposed to follow Dr. Evans, and venture to give the following case:—

On November 21st last, whilst *locum tenens* for Dr. MacCarthy, of Abbeyfeale, I was called to see Miss H——, æt. about 19. She was sitting up in bed complaining of great pain in her "heart," suffering from extreme dyspnœa, and stating that she had not been able to lie down for the last two nights.

There was no difficulty on examination in discovering an extensive pleural effusion of the right side, which seemed to entirely fill the cavity of that side. As the symptoms were so urgent, I believed that immediate tapping was the proper treatment.

Being a very young member of the profession, I wished for advice, but the nearest doctor lived eight miles away, and the people were too poor to afford a consultation.

The next day I tapped the chest at the seventh intercostal space, and drew off two quarts and a half, if not more (exact measurement was impossible) of clear serous fluid. The operation was performed with an ordinary trocar and canula of small size, an aspirator not being obtainable. Towards the end it was impossible to prevent air rushing in through the canula, and indeed I did not think it of much importance.

Immediate relief followed, and by the clear percussion note it was evident that the lung had expanded fully. I thought for some time that the patient would recover without more trouble, but the chest commenced to re-fill, and on December 28th I again tapped her and drew away over one quart of serous fluid, slightly cloudy. She gradually improved, and now can walk three miles to chapel and attend to her farm duties. That she is not as strong as before the attack I attribute to the fact of there being a history of phthisis in the family, which disease, I fear, may soon show itself.

This case I think, Sir, goes to show that the entrance of air into the pleural cavity is not of very great moment, for although air unavoidably entered during the first operation, no pus was formed, as was shown by the absence of symptoms, and by the fluid taken out five weeks afterwards being but slightly cloudy.

Air also entered during the second operation, but pus could not have been formed, as the patient recovered without a bad symptom.

I remain, Sir, yours truly,

John R. Oliver, L.R.C.P. & S. (Edin.)

Abbeyfeale, Oct. 26, 1877.

ANALYSTS' TESTIMONIALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me to cordially endorse your statement that the scientific name of a chemist having due weight in estimating the value of chemical products is prostituted when given or used as a testimonial for the puffing of articles of which the chemist can have no reliable judgment.

I must, however, take exception to one of your illustrations of this too-often-forgotten truism. If whisky is not the product of very complex chemical forces and reactions, my objection falls to the ground. But if the purity or impurity depends, as it does, on the greater or less chemical knowledge of the distiller or his consulting chemist, then I think it must be admitted that chemists who have for more than twenty years given a special attention to the minute details of the chemistry of distillation should be competent, if any persons can be, to form a reliable judgment.

The detection of minute traces of fusel oil, and the still worse amyl compounds of fatty acids which are commonly found in whisky of less than a certain age, is a work of considerable analytical delicacy, while the prevention of the formation of these compounds, or their harmless removal without introducing the pernicious "grey salt," demands technical chemistry of a superior order.

This being undoubtedly the case, I, for one, have not considered myself debarred from certifying to the purity of whisky, every gallon of which is guaranteed to be the same.

I have since felt fortified in my judgment by observing the testimony to the same effect both in an editorial notice and in the advertisement sheets of The Medical Press, and also from having made several subsequent analyses of samples purchased more than a year after the first report.

It must be remembered that a notice written anonymously in even the most reputable of journals does not prove that the article commended has been submitted to a more critical or reliable judgment than that of the chemists who profess openly to possess special knowledge of the articles they certify. Yet both are equally used for puffing advertisements.

I am, faithfully yours,

H. C. Bartlett, Ph.D., F.C.S.

[We hope we shall not be misunderstood. We did not, in word or spirit, imply that any analyst was guilty of giving other than a truthful testimonial, nor did we hold any of these gentlemen responsible for the subsequent misuse of their opinions to palm off upon the public articles which they never saw or tested. We deprecated simply the prostitution of analysis to the purpose of puffing non-chemical articles in pseudo-scientific form, and the selling by traders under the authority of totally different and inferior goods.

Analysts may find it difficult to prevent this abuse; but until it is prevented their testimonials will have no value, except as regards the specimen which they themselves have tested.—Ed. M. P. & C.]

FERMENTATION AND BACTERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Many circumstances, combined to increase the interest in the address of the Professor of Clinical Surgery at King's College, besides his antecedent fame and his reputation as a surgeon. There was a legitimate degree of curiosity to hear the man upon whom the mantle of Sir William Fergusson had fallen, and who had already from his Northern chair hurled a challenge at the London Schools of Medicine. If novelty be any test of excellence; if departure from the beaten track of routine constitutes a claim to fame; if original research of any kind be the criterion of qualification in a teacher—then certainly Professor Lister did not disappoint his auditors, and the wisdom of the Council of King's College in selecting him as the fittest man for one of the highest positions in the surgical world has been justified. That the lecturer realised his responsibility there can be no doubt. The eyes not only of every English-speaking, but of the universal medical world, were upon him; and he evidently felt, to sustain his character, his theme should soar above common-place, and he would have to open out, if not a new field for research, at least the semblance of one. We have the result in the pains-taking, clever, uncommon report of investigations, which, if verified, will certainly open out a new era, but will do so at the expense of many old traditions, and of many old theories. It may not be pleasant to hear our cherished opinions controverted, to have to make a *tabula rasa* of pre-existing ideas, and after being nurtured and brought up on a certain kind of mental food to learn suddenly that it has been improper and unhealthy. But Science must not consider such sentimental clinging to what is old, and Science must not descend to the weaknesses of reverence. Her car, charioteered by Truth, must progress ruthlessly over false ideas, false theories, false facts, and false creations of speculative brains. But what if the charioteer is an impostor? How shall we know that this is Truth?—or but an *imago* who has donned her garments? Have we not lately had instances of similar misrepresentation and personation? Scarcely has the germ theory been propounded, supported by thousands and thousands of alleged facts—scarcely has it found an echo in the public mind, as the doctrine of truth, when out of the fertile brain of another son of Science, a newer development of thought is cast forth to impugn the validity of the mission of germs, and to substitute one of glands. Is History again going to repeat itself, and Science to occupy the position of Theology in those ages when there was such fierce and wordy strife between the Homousions and the Homoiousions, between the partisans who disputed as to whether an angel could transport itself from one place to another without traversing the intervening space? Though we may not revert to such absurdities, there is danger at the present time of our searching after the unknown to the neglect of the known, of our indulgence in theoretical speculations about causes, at the sacrifice of practical remedies for the effect, of the development of novel opinions as a substitute for older and more rational ones, of a feverish excitement and ambition to be in advance of our times, and of a reckless promulgation and acceptation of doctrines which will not stand the test of time. We do not say Professor Lister's address was a typical instance of the dangers to which we allude, though it certainly bore evident marks of some of them, and its value is lessened by a seeming grasping at effect—*Vita brevis ars longa*. If in a brief two months he has accomplished such a feat, as removing one of the most important and difficult questions in medicine from the region of vague speculation and loose statements into the domain of precise and definite knowledge, what may we not expect of him in twenty years! If such is the fruit in the green leaf, what will it not be in the mellow? Does his statement increase our estimation of his abilities, or does it develop our suspicions as to its accuracy? Mr. Lister will, we are sure, be the first to admire us for grafting on our impressionable nature, some of the hereditary caution of the nation he has left, and for our hesitating before accepting dogmatic evidence and hypothesis. We do not object, *per se*, to what is novel, for to say that everything new is bad, is to admit that everything old was one time bad. The hypothesis and assertions of Mr. Lister are deserving of attention and consideration, if for no other reason but that they are the premeditated utterances of the Professor of Clinical Medicine at King's College.

The experiments of Professor Lister are very simple when compared with the more complex ones of Dr. Bastian, who, as our readers are aware, is an opponent of the germ theory and an advocate of spontaneous generation. The controversy between him and Professor Tyndall is fresh in our minds, and the negative and positive results claimed to have been obtained by the two opponents by the same method will illustrate the complexity of the problem. The exclusion of germs or atmospheric particles was secured by—

1. Making the air pass through red-hot tubes.
2. Making it pass through cotton-wool or a plate of porous porcelain.
3. Allowing atmospheric particles to gravitate.
4. Making air pass into flasks through long and bent necks.
5. Getting rid of air and its particles by sealing the neck of vessel during ebullition of the fluid.

Even under such conditions Dr. Bastian asserts, not on his own authority, but on that of other investigators, that certain fluids will putrefy; Professor Tyndall denies the statement. Dr. Bastian also stated, at the Pathological Society, that carefully-prepared infusions of muscle, kidney, and liver would, after a time, become corrupt within vessels which had been hermetically sealed whilst the fluids were boiling (*Lancet*, Feb. 5, 1876). But we must deal with Mr. Lister's experiments on simpler ground.

Though weighted by such authority, we cannot, nevertheless, blindly accept them, but must submit them to analysis and to reasoning to see whether there are any missing links in the chain of evidence. For their full credence, and for the full value of their import, the hypothesis of the germ theory must be first established. We would be pleased if there were no dispute on this point, for it would give us a definite leverage in working with disease; but this theory is not yet proven. Zymosis is purely an hypothesis, and the assumption of the fermentative nature of certain diseases is a very old hypothesis. We all agree there is such a thing as fermentation, instanced by the conversion of the sugar of the grape into alcohol under the action of the *Torula Cerevisiæ*, but it is not agreed as to how the yeast-plant resolves sugar into alcohol and carbonic gas.

We all agree there are other forms of fermentation depending on other causes. This is simple ground, explained in every text-book. Upon the putrefactive fermentation of blood, Professor Lister leads us into less untrodden fields, and starts new hypotheses, illustrated by practical experiments, tending to prove—

1. That blood has in itself no inherent tendency to putrefy.
2. It must receive something from without, and this something is not mere oxygen. In other words, it must receive some living organism or germ, or whatever it may be called.

We have said Professor Lister's experiments would, if true, make a revolution in many old beliefs. "*Omnia fatis in pegus ruere*" is an old school-boy theorem. The experiments of Mr. Lister have a seeming air of accuracy and conviction, and their acceptance by ardent believers in the germ theory will be easy.

But let us examine whether we have not other facts or circumstances equally striking, and interfering with the supposed natural laws of coagulation and putrefaction.

We were educated in the belief that blood coagulated, contracted, and putrefied on exposure to air. We were also taught that blood coagulated in living vessels by contact with a foreign body without exposure to air.

And we have seen at *post-mortem* examinations practical proof of this.

We were also told that a portion of a vein might be tied at both ends, and removed full of blood from the body, and preserved for a time without coagulating; but if a needle were introduced, coagulation would ensue. Of course we have here the question—Is it the needle contact or the liv-

ing organism introduced with the needle which gives evolution to the phenomena. How can we explain the formation of blood clots in the human body without any seemingly external agency? How putrefaction? We cannot doubt the possibility of obtaining blood, with the conditions laid down by Mr. Lister; and it is true that when the most familiar objects are placed under new circumstances the most unexpected results will arise; but it is the new circumstances which make all the difference. The natural and inherent tendency of blood is to coagulate, contract, and putrefy; but other conditions or circumstances may retard, arrest, or prevent this natural law. The tendency of the body after death is to decompose and putrefy, but other natural laws or causes do obtain, where bodies do not decompose, but are preserved for centuries unchanged. Medical history furnishes instances of this.

As an interlude of an unscientific nature we may mention how the gravedigger in Hamlet noted some circumstances of retarded decomposition :—

HAMLET.—How long will a man lie i' the earth ere he rot?

FIRST GRAVEDIGGER.—Faith, if he be not rotten before he die (as we have many pocky corses now-a-day that will scarcely hold the laying in), he will last you some eight year or nine year. A tanner will last you nine year.

HAMLET.—Why he more than another?

FIRST GRAVEDIGGER.—Why, sir, his hide is so tanned with his trade, that he will keep out water a great while; and your water is a sore decayer of your whoreson dead body.

After death, as a rule, the blood coagulates, but lightning, by some wonderful disarrangement of the media concerned in this process, disturbs that law. We have a case recorded of a man who was struck dead by this agent while in bed. A doctor was sent for, who at the request of the patient's wife opened a vein in the arm; the blood was so fluid that it continued to ooze out until the man was put in his coffin. Budin and Sir Charles Scudamore have, however, observed coagulation after death by electricity, How shall we explain the physiological difference, why in some cases have we fluidity and in others coagulability?

There are numerons other instances of the disturbance of the ordinary phenomena of life.

While, then, we cannot but admire the industry, the fertility, the perseverance, and the daring with which Mr. Lister investigates, soaring above the level of commonplace into the higher Empyrean of speculation, yet we cannot admit that he has explained the cause of the very interesting phenomena which he has observed. The second part of his lecture is devoted to lactic fermentation, the consideration of which we shall have to defer. Independent of its medical interest this Address is a most striking example of the spirit of the age we live in. Sixteen hundred years of the world's history passed away before the problem of the circulation of the blood was understood, before the genius of Harvey grasped its real cause, and his system was formulated. But his was not the sudden inspiration of the prophet, but the slow growth of matured study.

Nearly three hundred years have glided away with many slow improvements in anatomical and physiological science.

But as we live in an age of steam power, within a brief period of what would be to another man a vacation, the Professor of Clinical Surgery at King's College has conceived new ideas, performed new experiments, and explained, in his own way, some of those secrets of Nature which have so long puzzled older and more experienced physiologists and chemists. There are minds in the present age that cannot drag slowly along at the chariot-wheels of Old Time, who cannot walk in the old paths and the old thoroughfares; they must strike out into newer regions, wherein they will be untrammelled by the fetters of old traditions. Science counts lately amongst her followers a number of this class, who with all the erratic and destructive energy of youth and genius, would wipe out old landmarks and old beliefs. We have not reached the brilliancy, nor perhaps even the scepticism, of the age of the Encyclopædists, an age of meteors who flashed for a brief space across the horizon of thought. We have the restlessness and the longing after the unknown, and a somewhat washed-out edition of their disrespect for what is sacred. We trust that the introductory lecture of Professor Lister may not be the promise of what is to come, but that his fame may rest on work achieved, not in the regions of speculation and hypothesis, but in the practical application and improvement of the surgical principles.

Yours faithfully,

B. DUBIOUS, M.R.C.S.

PHARMACEUTICAL LICENSES AND THE IRISH COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following announcement is taken from a local journal :—

"We are glad to learn that Mr. ———, who has for many years carried on a successful business as chemist and druggist in ———, has obtained license from the College of Physicians to practise medicine as pharmaceutical chemist."

This too clearly proves the mistaken and weak-kneed policy of allowing the "pharmaceutical chemists" a *nidus* within the King and Queen's College of Physicians. Even apothecaries at one time were naturally looked upon as the willing servants of the physicians in compounding and dispensing. Let us take care that our modern chemists, with the loud-sounding affix, do not assume the mantle of Hippocrates, and convert the pestle into a mace. In country towns, pharmaceutical chemists are already being dubbed doctors, and although a most useful body of men if kept in their proper and legitimate sphere, at the same time liable to frequent temptations of touching on the functions and titles of medical men. I hope the governing Council of the Pharmaceutical Chemists will promptly and effectually curb every tendency on the part of their licentiates to assume spurious qualifications, or undertake the treatment of diseases, especially in Ireland, where the lines of demarcation in medical practice have been hitherto more clearly drawn than in England. Moreover, such a policy on the part of the chemists will only bring them into ruinous collision with medical men, upon whose patronage and support their success must chiefly depend. In conclusion, I beg to express my opinion that the Apothecaries' Hall would be a more suitable and seemly place to hold the Pharmaceutical examinations than the King and Queen's College of Physicians in Ireland.

I am, Sir, your obedient servant,

SCRUTATOR.

[We regret that the hospitality of the College should have been thus abused by an individual chemist. The newspaper notice is a misrepresentation which shows that the person referred to—if cognisant of it—is unfit to be a member of the Pharmaceutical Society, but the Society is no more responsible for it than are Colleges for the innumerable peccadilloes of their licentiates. It certainly deserves the official notice of the Society, and we can give the name of the chemist if desired.—ED. M. P. & C.]

THE QUEEN'S UNIVERSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your observations on the Queen's University, Ireland, are usually so just that it is with unfeigned regret that I find myself compelled to differ from you on one or two points. Have the generality of the medical graduates of the Queen's University, Ireland, studied disease in the hospitals of Galway, Cork, or Belfast only, as your remarks would lead the uninitiated to believe? If I am not greatly mistaken it is usual for the medical students of the Queen's University, Ireland, to spend two years at one of the Dublin hospitals, and a great many like myself go to one of the Queen's Colleges only for six months.

Yours obediently,

M.D., Q.U.I.

[The plea suggested by our correspondent on behalf of the graduates of the Queen's Universlty is, we have reason to show, quite true as regards many of them, and *pro tanto* is a good defence to a charge against them of want of educational opportunities, but it is also the bitterest condemnation of the system over which the Queen's University presides. It is a direct acknowledgment that "the generality" of the M.D.s, of whom the University

Chancellor boasts are not educated *bonâ fide* in the Queen's College at all, and that, so far as they are so educated, their education is deficient. We are well aware that there are students who pay for, and are supposed to be putting in attendance in the hospital of one of the provincial hospitals who, at the same moment, are actually in attendance—without paying for it—upon one or other of the Dublin hospitals. If it be true (and it is so) that "a great many Queen's University M.D.s" go to one of the Queen's Colleges "only for six months," we want to know with what amount of truth the M.D. can be called a University degree; and is it not a deception to give the title of "Doctor" to a qualification which does not involve collegiate residence, academic study, or any connection whatever with a University, saving the nominal title of a matriculation?

But it must be recollected that, though Queen's University doctors may claim to be well educated in proportion to the time that they spend *out* of the Queen's Colleges, the University itself is entitled to the benefit of no such excuse, for it receives with open arms those students whose *whole* education is obtained in provincial schools, the inferiority of which is undeniable and acknowledged; and, moreover, it admits them without those proofs of lecture-room teaching which might be supposed to atone for the shortcomings of their practical education, and which all other English and Irish colleges and universities require from their candidates. A proportion of the University *alumni* have the good sense to amend the faults of their Queen's College education by industrious study elsewhere, but a large proportion are quite content so long as they can get through the examination, and these gentlemen bring to the practice of their profession only that fractional part of the necessary surgical knowledge which they have cared to, or been able to, acquire in the County Infirmary and Workhouse Hospital, and by a half-curriculum of lectures. We protest again against an expenditure of £40,000 a year of public money to enable young men thus educated to enter the medical profession, and we reiterate the protest against their being classed with other University M.D.s, who have worked their four years to obtain the prestige of a liberal education, and a thorough practical knowledge of their profession.—Ed. M. P. & C.]

Sanitary Institute of Great Britain.—The first examination of surveyors and inspectors of nuisances took place on Monday, the 29th October, at the rooms of the Medical Society of London. Eight candidates presented themselves, five of whom were successful in obtaining certificates of competence—viz., Mr. H. M. Robinson, surveyor, Ulverston; Mr. J. Parker, surveyor, Bridgwater; Mr. F. Booker, inspector of nuisances, Bradford, Mr. W. S. Brebbles, inspector of nuisances, Blackburn; Mr. Thomas Blanchard, inspector of nuisances, Evesham.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mr. McIlroy.—Certainly, with pleasure.

A Junior Practitioner should consult our advertising columns of the present number for "Practices for Sale." He may there find what he requires. We cannot give the name of any particular medical agent, but believe those whose advertisements are found herein may be relied on.

Dr. Gidley-Moore.—Communication received as we were going to press.

HYDROPHOBIA.

To the Editor of the Medical Press and Circular.

Sir,—Any fact, even though negative, which may tend to throw light on the origin of that opprobrium of medicine—hydrophobia, deserves especial attention. In the *Standard* of Saturday last, a writer remarked that hydrophobia was unknown on the *Eastern* coast of Africa. I can adduce a parallel fact as regards the *Western* coast of Africa. I am credibly informed by one of the oldest inhabitants that no case of the disease ever occurred at Natal. It would be very important to ascertain, by further research, whether there are certain localities entirely free from the disease.

I may observe that the dogs kept by the natives in Natal are fed chiefly on porridge made from Indian corn, but those kept by the whites get a fair share of animal food. Could any of your correspondents inform us whether rabies is prevalent at Constantinople, where dogs are the chief scavengers?

Your obedient Servant,
Harley Street, London, W. J. M. Winn, M.D.
November 5, 1877.

To the Editor of the Medical Press and Circular.

Sir,—Would you be so kind as to let me know how to act in the following case:—

There is a medical gentlemen living some distance from me who has in several cases in which I was attending, gone and prescribed behind my back; in some of them he was sent for by the friends without my knowledge, I not having been dismissed. In other cases—ticket cases of mine—he also went in my absence and prescribed. I should think in the private cases the medical etiquette would have been to have asked for me to meet him. Am I justified under these circumstances in refusing to meet him in consultation in other cases?

Yours,
Oct. 28, 1877. Ely.

[If a medical man be called to visit a case which he believes to be, at the time, under the care of a *confrère*, it is usual and proper, both in the interest of the patient and of the profession, that he request consultation with the attendant unless he have a distinct assurance that the services of the first attendant have been finally dispensed with; otherwise, both doctors may be prescribing at the same time, and incompatible lines of treatment may be pursued to the injury of the patient and disrepute of the medical attendants. In our opinion, therefore, the proper course for a physician to pursue is to ascertain whether another medical man has been, or is, in charge, and suggest a consultation. If he be then informed that it is desired to place the case under his sole charge he may prescribe, but should make it understood that he cannot continue attendance while another practitioner is also in charge, except in consultation with him. We fear that the practice to be pursued is not sufficiently defined, for we know that some practitioners of high standing, for we know some practitioners of high standing who maintain the propriety of their advising a case, no matter when, where, or whose. It is of course intolerable and unprofessional for a practitioner to obtrude his services on any patient who is under other care, and all the worse if the patient be a pauper. Ed. M. P. & C.]

Dr. Herbert Tibbits.—Your letter can only be inserted in the form of an advertisement. If you write to our publisher he will give you terms.

Dr. Hardwicke, Mr. Sharpin, and Mr. Mark Hovell are thanked for their note.

W. H. C.—It is contrary to our rules to recommend any particular physician. Your own family attendant is in the best position to advise you.

Dr. S. T.—The case was taken to University College Hospital, not to the London as reported.

Co-operative Doctoring.—The names and addresses of several medical men have been sent us by correspondents who think we should publish them in connection with our recent article upon the subject of Co-operative Doctoring. We should be very glad to do this, as we consider the practice highly reprehensible; but in the present state of the law of libel we forbear.

Influence of Age on Sex of Offspring.—A gentleman, interested in the breeding of poultry, writes from Stourbridge that in consequence of finding from a long experience that young cocks of any breed of fowls mated with old hens produce more pullets than cockerels, and the reverse when old cocks are mated with pullets. He is anxious to know if the same principle applies to animals generally. On this subject a series of statistics could be readily collected with regard to the human species, and would prove of some interest, though whatever might be the conclusion led to, it would probably not affect to any extent the mating of future generations.

VACANCIES.

Manchester, General Hospital for Sick Children.—Physician Superintendent. Salary, £500 per annum, with permission to engage in private consultations. Applications to the Chairman of the Medical Board, Gartside. (See Advt.)

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board and lodging. Testimonials to the Chairman of the Committee before the 29th inst.

Weston-super-Mare Hospital.—House Surgeon. Salary, £70, with board and lodging. Applications to the Secretary before the 19th inst.

North Eastern Hospital for Children, Hackney.—Fourth Physician. Applications to the Secretary, 27 Clements Lane, London, E.C.

Stamford Hill Dispensary.—Assistant House Surgeon. Salary, £10, with board and residence. Personal application at the Dispensary.

Cumberland.—Analyst for the County of. Emolument by fee for each analysis. Applicants must address the Clerk of the Peace, Carlisle.

APPOINTMENTS.

Kelly, T. J., L.R.C.S.I., Medical Officer, &c., for the Oulart Dispensary District of the Enniscorthy Union, co. Wexford.

Lowndes, F. W., M.R.C.S.E., Surgeon to the South Division of the Liverpool Borough Police Force.

Lynch, G., M.B., L.K.Q.C.P.I., Physician to the Westminster General Dispensary.

Deaths.

Doswell.—On the 25th Oct., at Great Dover Street, Southwark, George Henry Doswell, L.S.A.L., aged 66.

Dunne.—On the 19th Oct., at Donnybrook, John Dunne, F.R.C.S.I., aged 79.

Frame.—On the 22nd Oct., at Abbey Green, Lesmahagow, Lanarkshire, Robert Frame, M.D.

IRISH POOR-LAW INTELLIGENCE.

MILTOWN MALBAY DISPENSARY DISTRICT.

THE CHARGES AGAINST DR. HILL.

SWORN INVESTIGATION.

(*From our Reporter.*)

Dr. Brodie, Local Government Board Inspecter, Galway, held an investigation on Tuesday, Oct. 30, at the Atlantic Hotel, Miltown Malbay, into the charges preferred against Dr. Hill, the Medical Officer of the district. The charges respecting which the inquiry was instituted by the Local Government Board were contained in a report furnished them by their Inspector, Mr. Burke, subsequently to the recent election of Medical Officer for the district, and were substantially to the effect that Dr. Hill was a person of intemperate and dissolute habits.

Messrs. Frost and Bunton appeared for Dr. Hill, and the members of the Committee who voted against him were represented by Messrs. Cullinan and Shannon.

Dr. Brodie having taken his seat read the authority of the Local Government Board for holding the inquiry, after which

Mr. Burke, L.G.B. Inspector, Limerick, was examined. Two elections took place for medical officer of this district. Dr. Hill's appointment was not sanctioned by the L.G.B. First, because he was indicted for having been a party to a riot which took place at Miltown Malbay, 1871. The further ground stated by the Board was, that having been led to make inquiry as to the present habits and social character of Dr. Hill, they had received from me a report on the subject which made it inexpedient, in their opinion, to take upon themselves the responsibility of approving Dr. Hill's appointment. I attended the first election to lay before the committee my reasons for fearing that proceedings, which I could only look upon as corrupt, were being taken for money considerations between the outgoing and incoming medical officer. I stated these views to the committee and they formed the subject of a discussion. Dr. Hill was elected by a majority of the committee then present, voting. I took upon myself to require Dr. Hill to sign a certificate denying all participation in such proceedings, and he signed this certificate. That election was set aside on an alleged informality, and new election ordered, which resulted in the re-election of Dr. Hill. In the interval I had heard many reports prejudicial to the character of Dr. Hill, and I felt it my duty to make them known to my official superiors because I considered it necessary for the due discharge of the functions entrusted to them that nothing should be concealed from them which was within the knowledge of their inspector. In reply, the L.G.B. informed me that they could act on nothing less than an official report which they entrusted me to prepare and forward. In consequence of this direction I made inquiries as to where I could obtain reliable information, and was referred to Mrs. Lightly, the wife of the late proprietor of this hotel. I went to her and questioned her; she told me that Dr. Hill had been in the hotel for several days, during which he and a companion had devoted themselves to drinking, and were continually under its influence; that she and her husband were desirous they should leave the house, but were for some time unable to succeed in getting them away; that they occupied one room and one bed; that having desired her maid, Mary Phillips, to go into the room for the purpose of cleaning it, the maid refused, stating that she having been sent for there, by a message as from Dr. Hill, he, on her entering the room, had closed the door, and used her with such violence as seriously to alarm her.

Who are the parties that gave you the information about Dr. Hill? I decline to answer that question inasmuch as that it was imparted to me as private and confidential.

Were they the parties who voted against Dr. Hill? To the best of my recollection they were not.

Did you make an inquiry of any of the clergymen of the district; of the police, or the police authorities? Never.

And except as I take it, what you did hear at the social board you never heard anything to his prejudice? I heard very little at the social board, but a good deal in private conversation.

Mrs. Lightly was next sworn.

Mary O'Brien, *nee* Phillips, was called as a witness, but made no appearance.

Mr. Mahon was then called and examined.

I am a magistrate. I recollect the general election of 1874. There was a riot in Miltown on the occasion of that election.

Had Dr. Hill anything to do with this riot? I think he was the cause of it.

In your opinion was Dr. Hill engaged in that riot? Most decidedly from his observations.

Did you hear him say anything to lead to a disturbance? I did.

This concluded the evidence of Mr. Mahon.

Mr. Hugh White was examined.

I am an officer of the National Bank. Accountant. Dr. Hill has been resident in Miltown during the time I have been here.

On any occasion you met him did he conduct himself as a gentleman free from drink? I always thought so.

Has he attended you as a physician? For about five or six weeks. He used to see me about three or four times a week.

Did he conduct himself during that time as a respectable and intelligent medical gentleman? Quite so.

Mr. Shannon—Have you ever seen Dr. Hill under the influence of drink? I never did. I never saw him incapable of performing his duties. (Applause.)

The Rev. P. White, P.P., was then examined.

Have you had since you came into the parish plenty of opportunity of judging of Dr. Hill's habits? Yes.

On any occasion he dined with you, did you ever see him drink? No.

Have you ever known him to conduct himself other than as a gentleman? No.

Mr. Cullinan—How often have you dined in his company? About a hundred times.

Did you ever administer the pledge to Dr. Hill? I did.

When? The only occasion I remember was about a month or six weeks before the dispensary affair came on.

Was it owing to anything you heard of him? No; it was his own voluntary act.

Was it owing to the election coming on? It was not. The election was not spoken of at the time.

Do you know is he a strict teetotaller ever since? I cannot say. His coming to take the pledge from me was one of the reasons I recommended him so strongly to the members of the dispensary committee.

Mr. Bunton—Dr. Hill was never drunk in your presence? Never.

Father O'Shaughnessy deposed that he had met Dr. Hill on various occasions and had never seen him conducting himself otherwise than as a gentleman, and though he had often met him by night at sick calls, and had never seen him under the influence of drink.

In cross-examination by Mr. Shannon he stated that Dr. Hill did not insult him on the eve of the election, and he certainly never saw him drunk.

Mr. Michael Kenny was next called, and deposed that he was the president of the temperance society, he had supported Dr. Hill at the elections, and had known him since 1872. Never had seen him under the influence of drink. He distinctly says so. He believed that Dr. Hill was a moral man.

Major Studdert was called, and testified to the sobriety and morality of Dr. Hill upon all occasions he had met him. He had frequently seen him in social life, and in his profession. He never saw the slightest sign of intemperance nor immorality in him.

Dr. R. Townsend deposed that he had been dispensary officer in Miltown Dispensary before Dr. Hill's appointment; in resigning the post at Miltown he had not received money from Dr. Hill, nor the promise of it for this influence. He knew Dr. Hill intimately, and had never known anything disparaging to his character, nor to his professional ability. He knew Mrs. Lightly of the hotel, and had frequently seen her under the influence of drink.

Dr. Hill came forward as a volunteer and swore that he had been perfectly sober while in the hotel. That he had not attempted liberties with Mary Phillips, nor did he know her, and had not spent four days in the hotel. As for Mrs. Lightly's evidence, she was perjuring herself, and he had simply put his hands upon her to keep her from falling down when she was drunk.

The inquiry then came to a close.

ARMAGH UNION.

THE following communication was read :—

"SIR, — The Local Government Board of Ireland acknowledge receipt of minutes of proceedings of the Board of Guardians of the Armagh Union on the 23rd inst., containing a copy of a communication from the medical officer of the Loughgall Dispensary district, in reference to observations made by him in his quarterly report to the Registrar-General in reference to the existence of nuisance in his district, and I am to state that the guardians should point out to the medical officer that he has failed to discharge his duty in not having, as sanitary officer, previously reported the existence of the nuisances. Had he done so they would no doubt have been abated before the period of his report to the Registrar-General.

"By order of the Board.

"B. BANKS, Secretary."

The Clerk was directed to forward copy of the above to Dr. Leeper.

TOBACCO FOR THE AGED INMATES OF THE WORKHOUSE.

Dr. Riggs, medical officer, wrote the guardians to say that Dr. Roughan, Poor-law inspector, had recommended half-an-ounce of tobacco weekly to each of the aged inmates. The doctor stated that tobacco came under the head of "luxuries," and that he would not order it without the approval of the guardians.

The Chairman—He seems to recommend it as beneficial to the old people.

Mr. Gamble—The doctor does not consider it necessary at all.

The following resolution was eventually passed :—"That the medical officer of the union workhouse be empowered to order tobacco for any of the paupers in cases where it is required as an article of medicine, but the board do not wish to sanction the supply of tobacco except for medicinal purposes.:'

OMAGH UNION.

RESIGNATION OF DR. LOVE.

THE following was read :—

(Copy of Resolution).

"The Omagh Dispensary Committee have, with great regret, to report to the Board of Guardians that Dr. Love, owing to the state of his health, has felt called upon to tender to them his resignation as medical officer of this district, which they have most reluctantly accepted, as Dr. Love produced to them the certificates of Dr. Hudson, Surgeon Porter, and Dr. E. C. Thompson, certifying that his further continuance to discharge the duties of the office was calculated to endanger his health and life. Under such circumstances the Committee trust that the Board of Guardians taking into account the valuable and efficient services which Dr. Love has for over 23 years rendered to the poor of this large and populous district, will give him as large a superannuation allowance as the law permits."

(Signed)

CHARLES SCOTT, Chairman.

Mr. Buchanan said he did not think they should let the matter drop, without expressing a deep sense of the loss they would sustain by the resignation of Dr. Love, and not only that, but their sorrow at the cause of his retirement, ill-health. For the 23 years during which he held the office of medical officer, he had never neglected in any way his onerous duties. With the very deepest regret he (Mr. Buchanan) would move the following resolution, expressive of sympathy at Dr. Love's retirement, and the cause of it, viz. :—That this board receives with the deepest regret the announcement of the resignation of Dr. Love; the more especially so as such has been forced upon him from ill-health; and they desire to place on record their high appreciation of his services to the union, as medical officer of the Omagh Dispensary District, for the lengthened period of 23 years, during which his zeal, ability, and untiring labours amongst the sick poor of the district, secured for him the deserved confidence of the committee of management, and of the board of guardians. That a copy of this resolution be sent to Dr. Love.

Mr. Mulin said he had many opportunities of hearing the opinions of the poor with reference to Dr. Love's manner of performing his duties, and those opinions had always been given in the heartiest manner, and testified to the care, attention, and kindness which Dr. Love had always evinced. He was very sorry at the cause of his retirement, and begged to second the motion.

The Chairman, in putting the motion, testified to the

kindness of heart, and attention to the interests of the poor, which had always characterised Dr. Love. He was sure nothing but the necessities of his health, which had been testified to by two eminent Dublin surgeons, and Dr. E. C. Thompson, would have caused Dr. Love to retire from the performance of his duties.

The resolution was passed unanimously.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF OCTOBER, 1877.

October 12th.—Gault, Hugh, 58 Corporation Street, Belfast, Lic. R. Coll. Phys. Edin. 1877.

15th.—Kerigan, Laurence, Mullingar, co. Westmeath, Lic. R. Coll. Surg. Irel. 1877.

16th.—Lawlor, Joseph Stanislaus, 6 Duggan Terrace, Rathmines, co. Dublin, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

16th.—Love, Robert Lindsay, Lisaird, Castlederg, co. Tyrone, M.D. 1877 and M.Ch. 1877. Q. Univ. Irel.

18th.—Barry, Daniel Francis, 51 King Street, Cork, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

17th.—Miley, Wm. Kildare, 36 York Road, Kingstown, co. Dublin, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

20th.—Lyden, Michael J., Clifden, co. Galway, M.B. 1877 and M.Ch. 1877 Q. Univ. Irel.

24th.—Clarke, James, 94 York Street, Belfast, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

25th.—Cooper, Wm. Reginald, Auburne Lodge, Upper Rathmines, co. Dublin. Lic. R. Coll. Surg. Irel. 1877.

26th.—Percy, Gervase Robert, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

30th.—Withers, Thos. John, Comber, co. Down, M.D. 1877 and M.Ch. Q. Univ. Irel.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 27, 1877.

Total registered deaths in Dublin and suburbs*	...	149
Ten years average of same week	...	133
Excess of mortality above average	...	16
10 weeks ratio of deaths Rathmines	18·3 per	1,000
" " " " Donnybrook†	17·1 "	
" " " " Blackrock	16·6 "	
" " " " Kingstown	16·6 "	
" " Entire Dublin District	24·6 "	
Comparative Ratios—London ...	22·1 "	
" " Glasgow ...	22·6 "	
" " Edinburgh ...	20·7 "	

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 33; average number in the corresponding week of the last ten years 29·9. The deaths from these diseases include 4 from fever (typhus, 2 typhoid and 1 simple continued fever), 1 from small-pox—that of a woman aged 26 years, a resident of the Denzille Street District, "never vaccinated," who died in the Hardwicke Hospital—10 from measles and its complications (being 3 less than the number in the preceding week), 6 from scarlet fever, 5 from croup, and 2 each from whooping-cough, dysentery, and diarrhœa.

Fourteen children died from convulsions.

Twenty-three deaths resulted from bronchitis, 6 from pneumonia, and 4 from lung disease unspecified; these 33 deaths are 10 over the average mortality from diseases of the respiratory organs in the corresponding week of the last ten years.

Six deaths were attributed to heart disease, 1 each to apoplexy and cephalitis, 2 each to paralysis and epilepsy, 1 to liver disease, 1 each to diabetes and stone in the bladder, and 2 to kidney disease unspecified.

Thirteen deaths were caused by phthisis, 3 by hydrocephalus, and 2 each by mesenteric disease, scrofula, and cancer.

Three accidental deaths were registered.

Belfast.—Seven deaths from fever, 6 from scarlatina, 6 from diarrhœa, and 1 from measles, were registered during the week.

FINE FOR NON-ATTENDANCE ON A SUBPŒNA.

At the Limerick Quarter Sessions, it was stated to the chairman, Mr. Purcell, Q.C., that he had served a subpœna on Dr. Ryan, of Castleconnell, to attend, but that gentleman said he would rather consent to have a fine imposed than come into court as a witness. The Chairman—Let a fine of £10 be recorded against Dr. Ryan for not attending. A gentleman who says, when he is served with a legal process, that he will not come must either pay for his absence, or else I will find a way to make him come.

SWINFORD GUARDIANS.—Tuesday.

FEES FOR VACCINATION PROSECUTIONS.

The Local Government Board forwarded for the information of the board a copy of a letter received from Dr. Blake, relative to expenses incurred by him in attending at petty sessions to give evidence at the prosecution of the defaulters under the Vaccination Act, together with a copy of the Local Government Board's reply thereto.

REPLY.

Local Government Board, Dublin,
8th October, 1877.

Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 2nd instant, requesting to be informed whether you are entitled to any remuneration or expenses for attending at petty sessions to give evidence at the prosecution of defaulters under the Compulsory Vaccination Act. In reference thereto the Local Government Board desire to state that they are of opinion that as a general rule medical officers, having a direct interest in the enforcement of the provisions of the Compulsory Vaccination Act, ought to be prepared to give the necessary evidence in their own district without special payment; although where the medical officer is summoned to attend at a distance, the case is different, and the claim for compensation in such case appears to be reasonable.

In reference to your inquiry as to how such expenses are to be recovered, the board desire to state that the justices before whom the proceedings are head, are empowered, under the 13th Sec. of the Vaccination Act, to allow such expenses as in their opinion ought to be allowed.

By Order of the Board,
B. Banks, Secretary.

The following resolution was unanimously adopted:—"Resolved—That with reference to the 13th Sec., 26th and 27th Vic., the guardians are of opinion that the justices, when directing payment of expenses on convictions against defaulters under this act, ought to include the amount of such expenses in their order against the convicted party, that same may be recovered by the guardians, as it would be manifestly unfair that the ratepayers, innocent of offence against the Act, should have to pay costs for defaulters, and the guardians, not having such record of conviction and order of costs against the parties, might be called on to pay expenses incurred in proceedings which have been either dismissed or abortive, by reason of failure of notice having been given, or other cause entirely under control of the medical officer."

The Local Government Board informed the guardians, with reference to Mr. Horkan's (the relieving officer) application for expenses for attending petty sessions courts to prosecute vaccination defaulters, "that the guardians, if they think proper, may give reasonable remuneration to

Mr. Horkan, but that the Treasury will not recoup the guardians."

[We must take exception to the propositions contained both in the letter of the Local Government Board and the resolution of the guardians. We must again remind the Local Government Board that, as a matter of law, it is not the duty of the medical officer to attend vaccination prosecutions: as a matter of fact, it is not of any material interest to him whether vaccination is or is not enforced, and as a matter of equity he is entitled to his fee, no matter what distance he may have to travel. Medical men are remunerated, we venture to suggest, for the use of their brains, not of their own or their horses' legs, and we are surprised to observe that a great public department has no way of estimating professional services but by the yard. To the resolution of the guardians we object, because it seems to assume that the medical officer is the prosecutor in vaccination cases, and lays upon him the blame of a failure. It is neither the duty nor the interest of the medical officer to prosecute. He is bound to give the statutory notices, and failing to do so may be reprimanded for omission to do his duty, but the onus of the prosecution lies on the union clerk, or on the attorney employed.—ED. M. P. AND C.]

CORONERS' MEDICAL WITNESSES.

AT an inquest recently held at Galtee Castle, near Mitchelstown, in the County Cork, the following dialogue took place:—

Dr. Walsh was about to be examined, when Dr. M'Craith rose, and said it was he had a right to be examined in the case; he was the medical attendant upon the police, and he was called at an early hour in the morning to attend the men; the 33rd section of the Coroner's Act, 10 and 11 Vic., distinctly stated that the coroner was bound to summon to his assistance a legally qualified practitioner in practice at or near the place where the deceased was. Under that Act he claimed his right to be examined.

The Coroner said he would have examined Dr. M'Craith if he had been informed in time.

Sub-Inspector—I understood Dr. M'Craith that as it was in Dr. Fenton's district he would not interfere.

Dr. M'Craith—And if Dr. Fenton had been called in I would not have interposed any objection. But I consider that where he was not summoned, I should have been examined, for I am the medical attendant of the police, and I was called to this man.

The Coroner—Let the police pay you.

Dr. M'Craith—This is not the question. I will put in my claim now, and will raise the question elsewhere. I do it simply on principle and upon the rules laid down in the Act.

The Coroner—You are not practising in the neighbourhood.

Dr. M'Craith—I have charge of the police of the district, and I practise here too.

Dr. Walsh—It is not your dispensary district.

Dr. M'Craith—Nor is it yours. It is Doctor Fenton's district.

The Coroner—That has nothing to do with the question. I never give Dr. Fenton an inquest when Dr. Walsh is there.

Dr. Walsh—I practise in the district.

The Coroner—Dr. Fenton and Dr. Walsh are both living in Clogheen, and it was more convenient to me to bring Dr. Walsh than to run the risk of, perhaps, not having a doctor here before me.

Dr. M'Craith went on to say that in the county Cork there was no departure from the rule he had referred to, and the coroner in this instance should have complied with the Act.

The Coroner—I have complied with the Act.

Dr. M'Craith—I will follow my own course. I will do it on principle, not in any hostile spirit, but to look for an interpretation of the Act,

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, October 27th,* 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, OCT. 27, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	25	169	149	31	30	1	10	6	...	2	4	2	3	1	36
BELFAST . .	20,687	182,082	24	134	83	21	11	...	1	6	...	...	7	6	1	...	17
CORK . .	13,816	91,965	28	43	49	9	9	...	12	...	..	...	...	...	1	3	24
LIMERICK .	8,509	44,209	24	15	18	4	6	...	...	...	...	...	1	1	...	...	9
LONDONDERRY	21,865	30,884	10	12	6	3	1	...	...	...	...	...	1	...	...	...	...
WATERFORD .	17,209	30,626	12	12	7	...	2	...	...	...	...	...	...	...	...	...	...
GALWAY .	21,358	19,692	11	9	4	1	...	...	...	1	...	...	...	...	...	...	1
SLIGO . .	30,835	17,285	9	7	3	...	1	...	...	..	...	...	1	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 14, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

The Lives and Writings of O'Ferrall and Bellingham. Abstract of an Address Delivered at St. Vincent's Hospital. By E. D. Mapother, M.D., Professor, Royal College of Surgeons, and late Examiner in Surgery, Queen's University 397

Remarks on the Pathology, Symptoms, and Treatment of an Overloaded State of the Transverse Colon, including some Observations on Supposititious Lumbago and Incipient Kidney Lesion. By Evan Marlett Boddy, F.R.C.S., &c. 401

"The Medical Press" Special Report on the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom 403

PAGE

LEADING ARTICLES.

The Metropolitan Hospital Sunday Fund 407

The Throat Hospital in Golden Square 408

Coming Legislation on Irish Public Health 408

NOTES ON CURRENT TOPICS.

Medical Testimony and the Validity of Wills 411

Charge against a Medical Man 411

The Prevalence of Rabies 411

Marlborough House 411

The Germ Theory and its Originator 412

Medico-Legal Researches on Spermatozoa 412

Poisonous Effects of Arnica 412

The Antidotes to some Arsenical Preparations 413

"Dr." Barnardo and his Medical Qualification 413

Pure Chloral Hydrate 413

A Hard Case 413

The Captured English Surgeons 414

University Extension 414

Dr. Sayre and the Spiral Extensor 414

Domestic Scavenging in Dublin 414

Dublin Mortality 415

PAGE

Medical Examination Results in Germany 415

Horseflesh as Food 415

Sanitation under Irish Urban Authorities.. 415

Treatment of Migraine 415

Animal Vaccination in Italy 415

Albuminuria 415

Triple Birth 415

CORRESPONDENCE.

Method of Treating Fractures of the Clavicle. 416

Medical Certificates 416

Analysts' Testimonials 416

Club Doctors 417

OBITUARY.

Death of Dr. Davis, of Newry 417

NOTICES TO CORRESPONDENTS.

The Queen's University in Ireland 418

Purchased Resignations 418

Hydrophobia 418

Vacancies 418

Appointments 418

Births 418

Deaths 418

Original Communications.

THE LIVES AND WRITINGS OF O'FERRALL AND BELLINGHAM.

Abstract of an Address delivered at St. Vincent's Hospital,

By E. D. MAPOTHER, M.D.,

Professor, Royal College of Surgeons, and late Examiner in Surgery, Queen's University.

Dr. O'Ferrall was born in or about 1790, in Exchequer Street. His father was of humble rank ; but his mother was a lady of superior refinement and great beauty. The late Bishop Whelan was his school-fellow, life-long friend, and finally his executor. It is believed that they were educated by Samuel Whyte, of Grafton Street, who had had such famous pupils as Sheridan and Moore. The mother of O'Ferrall in a few years became a widow, but she strove earnestly to educate most highly her two sons and daughter. The eldest son was a perfect English and French scholar, and, until sight failed, was a most constant student of every medical publication in the latter language.

Dr. O'Ferrall did not study medicine until he was twenty-five, having for some previous years supported himself, aided in procuring education for his brother and sister, and saved the money needed for entering the profession, while acting as a clerk in the Blackpits Distillery. The apprentice-fee—at least 150 guineas—he paid to James Rivers in 1815 ; but he was shortly transferred to Carmichael, who succeeded the former at the Richmond Hospital. His name first appears in the Lecture Roll of the College of Surgeons with such great teachers as R. Dease, Colles, and Cheyne, and with such remarkable fellow-pupils as Jones Quain, Benson, M'Donnell (father of our president), Hargrave, Hutton, Ellis, and Ephraim M'Dowel. He was a favourite pupil of C. H. Todd, who at that time worked in a small dissecting-room near the Hardwicke Hospital, and also demonstrated in the College School. In 1819, Dease having perished by a dissecting wound, Todd was elected Professor of Anatomy, Physiology, and Surgery, but died young, leaving sons, who became so famous in theology, medicine, and archæology. The late Professor R. W. Smith told me O'Ferrall resided in the Richmond for five years—a fact which attests both his zeal and the respect his teachers had for him. This feeling was shared by his fellow-students ; one of those above-named describes him as one of the most observant, self-reliant, and gentlemanly members of the class. Passing the Licence examination of the College of Surgeons in 1821, he was within two years elected by ballot as a member, his name being registered as "Farrell." All great men have their weaknesses ; his was the desire to improve upon his patronymic. . . . . So long did he hold his wish for honorary titles that in 1860—when over seventy—he was examined for the Licence of the College of Physicians. We are told of a still older candidate in the London College, Dr. Pearson, who, in his eightieth year, studied for admission, and died while reading Aretæus, that Greek classic being included in the curriculum.

(The circumstances which led to the establishment of St. Vincent's Hospital were then detailed.) It was opened January 23, 1834, with O'Ferrall as its sole attendant. Within a year Bellingham was added to the staff. Time permits me to notice but one early fruit of the Sisters' pious labours. In a few years they reported that "in the homes of those who had been their inmates they had seen with pleasure the simple luxuries of cleanliness and wholesome fare supersede the long-prevailing habits of slovenliness and intemperance. They have spared no pains to render the hospital subservient to the broad principle of Christian charity which knows in its objects no distinction of creed or country, and measures the claims of the afflicted only by the degrees of their suffering or danger." Very soon after Dr. Gooch urged the authorities of London hospitals to obtain Sister nurses, exemplifying mainly the Beguines or temporary nuns.

For the first ten years O'Ferrall worked here with amazing industry, examining the urine of every patient, and making necropsies on nearly every fatal case. He designed

our convenient pathological theatre, and originated the useful mode of examining the heart by cross-section two inches above the apex. He was an ardent clinical teacher, arranging the pupils in pairs, a junior and a senior, who mutually aided each other in case-taking, and in suggesting the diagnosis in each instance. On the foundation of the Pathological Society in November, 1838, he soon became vice-president, and his communications there and his essays were learned, clear, and logical, erring perhaps a little in over-minuteness and egotism. Like Buffon, who re-wrote his "Les Epoques" eleven times, transcription was a pleasure to him.

His special *forte* was diagnosis, which in later years he usually established by the sense of touch, and many a limb and organ was saved by his discovery of deep-seated pus or tumours easily removed. At the Pathological Society in 1860, Dr. Stokes termed him a "master of diagnosis;" and, indeed, he might be said to fulfil the Johnsonian definition of a genius, "a mind of large powers, accidentally determined in some particular direction." He excelled in the identification of abdominal tumours, the most difficult subject which medicine or surgery offers. I will tell you briefly of one most famous instance which redounds to his skill, but, I regret to say, not to his charity in regard to the feelings of others. In October, 1844, Bellingham admitted a woman who, according to an eminent obstetrician, still carried an extra-uterine fœtus, of which the twin had been born three months before. At several consultations the leading surgeons and obstetricians concurred in this opinion, declared that they unmistakably distinguished through the thinned abdominal walls the forearm and hand of a fœtus, and unanimously advised gastrotomy. Meanwhile, O'Ferrall was in England, but on his return he examined the case alone. He did not attend the consultation which was held just before the operation was to begin, but sent a short message to his colleague, declaring that the case was one of malignant tumour, and that operation was out of the question. Partly because of the weight which should attach to any dictum of O'Ferrall, and partly because the poor woman had become suddenly weak, the operation was put off. In a few days she died. With that candour which prompts truthful men to confess mistakes—and mistakes have advanced our difficult science nearly as much as successes — Bellingham brought the morbid specimen to the Surgical Society, and called on O'Ferrall to make known, for the first time, the reasons on which he had founded his diagnosis. In a lengthy speech of great ability he advanced several negative reasons, and said he depended mainly on the cachectic state of the patient, the comparative lengths of the supposed forearm, carpus, metacarpus, and phalanges differing from normal standards, and the flexibility of the part, which, if the limb of a full-grown fœtus, should have had considerable stiffness. When called on to explain his absence from the final consultation for the declaration of his views, he only replied "he did not think it prudent to make his opinions on the subject generally known before." He ran the risk of gaining a triumph with the penalties of another's surgical mischance and a patient's hastened death.

I knew O'Ferrall first in 1859, through having been called to a gentleman living next door who became suddenly insensible, owing to a cancerous tumour having obstructed the left internal jugular vein. Next morning I gave over the case to O'Ferrall, who had attended previously, but at his desire met him during the few days life lingered. Shortly afterwards a vacancy arose here, and I had the gratification of being recommended by him, and selected as surgeon to this hospital. At this period he retained scarcely any vision, owing to gradually increasing glaucoma, his pupils being always dilated extremely. He often attributed his blindness to over-use of his eyes in reading. By concentrating his visual organs for a few seconds he had some sight, and by means of a slit in a card could read line after line of print very slowly. He would find his way by the aid of what I may term a tactile cane, and with the assistance of anyone who would truly recount the phenomena of a case to him would make a diagnosis, and then promptly advise treatment, which were never fallacious. Without such aid his mistakes were often ludicrous. His memory was well and fully stored, and his judgment never erred. (Some instances of his ability were then mentioned.) I have often seen him perform important operations, using a very thick-backed scalpel for the skin and his fingers only for the areolar tissue. You will readily believe that his prescriptions showed a very peculiar caligraphy. For the last few years of his practice he took notes for any compounder to whom he afterwards gave directions. About this time he was consulted by many persons in the highest ranks of society, and my most painful memory is of the time these interviews occupied, for although I came on pressing business I had to spend many a tedious half-hour in the waiting-room at 15 Merrion Square North. His receipts from practice were not half what he could have made them with a little more economy of time. In the examination by touch of hospital patients, he was indeed "slow but sure," and by no means out-spoken of the opinions he had formed. If a leading question were put he would sometimes glance furtively at the interrogator as if he had proposed to steal his brains, and walk away without a word. I am told that during one of those tedious, mysterious, and silent palpations a student, strongly imbued with the spirit of Wallace, involuntarily sung out, "Oh whisper what thou feelest," &c. Vesalius used to say that an anatomist when even blindfolded should be able to recognise every point on the most complex bone. O'Ferrall did more, for in the living patient his fingers made him familiar with any structure they could reach. He frequently and forcibly dwelt on the indivisibility of medicine and surgery, remarking that "he who has most carefully observed the congestions, infiltrations, suppurations, ulcerations, thickenings, contractions, and malignant diseases of visible parts, will most easily comprehend analogous changes in internal organs." He always assumed the mixed title of medical adviser to St. Vincent's, prefixing the word "chief" or "first," unnecessarily, for there were only two—Bellingham always used the name of "surgeons." His private character was of the highest type—as a son and a brother he was unexcelled—but it was his lot to have lacked the softening and ennobling influences of the dearer relationships. His mother died in 1840 in his house in Rutland Square, and I am informed that his sorrow was most profound, and only alleviated by those true remedies—religion and unceasing study. The ambition which animated his earlier career was to reinstate this lady in the social position she had previously occupied. The same informant tells me that in earlier and poorer days he was most generous, and that his subsequent parsimony grew out of his being teased for advice or charity by those whom he thought had wasted their time and money on other consultants. Of all doctors (I wish we had some other more exclusive yet unifying name, like medicists) Radcliffe was the most avaricious in taking, the most princely in giving—O'Ferrall erred in the opposite ways. From the same source—the accurate memory and good taste of a lady who knew him well—I learn that when aged about thirty he was strikingly handsome, with bright intellectual eyes, and clear complexion—such a person as the portrait in our hall represents. As to pleasures and occupations outside his profession, O'Ferrall's resources were few. At home he was fond of the society of literary, artistic, or musical friends, and his annual and sole recreation consisted in a few weeks' stay in London, where he was a welcome guest with Brodie and other philosophical surgeons, or a circuit of a few Continental watering places. Of the most extended of these tours, Dr. Aldridge, with whom he travelled, wrote a pleasant sketch in 1857. Of later years he preferred our native spas at Lisdoonvarna, and gained much relief for the dyspepsia with irritability of temper which his enforced sedentary habits had engendered. In 1867 his fatal ailment began with partial palsy of the right leg, and by August, 1868, it had deve-

loped into almost complete ataxy with horrid pains. At that time he begged me to go to London to consult with Dr. C. B. Radcliffe, who only confirmed the opinion that the case was a rapid and hopeless one of sclerosis of the spinal cord. On December 23, 1868, while the late Mr. J. Hamilton and I sat by his bedside, it might be said he died by lines rather than by inches—one by one the intercostals palsied, and breathing most gradually ceased. Two hours before death, his mind being most active, I witnessed a document which disposed of the considerable fortune he had acquired. Two years subsequently the greater part was willed to this charity by Miss O'Ferrall, thereby fulfilling his often-expressed desire.

Speaking of one munificent donor reminds me that the generosity of another—my friend, the late M. B. Mullins (who had been an apprentice of Sir W. Lawrence)—is from this month forward to bear fruit—a splendid building with sixteen beds, available for the patients of other hospitals, having been added to our Convalescent Home, Blackrock.

I will now very briefly tell you the striking or original observations in surgery or medicine which O'Ferrall made within these walls; and those who are or were St. Vincent's men may well remember them, and feel proud of Alma Mater. They count about 109, relating to external and internal pathology, in nearly equal numbers. His first essay appeared in *The Edinburgh Journal*, July, 1831, for there was then no Irish medical periodical. That this was not for want of able writers or good materials is proven by that very monthly number, for it contains remarkable articles by Corrigan, Stokes, Maurice Collis, and Browne, of Dublin. The paper is on "Phlegmonous Tumours in the right iliac region," a title which Dupuytren had used three years before; but some of O'Ferrall's cases date back to 1823, and the notes of the time are merely transcribed. He distinguishes three forms of the disease, and for the treatment of the acute advises enemata and mercury to salivation.

In 1832 he advocated for the subcutaneous section of varicose veins a straight knife so narrow for the last half inch, that it readily turns without tearing the areolar tissue. He abandoned the operation through dread of phlebitis or erysipelas; the same bugbear which made Sir A. Cooper postpone the removal of a wen from the head of George IV., for years.

At the Maison de Santé and St. Vincent's O'Ferrall paid special attention to diseases of bones and joints; and his results were published in *The London Medical Gazette*, 1839. He shows that morbus coxæ may be simulated by periostitis of the femur and by cancer of that bone and of the ilium. He urges the treatment of periostitis by iodide of potassium, even after suppuration has begun, and earlier by incisions. He always gave the iodide after food, when very large doses will be borne. Further, he gives the diagnostic mode, which we call here "the pelvic test," to ascertain hip disease, namely—that if flexion, or abduction be attempted the muscles are on the alert and bind together the femur and its socket, and they move as if they were one piece.

In 1841, appeared his well-known description of what he believed to have been an undescribed capsule of the eye; but, undoubtedly, Tenon, Dalrymple, and Malgaigne had some years before alluded to it. In 1846, at the Pathological Society, O'Ferrall merely claimed to have been the first to describe the bearings of this structure in diseases in or around the eyeball, and in operations for their removal. He named the capsule the "tunica vaginalis oculi," and well terms it "a second orbit or proper fibrous socket of the eye." He suggests the enucleation of the eyeball for diseases confined to it, instead of the risky operation of emptying the entire orbit, which up to that time was performed. This procedure is often termed "Bonnet's operation;" but the late Mr. Hildige proved (*Dub. Hosp. Gaz.* 1859), that the French surgeon's essay did not appear for more than a year after O'Ferrall's. He enlarged on the same subject in 1845, in a series of lectures on orbital tumours.

In 1841, O'Ferrall advocated the removal of tumours situated in areolar tissue, by a kind of rooting rather than dissection, remarking that at one point a difficulty will be met, and that it is here the vessels enter and must be dealt with.

Among his "variorum" may be noted his hyper-minute description of pendulous tumours of the skin; his belief in the identity of scirrhous and encephaloid cancer, the differences in consistence being due to the amount of fibrous tissue proper to each site; and his support of Bizot's theory of the symmetry of arterial morbid changes by cases of gangrene. Of his anomalous cases the following are a few:—Morbus coxæ, with separation of the pelvic bones, in an infant four months old. Cartilaginous degeneration of the bones of the left lower limb—twelve fractures having occurred over a period of twenty years. Emphysema of the subcutaneous areolar tissue of the abdomen from ulceration of the cæcum. He stated he had often seen the abdominal walls kept largely protruded for hours together by hysterical contraction of the diaphragm, respiration being meanwhile performed by the upper intercostals. In the diagnosis of tumours, and the discovery of their sites and attachments, he was amazingly expert. A large fibrous swelling in the forearm was believed by many surgeons to require amputation, on the grounds that it moved when the wrist was moved to and fro, and was, therefore, imbedded in the flexors. By causing the patient to grasp a ball in the hand, O'Ferrall showed that these muscles were free, and that the movements of the tumour were due to the alternate stretching and relaxing of the deep fascia. Upon the division of this structure the tumour was easily turned out.

The following are some of the manipulative procedures which he originated:—The elevation of tumours, before operation, so as to let blood and serum gravitate from them. The case of vast scrotal tumour, in the treatment of which this expedient occurred to him, has world-wide fame. The mode in which he planned his incisions is worthy the attention of any operator. His plan of strapping the breast, so as to isolate and compress the gland, as we do the testis, in cases of deep abscesses, was advised in 1840. It was a most merciful improvement, for up to that time Hey's cruel slicing process was usually, and amputation occasionally, performed. He did not apply the somewhat similar principle to the treatment of anthrax for eighteen years afterwards. The use of a gum elastic canula, seven inches long, and enlarged at each end, for the first two days after lithotomy. The plan of opening pharyngeal abscesses while standing behind the patient. In doing so from the front, the patient's head is held erect, and the necessary depression of the tongue irritates the fauces, and makes the operation a troublesome and risky one.

O'Bryen Bellingham was the son of the late Sir Alan Bellingham, and brother of the present baronet. The name is derived from a place in Northumberland, and the family can be traced back in a direct line to the time of the Conqueror. He was born December 12, 1805. At Feinaigle's school he received his education, and so proud was that celebrated teacher of his pupil that he had a marble bust of him sculptured while he was in his fifteenth year. Apprenticed to James Duggan, he was educated at Jervis Street Hospital and the College of Surgeons School. In 1822 his name first appears among the 207 pupils on that year's roll. He then studied in Edinburgh under such illustrious teachers as Alison, Hope, A. Munro, and Christison, and graduated as M.D. of the University and Licentiate of the College of Surgeons in 1830. On the 6th of May, 1833, he was elected a member of our College, and none was ever more devoted to her interests. He had been for some years one of the examiners of the Pharmacy Court when the Professorship of Botany was established. Although he had such worthy competitors as Neligan and A. Mitchell he was chosen unanimously for the new chair, and he still retained the examinership. In 1850 he resigned the professorship, snd was elected a surgical

examiner, and in 1856, on the death of Rumley, became the chairman. For some years prior to his death he also acted as the Honorary Librarian of the College and Secretary of the Surgical Society, in which latter office he was most devoted and indefatigable.

In 1835, a year after St. Vincent's was founded, Bellingham was elected surgeon on the recommendation of Archbishop Murray, and laboured here most assiduously till the year of his death. Although he resided at a great distance (63 Eccles Street) nine o'clock always found him at his post. In 1850 he moved to 19 Kildare Street, so as to be within easy distance of the two institutions which divided his affections outside home. He enjoyed far too few vacations, and his constant application no doubt contributed towards his early death. The columns of THE MEDICAL PRESS, notably those of 1842-3-4, attest his industry as a clinical lecturer and a writer, often original, and always displaying that he was a learned and judicious practitioner, ready to test any innovation fairly promising. Most of the reviews in the same journal came from his busy pen, and for many years he most carefully edited the reports of the Surgical Society. Of medico-political articles he never contributed a line, if a masterly refutation of homœopathic doctrines (1839) be excepted. As a speaker he was clear and argumentative, never egotistical, and always brief; for some years before his death he suffered from a scanty supply of saliva, and every three or four minutes would pause for a short interval. Of Bellingham it is difficult to pronounce a fitting eulogy. He was towards all men courteous and generous, and if he entered into any controversy it was to elicit truth, never to gain a personal triumph. One who knew him best, Dr. Benson, now the Nestor of our profession, said to me lately—"If any man disagreed with Bellingham, rely on it that man must have been in the wrong." The professional differences between him and O'Ferrall were not, however, unfruitful of good, for they spurred both to exertion. Edmund Burke tells us, "He that wrestles with us strengthens our nerves and sharpens our skill, our antagonist is thus our helper." His appearance was eminently intellectual and aristocratic, as you may judge from Kirk's bust, by which the College of Surgeons honours his memory. This is a photograph of it taken by Chancellor. Just as his health failed a high-class private practice was attracted to him, his ability and industry telling surely—but slowly because he was so unselfish and retiring.

In 1855 he underwent, by the loving hands of Cusack, Crampton, and Fleming, a serious operation which prolonged life and lessened pain for a while. In April, 1857 (about the period this second portrait was taken), I saw him for the last time at the Surgical Society showing a specimen of congenitally cribriform aortic and pulmonary valves which he had just obtained here. His wasted appearance showed that recovery was not to be hoped for, and excited the most profound sorrow. He soon after retired to his brother's castle, and peacefully passed away on October 11th, 1857. Up to the very day of his death he occupied himself in revising the last pages of his great work on "Diseases of the Heart," which was issued a few days after the author was laid in the family tomb at Castlebellingham.

After some further remarks, Dr. Mapother said—From boyhood Bellingham was a naturalist, and has left behind him the records of work which in itself would make a solid reputation. In 1838 he was one of the founders of the Dublin Natural History Society. The address at the scientific meeting of the College of Surgeons, 3rd April, 1839, treats of the generation, classification, and practical relations of entozoa in a most able and exhaustive manner. Such meetings, open to an appreciative lay audience, might be well revived in the College. Some of the foremost men in our profession have devoted themselves to zoological pursuits, of whom I will only instance Sir A. Cooper, who, when in the zenith of his fame, took the comparative anatomy chair of the College of Surgeons, and worked with the zeal of a single-purposed enthusiast. Sir Astley was for many years, in conjunction with Sir B. Brodie, Sir C. Bell, Babington, and Bright, examiner in the Veterinary College, and its President, Coleman, he calls "for forty years his best male friend." It is often wondered that in this country we have no institution for the study of veterinary science, and just now the carrying out of the Cattle Diseases Acts gives abundant work for those qualified by examination elsewhere in bovine and indeed in human medicine. During the years 1836-9 Bellingham searched for intestinal worms in the bodies of 90 persons of various ages in our pathological theatre. In 83 he found some variety, and in 81 the tricocephalus dispar existed. From the very constant presence of these parasites, he regarded them as not such common factors in disease as is generally believed. He showed the fallacy of the idea that our tapeworm is solitary, and discovered a new species of round worm, which he named "ascaris alata." Some leading helminthologists support the distinctness of this animal, but Cobbold and others regard it as identical with "ascaris mystax," a common entozoon of the cat. His papers in the "Annals of Natural History" form to this day the standard reference, for they identify and describe, in a very full and original manner, thousands of entozoa, to obtain which he dissected 270 mammals, 360 birds, and 380 fishes. Most of these specimens he presented to the College of Surgeons Museum, but the ink of the labels having faded, the identification of them now is very difficult. He was an excellent dissector and taxidermist, so that most of his hearts, aneurisms, &c., were at once ready for the shelves.

His original clinical investigations here were very numerous. The use of liquor potassæ in psoriasis, of sulphide of potassium in the parasitic form of pityriasis, the observations of complete shedding of the nails in pemphigus, and of the erysipelatous nature of elephantiasis of the leg were contributions of his to dermatology. Finding that he had been anticipated in the last-named view by Dr. Benson (Jan., 1839), he announced the fact at the Surgical Society with the honesty so characteristic of him. His lectures on entropium, cataract, and other ophthalmic subjects in THE MEDICAL PRESS, 1847, are very able. He was one of the first to recognise as scurvy an outburst of disease in the famine year (1846), and to prove that it depended on want of potatoes in the dietary of the people. The administration of oxide of zinc in chorea, and of mercury in strumous diseases of the joints (which O'Beirne had advocated many years before) were established mainly by him. A chart of auscultatory signs, prepared by Bellingham, did much to spread a knowledge of the subject amongst Irish and British practitioners. Amongst his noteworthy operations were tapping the skull for hydrocephalus, the patient surviving three weeks; Syme's amputation for the first time in Dublin (June, 1847), ether having been inhaled, very soon after the discovery in America; and a case of ligature for cancer of the tongue, in which the posterior part of the section reunited before the separation of the anterior part was completed. When the slough came away with the ligatures it was swallowed by the patient, who was eating stirabout at the time. In a case of secondary hæmorrhage after amputation in the lower third of the thigh, he tied the femoral, and on the following day the external iliac artery. When the bleeding first arose (12th December, 1848) it would have been fatal save for the prompt skill of Mr. Tufnell, who chanced to be lecturing on military surgery in this theatre at the time. Bellingham's proceedings in this case alone would mark him as a prompt, well-trained surgeon.

The book on which Bellingham's fame mainly rests is "Observations on Aneurism and its Treatment by Compression"—a shabby paper-bound duodecimo, published in January, 1847. It abounds, however, in learning, logical argument, and originality, and, as it is scarce, republication is very desirable. My time being limited, I will quote for you only a couple of instances of each of these qualities in it. He shows that in the time of Dionis every man was bled, and most men's brachial arteries suffered, till at last a French edict ordained that a surgeon

should pension every one whom he thus disabled. Accord- to our Brehon Laws a somewhat similar provision was made in ancient Ireland. Amongst the famous works he analyses are "Scarpa on Aneurism" and "Hodgson on Arteries," which, just now, when prize essays are often decried, it may be well to note surgery gained by this kind of competition. *The* argument of the book is that an aneurism cures by stratified or laminated fibrin deposited by the blood as it flows through the sac—a theory he first broached in the Surgical Society in 1843, and his principle of treatment is to weaken only the current through the artery by pressure. He well enunciates the doctrine which now holds sway, as follows :—"To affect the coagulation of the blood in an aneurismal sac in a living subject very considerable pressure would be necessary. The compression likewise, it appears to me, would require to be made on both the cardiac and capillary sides of the sac, and very near the latter ; while the process will necessarily be so painful that few patients would be willing to submit to it." Anæsthetics, shortly afterwards introduced, supplied the one requirement, and O'Ferrall had the credit of suggesting expedients to meet the other. We read that he pressed below the sac to keep it full of blood, and insisted on the flexed position to narrow the calibre of the vessel at the hip and knee, and later on he advised tight bandaging. In the first case in Ireland in which pressure cured an aneurism—that by M'Coy in 1824—complete stoppage was borne because the patient was drunk, and alcohol is an anæsthetic. The pain at the moment of consolidation Bellingham explained by pressure on the nerves by the enlarged collateral vessels. . . . . .

After discussing the theory of the cure of aneurism, the lecturer contined : Bellingham claimed the introduction (August 9, 1844) of two points of pressure which has the manifest advantages of lesser pain and danger of injury to the skin, and of allowing of no interval of current which should bow while one instrument was being readjusted. Wilde, however, in a history of the subject, asserted a patient of Professor Harrison's had previously used two instruments. He was a carpenter and modified the clamp of his craft. The conflict of testimony is so direct that it is impossible to adjudge the priority ; but Bellingham lost temper in the debate, an event which probably had not a fellow in his whole career. On a Sunday, June 30th, 1844, an instrument pressing an artery got broken, and as on that day repair was impossible, Bellingham thought of a weight as a substitute, and thus this valuable aid in the treatment of aneurism was invented. In all later cases he used Carte's apparatus, which most admirably fulfills the purpose he had in view of moderating the arterial current. Whether it depends on the provincial surgeons treating their own cases, or the decrease of syphilis, and the changes in our modes of locomotion lessening the causes of the lesion, external aneurisms are much more rare in Dublin of late years. About 1853 we heard of cases at all the meetings of the Surgical Society ; and I remember Ellis complaining that that body was being compressed into a mere aneurism club.

The treatment by pressure became the proudest item amongst Irish surgical improvements, and the following outrageous declaration of Syme met with universal contempt :—"I shall deem it my duty to pursue this method (the ligature) though it may not perhaps be the best suited for the lowest capacity of surgical skill. Let every man act according to his powers, but let no one who feels it necessary to use inferior means throw blame on those who are able to practise a higher exercise of their art." The College was either very oblivious or very forgiving when in 1867 it conferred the Honorary Fellowship on this defamer.

Bellingham's "Treatise on Diseases of the Heart," is dedicated to his staunch life-long friend, Arthur Jacob, in whose journal the greater part of the matter had been published. As early as 1847 he had pointed out the characteristic symptoms of deposits in the arch of the aorta. It is a well-arranged comprehensive work, each chapter ending with laconic conclusions.

After an analysis of this work, Dr. Mapother said : I will now conclude with much satisfaction to myself, if my humble efforts have caused you to form a high estimate of these good earnest men. They had reward in the pleasure which work for the spread of science and the relief of fellow-beings always carries with it ; and it is generally allowed that they would have been further recompensed by super-eminence in professional position and public favour had it not pleased Providence to darken the mind's great inlet in the one, and to ordain the other to an early grave. I will still further rejoice if I have filled every young hearer with the conviction that whether like Sir A. Carlisle, Carmichael, or Bellingham, his father was of high lineage, or was as lowly as those of Dupuytren, Velpeau, Jobert, or O'Ferrall, the path to excellence in our noble profession lies alone through honest unflagging industry.

REMARKS ON THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF AN OVERLOADED STATE OF THE TRANSVERSE COLON,

INCLUDING SOME

Observations on Suppositious Lumbago and Incipient Kidney Lesion.

By Evan Marlett Boddy, F.R.C.S., &c.

(*Continued from page* 376.)

Our attention now must be directed to the pathology of an overloaded state of the transverse colon ; the causes of such a condition, and the symptoms accruing therefrom ; and, finally, the course of treatment which must be pursued ; but, first of all, we must call to mind the exact position of this part of the intestine and its structure.

The portion of the bowel called the transverse colon is the largest of the intestinal tract, extending from right to left of the abdominal cavity, partly in the epigastric and partly in the umbilical regions : it is arched with its convexity forwards and a little downwards, and the concavity backwards ; it is completely enveloped by the peritoneum, and is connected to the vertebral column by a part of that membrane called the transverse mœso-colon which divides the abdominal cavity into two parts. On its upper surface it is in relation with the liver and gall bladder, the great curvature of the stomach, and the lower part of the spleen, with the small intestines on its under surface ; anteriorly with the great omentum and the abdominal wall, posteriorly with the transverse mœso-colon.

This part of the intestine, like the ascending and descending colon, consists of four coats, *serous*, *muscular*, *cellular*, and *mucous*.

The serous coat is derived from the peritoneum, the muscular coat is composed of an external longitudinal and an internal circular layer of muscular fibres. The longitudinal fibres form a uniform layer over the whole surface of the large intestine, but in the colon as well as in the cæcum they appear as three flat longitudinal bands, half-an-inch in width : one, *posterior*, is situated the whole length of the attached border of the bowel ; the *anterior*, which is the largest of the three, becomes *inferior* in the transverse colon ; the third, or *lateral* band, is situated on the under border of this part of the bowel. The circular muscular layers form a very thin layer over the whole length of the colon.

The cellular coat simply joins the mucous and muscular coats together ; the mucous membrane or coat in the colon is pale, of a greyish or light yellow colour, quite smooth, deficient of villi, and elevated into numerous crescentic plaits corresponding to the interstices between the sacculi.

I have gone rather more fully into the anatomy of the transverse colon than I originally intended, but when I considered the importance of this viscus, and especially as it is the subject of this treatise, it seemed to me that it could not possibly be looked upon as a digression or non-essential; besides, it demonstrates at once that if this part of the bowel is distended to its fullest extent it must not only press upon the liver and stomach, but also upon the other structures with which it is in relation; for the liver must of necessity experience some ill effects resulting from this undue pressure, and the stomach also is incommoded; consequently it cannot perform its digestive properties, as it would supposing the colon were in its normal condition. No doubt some slight pressure is likewise experienced by the gall bladder, so that it cannot receive its proper portion of billiary secretion.

The diaphragm cannot descend on inspiration owing to the distention of the colon, consequently the patient cannot take in a sufficient amount of air, especially when in the sitting or recumbent postures.

We have already partially considered and enumerated the symptoms of an overloaded state of the transverse colon and the anatomy of this part of the bowel; we must now consider such physiologically, and then we will reconsider the subject more fully from a medical point of view.

The whole length of the intestinal canal being under the *direct* influence of the sympathetic nervous system, and *indirectly*, as is proved by physiological experiment, influenced by the brain and spinal cord, through the medium of the pneumogastric nerve, we can easily suppose that anything which irritates the bowel must of necessity recoil on such nervous centres or ganglia in such a way as to affect the system generally; for physiologists have proved that any irritation of the solar plexus and ganglia of the same system has produced pain and movement in those muscular organs supplied from the part which is excited or irritated; likewise there are numerous communications between the sympathetic and the branches of the pneumo-gastric, and through this most important nerve the head, or rather the contents of the cranium and the heart, are affected, including the great arteries by means of the cardiac nerves derived from the anterior and posterior pulmonary plexuses.

The stomach is also affected by means of the terminal branches of the vagus nerve, ramifying on the walls of that organ which Lord Bacon quaintly calls "the master of the house;" and so close are the nervous relations existing between the brain and the abdominal viscera, that an overloaded state of the transverse colon must necessarily affect the contents of the cranial cavity injuriously through the medium of the sympathetic nervous system; for this nervous system consists of two divisions: the *first* comprising those ganglia and their branches close to the cerebral and thoracic nerves, and the *second* consisting of ganglia and branches which are situated in a line on each side of the vertebral column in the abdomen.

Now these extensive nervous communications and ramifications between the intestines and the other parts of the human frame prove that an overloaded state of the transverse colon may give rise to all those unpleasant sensations of which our patients complain, and in many aggravated cases suspicious-looking symptoms may arise making us, and especially those of a credulous nature believe, as I have said before, that there is some radical mischief which may only depend on the transverse colon being blocked up.

For when we take into consideration that the *great* centre of the sympathetic nervous system, *i.e.*, the two semi-lunar ganglia uniting and forming the solar-plexus resting on the aorta and crura of the diaphragm, and almost behind the transverse colon, we may suppose that if the bowel is overloaded it must necessarily exercise some pressure on this important nerve-centre and thus cause the pain in the back, (*a*) which is more or less in proportion as the bowel is distended.

So important to life is this solar plexus that a blow in its direction, however slight it may be, has been known to cause instant death; therefore, as it is such a vital part, what must be the effects of a continuous pressure resulting from that exercised by an overloaded transverse colon? Such pressure, however modified, must act deleteriously on our patient's health. Is it not more than probable that it should set up mischief in some form or other? We have just previously noticed that an irritated nerve sets up pain in another part and sometimes movement; how much more when a most important nerve-centre as the solar plexus is implicated? When we take the preceding arguments into consideration, I think we can come to no other conclusion than that this pain in the back is due to the pressure exercised on this plexus by the over-distension of the transverse colon, giving rise to an "*ignis fatuus*," which is the cause of our arriving at incorrect diagnoses. Even supposing, for the sake of argument, the absence of pressure, the contents of the bowel, especially when it is distended by such, must necessarily irritate this plexus through the medium of its ramifications, the irritability being modified by the constitution, habits, idiosyncrasy, and state of distension.

The prime causes of the transverse colon becoming overloaded with fæcal matter are easily explained: it is the largest part of the bowel; it is comparatively the most sluggish; its position is such as to aid an accumulation of fæces; and the longer they remain the more condensed they become, thus preventing any secretion that may exude from the mucous membrane to mollify the contents of the bowel, in order that they may be propelled with greater facility by the peristaltic action into the descending colon. These are the *direct* causes regarding the fæcal accumulation and condenstation.

The *indirect* causes are those which may be brought about by sedentary habits, paralysis, lunacy, old age, and sometimes, which is much much more frequent, a habit of engorging without taking sufficient exercise. There is also a habit amongst the female sex, and more frequently among the young, of accustoming themselves to constipation, predisposing them, especially in after-life, to an overloaded transverse colon, and no doubt in some instances is provocative of chlorosis.

We must now take into consideration the direct causes regarding the overloaded state of the transverse colon, its symptoms and treatment. We have previously noticed the fact of this part of the bowel being the largest, and we also know that it increases uniformly with other parts of the body that it is also the most sluggish, and that its position favours an accumulation of contents.

It is met with amongst all classes, irrespective of age, but principally in middle life and upwards, and in the majority there are no symptoms to take much notice of except the pain in the back; this may be so slight at first that it gives our patients very little inconvenience, but as this part of the colon keeps distending by the accumulation and hardening of the contents the pain gradually increases, so that at last, on account of its persistency, they ascribe it to lumbago or to kidney mischief.

When this part of the intestines is distended to its fullest, either by gases or fæces, what happens to these contents, and how is the vermicular action of the muscular coat arrested? The solid contents get so hardened that the gases have no means of exit, and the bile, which is the natural purgative, cannot permeate the mass, and the secretion from the mucous membrane cannot exude and mollify it, and finally the bowel cannot propel its contents onwards because the muscular fibres, being perpetually on the stretch, lose their elasticity, so that it becomes almost identical to paralysis of the muscular coat.

Now what are the effects of this condition? I must here recapitulate the symptoms, for they are most important,

(*a*) This pain in the back occurs very frequently in the remonitory stage of typhoid fever.

and we cannot lay too much stress upon them, because it is these grave-looking symptoms which make us confound a simple blocking up of the transverse colon with incipient kidney lesion and the generality of cases with lumbago.

Our patient complains always of a deep-seated pain in the back; this is the pathognomomic symptom, the system is completely out of gear (of course I am here taking an extreme case); he also states that he has a pain in the right shoulder, though this is nothing comparable to the lumbar pain; the bile not being eliminated from the system, the liver becomes congested and enlarged, irritating the phrenic nerve; the complexion sometimes is tinged with yellow; the sclerotic coats of the eyes are slightly discoloured with a yellow tint; sometimes there is severe bilious vomiting accompanied with nausea, the bowels always are constipated, the urine is scanty, throwing down lithates on cooling, and it has a strong ammoniacal odour; the patient also complains of dyspepsia. These symptoms are not taken much notice of by the sufferer, because his attention is centred in the pain in his back and which is his great trouble; we also find that his appetite has been failing of late, he is troubled with thirst; he has an unpleasant taste; his breath is offensive, his tongue he feels giddy, and short of breath; we notice that he has most likely a protruding abdomen, which on palpation is as hard as a drum; in thin persons the distended bowel can be easily detected; he has severe attacks of headache, accompanied sometimes with severe sweating; the pulse is variable; the patient also has wandering pains about the body, accompanied with a feeling of *malaise*.

Now as I have said before, all these symptoms are self evident, and do not much depend on the account given us by our patient. Supposing we were treating this patient, should we come to the conclusion that the symptoms so ominous in appearance, depended on such a simple cause as an overloaded state of the transverse colon? We have only to look upon it as a simple blocking up and subsequent inanition and inability of a certain part of the intestinal tract to propel its contents in that direction where nature intends. Unfortunately, we do not take such a common sense view of the case and envelop it in obscurity, and perhaps as a last resource, we fall back upon this ill-spoken of organ the kidney, and so treat our patient as if he were suffering from some disease of that organ.

In many cases when the accumulation greatly increases, nature comes to the rescue, and causes diarrhœa to set in, and we immediately administer an astringent: now if we were cognisant of the fact that it was due to an overloaded state of the transverse colon, I do not think we should pursue such a method of treatment, but because we practically ignore this condition, or we are unwittingly ignorant of it, are apt at once to suppose the setting in of diarrhœa as significant of evil, and consequently we endeavour to stop it, never thinking that nature is trying to eliminate that which has now become akin to a foreign substance; but we, by our treatment, persistently oppose her efforts, and perhaps, when too late, we find that our patients sink, not from any organic disease, but because we are unaware that the colon is full of fæcal contents, and that diarrhœa sets in as a natural relief, which, if stopped, perhaps hastens our patient's final dissolution. (*a*) If instead of treating our patients for some supposed lesion of the kidney or rheumatic affection, we were to administer some active purgatives, we should be helping nature instead of thwarting her, and the kidney mischief, or lumbago, would very soon "vanish into thin air."

(To be continued.)

A CHEMIST at Pontypridd was prosecuted last week for selling quinine sulphate which contained one-fifth of its weight of cinchonine.

(*a*) See my letter on the "Treatment of Colliquative Diarrhœa." *Vide Lancet*, Dec. 21st, 1876.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER II.—*Continued.*

Table of Cases of Hydrophobia, showing Sex, Age, Nature of Bite, at what period after the bite Hydrophobic Symptoms appeared, Remedies, Result, and the Sources of Information.

CASE XL.—Samuel Pownall, bitten by a cat above the wrist.

Result and Time of Attack.—Seven weeks. Fatal.

Treatment.—Wound cauterised, dressings after, to keep it open.

No *post-mortem*.

Remarks.—Report taken from Stockport paper.

Reference.—*Lancet*, vol. iii, p. 383.

CASE XLI.—W. D., male, æt. 77, bitten by a dog supposed to be mad, above the wrist. Wound cauterised.

Result and Time of Attack.—Two months. Fatal, third day.

Treatment.—Opium, ten-grain doses of super-acetate of lead, nux vomica, bleeding, injection *à la* Majendie.

Post-mortem.—The head—surface of the convolutions vascular. In the lateral ventricles about three drachms of fluid were found. On turning out the brain there were several projecting bony ridges from the sphenoidal fossa, and two on the basilar process of the occiput. On section of the thalami nervorum opticorum, the left thalamus was of a greenish tint, and the locus niger had a similar appearance. This had been noticed before, in a person who died of tetanus, by Mr. Key. The spinal marrow.—Three small ossific deposits were found between the fifth and eleventh dorsal vertebræ. *The mucous membrane of trachea and bronchial tubes were coated with a dark-coloured mucus.* The mucous membrane of the stomach was of a reddish colour, and there were large spots of extravasated blood on it.

Remarks.—This was the first case in which Majendie's method was adopted. A very common practice then in vogue is mentioned, one to be condemned: Dr. Blundell blew suddenly in the patient's face, causing him to start up in agony, and to express himself very strongly against the doctor for the torture he put him to. Some of the saliva taken from this patient was introduced into a dog's thigh without any result.

Reference.—*Lancet*, vol. iv, p. 373. Guy's Hospital.

CASE XLII.—J. L. Guilleman, bitten by a wolf on back of hand.

Result and Time of Attack.—A month. Fatal, in fifty-four hours.

Treatment.—Wound simply dressed. Bleeding, injection of blood *à la* Majendie.

No *post-mortem*.

Remarks.—This wolf had also bitten a young man who did not suffer. M. Majendie has himself appended some observations to this case.

Reference.—*Lancet*, vol. iv, p. 18.

CASE XLIII.—C. D., male, æt. 13, bitten on the ball of the right thumb by a little dog.

Result and Time of Attack.—One month afterwards. Fatal, second day.

Treatment.—Tobacco.

Post-mortem not completed, as the friends would not allow the examination to proceed farther.

Remarks.—Mr. Morgan threw some cold water on this patient's face, which brought on convulsions. A most reprehensible practice.

Reference.—*Lancet*, vol. vi, p. 285.

CASE XLIV.—Charles Roberts, æt. 42, bitten on the thick part of the right thumb by a bull-terrier dog.

Result and Time of Attack.—Ten weeks after. Recovery.

Treatment.—Large doses of Goulard's extract of lead. Venesection.

Remarks.—This patient suffered from paralysis from the use of the lead, which disappeared after a little time.

Reference.—*Lancet*, vol. vi, p. 343. The account of this case first appeared in the *Morning Herald.*

CASE XLV.—John Duckworth, æt. 15, bitten on the second phalanx of the thumb by a dog. The wound not cauterised at the time. M. Lucas and Mr. Johnson considered the dog mad, but it also bit another man, and licked the wounded finger of a gentleman, who did not subsequently suffer.

Result and Time of Attack.—A month after. Fatal.

Treatment.—Bleeding, submuriate of mercury, opium, belladonna, acetate of lead.

Post-mortem.—Twenty-one hours after death. Head.—The inner surface of the calvaria was turgid with blood, the dura mater scarlet, the tunica arachnoidea opaque, the pia mater vascular, the surface of cerebellum vascular. The mouth, fauces, pharynx, larynx, natural. The œsophagus did not present any unusual appearance until it approached the cardia, where there were marks of inflammation, which extended into the stomach surrounding the cardic orifice. The ilium was inflamed upon its inner surface about six or eight inches from its termination in the cæcum. The nerves natural, the pleura adherent on the right side, and more than a usual quantity of serum was found in the pericardium.

Remarks.—This patient was bled to about forty oz., and then nearly poisoned. He was visited by Drs. Macdonald, Jeffery, Emmerson, Halton, and Renwick, who at the beginning were conversing in the room, before the boy, about hydrophobia.

Reference.—*Lancet*, vol. vii, p. 249.

CASE XLVI.—Francisco Farroglio, æt. 32, bitten by a cat on the left hand. The wound was cauterised superficially at the time.

Result and Time of Attack.—Forty days after. Recovery.

Treatment.—The wounds were cauterised again after the method of Rossi. The sub-lingual gland was cauterised with a small hot iron.

Remarks.—The internal use of vinegar and a decoction of genista lutea tincture were prescribed.

Reference.—*Lancet*, vol. viii, p. 245. Dr. Felice Cartagno. Remarks on case by Prof. Rossi.

CASE XLVII.—Boy, bitten by a dog.

Result and Time of Attack.—Three weeks after. Fatal.

Treatment.—Abstraction of blood in large quantities, and full doses of opium.

Post-mortem.—*The mucous membrane lining the pharynx, œsophagus, and stomach was found to be inflamed, the membrane being of the colour of wine lees.* The lungs were gorged with black blood, and the bronchi with frothy mucus.

Remarks.—The principal result of the discussion at the Westminster Medical Society on this case went to show that patients had a tendency to snap.

Reference.—*Lancet*, vol. ix, p. 646. Dr. Somerville.

CASE XLVIII.—A. Davidson, male, æt. 23, bitten by a dog on the back part of the wrist.

Result and Time of Attack.—Ten weeks after. Fatal.

Treatment.—Bleeding, injection of ether and laudanum.

Post-mortem.—On the spinal marrow opposite to the junction of the dorsal and lumbar vertebræ, there was an ecchymosis beneath the membranes to about an inch in extent, and about this point there was a distinct softening of the spinal marrow.

Remarks.—This was reported to be a case of hydrophobia, but Sir Astley Cooper said it was not. This poor patient was also treated badly. The *Lancet* says that the patient laboured under mania. He was very susceptible to current of air, and was exasperated by the blowings and sprinklings which each pupil thought proper to bestow on him. Such treatment as he was subjected to was sufficient to make any man mad.

Reference.—*Lancet*, vol. ix, p. 750. Dr. S. Back, Bright, MM. Ray, Morgan, and Callaway.

CASE XLIX.— — Miranow, male, bitten on the hand by a horse, which had bitten another horse.

Result and Time of Attack.—No bad symptoms.

Treatment.—Genista powder on the seventh day. Dr. Marrochetti cauterised the vesicles under the tongue.

Remarks.—Marrochetti believed that these vesicles always appear. This view seems to be of Greek origin, for Dr. Zanthos in *Hufeland's Journal* has shown that they were known long before Marrochetti's time, under the name of Lyssais.

Reference.—*Lancet*, vol. iv, p. 487.

CASE L.—Three males, bitten by a rabid dog.

Result and Time of Attack.—No bad result.

Treatment.—Genista powder.

Reference.—*Lancet*, vol. iv, p. 487.

CASE LI.— ——, female, æt. 13, bitten on the face, jaw, and left ala of the nose by a rabid dog.

Result and Time of Attack.—Next day. Fatal on the twenty-eighth day.

Remarks.—The brother of this girl was also bitten on the hand. Sublingual pustules appeared on him, which were cauterised. He recovered.

Reference.—*Lancet*, vol. ix, p. 487.

CASE LII.— ——, labourer, æt. 55, bitten on the side of the left thigh by a rabid dog.

Result and Time of Attack.—On the sixth day pustules appeared under the tongue, which were cut off and cauterised.

Remarks.—From these and similar cases Dr. Marrochetti infers that rabies is a local malady, the development of which may be prevented by destroying the vesicles under the tongue. He thinks the hydrophobic virus after remaining some time in the wound fixes itself at the orifices of the ducts of the sub-maxillary glands on the sides of the frænum, that a peculiar inflammation develops, producing these little pustules. He was discharged from the hospital shortly after in perfect health.

Reference.—*Lancet*, vol. ix, p. 486.

CASE LIII.— ——, male, æt. 60, bitten by a dog supposed to be mad.

Result and Time of Attack.—The wound was cauterised at the time.

Treatment.—On the ninth day on each side of the frænum was seen a semi-transparent vesicle, which was cauterised.

Remarks.—This patient had no subsequent bad symptoms.

CASE LIV.— ——, male, bitten on the fingers by a pug dog.

Result and Time of Attack.—Three months after. Fatal in fifty-seven hours.

Treatment.—Bleeding, injections of assafœtida and belladonna, leeches to epigastrium, blisters between the shoulders, seven-grain doses of lead.

Post-mortem.—The body was examined five hours after death. The brain was healthy in every respect. The œsophagus was quite natural, so was the larynx, and the trachea contained nothing unusual save a quantity of mucus, which had accumulated at the bifurcation ; the lungs were dark, doughy to the feel, they adhered firmly by old connections, and there was no fluid in the pleural cavities. The heart and large vessels were healthy. The liver was soft and of a deep green colour, and the gall-bladder full of healthy bile. The stomach was large and relaxed, full of a greenish-brown fluid, and showing several distended blood vessels. The intestines, kidneys, and spleen healthy, if we except a patch of cartilage on the convex surface of the last organ.

Reference.—Dr. Bright's Reports, vol. xxxi, p. 353, and *Med. Chir. Review.*

CASE LV.—Henry Baylis, æt. 31, bitten by a dog on the fourth finger of the left hand.

Result and Time of Attack.—Two months after. Fatal.

Treatment.—Calomel, belladonna, Prussic acid.

Post-mortem.—Forty-seven hours after death. Head.—The sinuses were loaded with blood, the tunica arachnoidea thickened and opaque, the pia mater greatly congested, the sections of the cerebrum presented numerous bloody points. The lateral ventricles contained about a drachm and a-half of serum. The plexus choroides were gorged with blood. There were about six drachms of serum at the base of the brain. *The mucous membrane of the fauces, epiglottis, larynx, trachea, bronchi, very vascular and the air passages filled with bloody froth.* The right lung remarkably red, the left as dark as the colour of venous blood.

Remarks.—The pericardium had its two surfaces intimately united by old adhesions, which had become organised so that practically speaking he had no pericardium. Nothing remarkable in other parts of the body.

Reference.—*Lancet*, p. 13. 1844. Mr. Bateman.

CASE LVI.—George S., bitten on the thumb by a dog.

Result and Time of Attack.—Fourten days after. Recovery.

Treatment.—Twenty grains of calomel, salivation.

Reference.—*Lancet*, p. 668. 1847. Mr. Harris.

CASE LVII.—Ram Jam, male, æt. 12, bitten on the ankle by a rabid dog.

Result and Time of Attack.—A year after. Fatal.

Treatment.—Ether inhalation, injection of turpentine.

Post-mortem.—Eleven hours after death. The pia mater,

tunica arachnoidea, brain, and cerebellum very vascular, a great increase of clear serum in the ventricles as well as in the brain, and within the spinal sheath. *The mucous coat of the trachea was more injected than natural.* Lungs highly engorged, and the mucous coat of the stomach inflamed.

Reference.—Lancet, p. 409. 1847. Staff-Surgeon Robert Allen.

Case LVIII.—John L., bitten by a cat in the leg.

Result and Time of Attack.—Wound cauterised at the time by a hot iron. Eleven years after. Recovery.

Treatment.—Indian hemp, morphia, chloroform.

Reference.—Lancet, p. 122. 1848.

Case LIX.— ——, female, æt. 40, bitten on her finger by a greyhound.

Result and Time of Attack.—One month after. Fatal, in four days.

No *post-mortem*.

Reference.—Med. Chir. Review, vol. vii, p. 236. M. Leveille, Royal Acad. Med., Paris.

Case LX.—Courmontague, male, æt. 20, bitten by a mad dog on the thigh when a youth of 14.

Remarks.—From this period until he came under the care of Larrey, Courmontague did not cease to experience a kind of nervous affection, which was characterised by spasms and a slight aberration of the intellectual faculties. He was irritable, very loquacious, and was frequently agitated by automatic movements. He was emaciated, his eyes were haggard; he was often afflicted with vertigo and dimness of sight, and he felt an invincible repugnance at the sight of any liquid even in circumstances in which his companions, oppressed by heat, were compelled to drink in his presence. He drank bitter ptisans and other coloured liquids with more or less avidity. These were his principal symptoms when he came under the management of Larrey—not on their account, but for a sprain of the right foot, which he had received during a violent exertion. To this affection was soon superadded symptoms of nostalgia, and Courmontague expressed a strong desire to be dismissed the service. Obstinately bent upon this purpose, far from allowing his cure to proceed, he secretly employed means to swell the leg, and to aggravate the disease, so that, in a short time, gangrene appeared in the inside of the foot, and spread so hastily that the whole limb became sphacelated, and was amputated. After some attacks of traumatic irritation, caused by deviations from the prescribed *régimes*, two-thirds of the wound had cicatrised, when, on the 36th day after the operation, the patient suddenly refused all kinds of transparent liquids, and became attacked with signs of cerebral inflammation. He was convulsed; he locked his jaws, he ground his teeth, and fell into a state of tetanic contraction. All the excretions were suppressed, the spasm and rigidity increased, and during the night of the 33rd he expired. On inspection were found hypertrophy of the cranium, principally in the occipital region, considerable engorgements of the vessels both of the membranes and brain of the superior longitudinal sinus and plexus choroidus; slight granulations on the surface of the hemisphere; about an ounce of yellow serum in the lateral ventricles; firmness and density of the whole brain, of the spinal cord, and especially of the tuber annulare, in the substance of which a red tinge was evidently manifest, and the neurilema of the spinal nerves was stained of the same colour. The mucous membranes were all healthy. Except a few old adhesions, nothing morbid could be detected in the lungs, and all the viscera of the abdomen presented a natural appearance. The pericardium was firmly attached to the heart in its whole extent, but evidently by cohesions of a former date; the cavities were very contracted, and the great vessels which issued from it were not more than two-thirds of their ordinary size.

Reference.—Med. Chir. Review, vol. xxix, p. 2, 1841. Baron Larrey.

Case LXI.— ——, male, æt. 14, bitten in the leg by a dog. Recovery.

Result and Time of Attack.—A week after. Admitted into Guy's Hospital with decided tetanus.

Treatment.—This case was recognised as one of tetanus from the outset, and treated as such by calomel and opium, a blister applied to the wound, leeches to the spine, sulphate of zinc, &c.

Reference.—Med. Chir. Review, vol. xxxi, 1832. Dr. Bright's reports.

Case LXII.— ——, male, æt. 17, bitten on the left hand by a strange dog; death took place in forty-eight hours after he was taken in.

Result and Time of Attack.—Two months after. Amputation of the bitten limb was proposed, and the left arm was removed above the elbow.

Post-mortem.—There was no disease worth noticing in either the membrane, brain, or spinal cord. The membranous lining of the trachea, particularly about the bifurcation, was vascular, and the lungs emphysematous.

Reference.—Med. Chir. Review, vol. xxxi, p. 350. 1832. This case was recorded in No. 192, *Lancet*.

Case LXIII.— ——, male, æt. 52, bitten on the upper lip by a dog.

Result and Time of Attack.—Five weeks after. Fatal, in forty-eight hours.

Treatment.—Bleeding, 76 ounces.

Post-mortem.—The blood was found remarkably fluid.

Reference.—Med. Chir. Review, vol. xxxi, p. 350. Dr. Bright.

Case LXIV.— ——, male, bitten by a small dog.

Result and Time of Attack.—Four months after. Fatal, in less than forty-eight hours.

Treatment.—Two pints of blood were removed from his arm at two bleedings, and then he was placed under the influence of Prussic acid in ten-drop doses every two hours, with two grains of opium and five of calomel in the intervals.

Post-mortem.—The blood was found remarkably fluid. A little water lay both above and beneath the arachnoid, the pia mater was rather too vascular; there were two bony concretions in the falx, the cerebral substance was firm and rather vascular; the ventricles were unusually dry. Between three and four drachms of serum lay in the spinal sheath, but the cord was healthy; the lungs were very much gorged with coagulated blood. A little bloody mucus lay in the pharynx, the posterior surface of which presented a purple flush; the trachea was of a deep chocolate colour throughout its whole ramifications; the lining of the œsophagus was healthy, if we except a reddish-purple appearance near its termination in the stomach, which presented internally a few star-like bloody spots towards the cardiac, and a greenish-purple stain at the pyloric end.

Reference.—Med. Chir. Review, vol. xxxi, p. 351. Dr. Bright.

Case LXV.—Charles G., male, æt. 10, struck by a boy with a stone on the lip; also said he was bitten on the leg by a dog.

Result and Time of Attack.—Five days after; three weeks after dog bite. Fatal.

Treatment.—Belladonna, opium, chloroform.

Post-mortem.—Autopsy twenty hours after death. The membranes of the brain were congested, and there was fluid in the left ventricle; the spinal cord injected with blood; serum to the extent of two ounces beneath the theca vertebralis. *The tongue was coated with a thick layer of epithelium, and the papillæ numerous and larger than usual: a quantity of saliva was in the mouth, and the fauces were very red.* Intestines: various contractions of the small intestines were noticed. Nothing else important.

Remarks.—This was a supposed case of tetanus and hydrophobia combined.

Reference.—Lancet, p. 259. 1848. Mr. Hamalon.

Case LXVI.—F., male, æt. 5, bitten on the right cheek and on the nose by a dog.

Result and Time of Attack.—Five weeks after. Fatal.

Treatment.—Calomel, Prussic acid, blisters, opium.

Post-mortem.—Membranes of the brain very vascular, and general vascularity of the brain substance; increased vascularity of spinal cord, membranes, &c.; a considerable quantity of fluid between the membranes and the cord; *the pharynx was of a deep, dusky, red colour*, and the mucous follicles enlarged; the lungs more vascular than usual.

Reference.—Lancet, p. 335. 1849. Dr. Fife, Mr. Paget, Mr. Trim.

Case LXVII.—

Remarks.—Mason Good says:—"I have occasionally met with a few obstinate cases of hydrophobia, or water-dread, without any connection with rabies—one especially, in a young lady of 19 years of age, of a highly nervous temperament, which was preceded by a very severe toothache and catarrh. The muscles of the throat had no constriction, except on the approach of liquids, and the patient through the whole of the disease was able to swallow solids without difficulty, but the moment any kind of liquid was brought to her, a strong spastic action took place, and all the muscles about the face were violently convulsed if she

attempted to swallow. Similar examples are to be found in Battini, Dumas, Alibert, and several other medical records. Hydrophobia is therefore too general and indefinite a term to characterise the genus before us, unless we mean to include under it diseases which have little connection with rabies. Hunauld has made seven distinct species, of which two only are irremediable, and Swediaur has followed his example."

Reference.—Study of Medicine, vol. iv, p. 382. Mason Good.

CASE LXVIII.—Charles J., bitten on the wrist.

Result and Time of Attack.—Six weeks after. Fatal.

Treatment.—Morphia, chloroform.

Post-mortem.—Thirty-seven hours after death. *No unusual vascularity of the pharynx.* Considerable adhesion of the dura mater to the calvaria, along the line of the coronal suture, and notable enlargement of the vessels of the dura mater leading up to this situation from behind, especially on the right side. Extreme congestion of the pia mater over the whole surface of the brain. Arachnoid natural in appearance, well-marked flattening of convolution; no subarachnoid fluid. Universal adhesions of the pia mater and arachnoid to the surface of the convolutions, so that it was impossible to strip off small portions without at the same time tearing away the superficial grey matter. There was also a close adhesion of the minor surfaces of the anterior lobes to one another, attempts to separate them only resulting in a tearing of the grey matter. On section of the brain the vessels were found to be very numerous in the white matter; and the grey matter was broad, very dark, and quite dusky in colour. There was a slight *post-mortem* maceration of the surfaces of both thalami, and the pharynx was soft and diffluent. No fluid seen in the lateral ventricles; choroid plexus much congested. The congestion of the medulla was not more marked than that of other parts of the encephalon, and nothing abnormal was detected about the roots of the right nerve. There was a decided increase in the amount of fluid in the spinal canal surrounding the cord. The fluid had a yellowish, transparent, and slightly gelatinous appearance. The cord itself presented no unusal appearance. The pericardium contained about two fluid drachms of straw-coloured fluid. The right side of the heart, and also the left auricle contained dark, slightly coagulated blood. The left ventricle was contracted, and contained a small decolourised gelatinous clot, which extended a short way into the aorta; the valves were healthy. Both lungs were congested and gorged with blood, more especially the right; pleura natural. The stomach was slightly congested, and presented a few patches of ecchymosis near the pyloric extemity. Liver firmer than normal, somewhat marked in colour owing to the presence of higher coloured patches here and there. Spleen rather pale, small, and firm. Kidneys—cortical substance wide and unusually pale in colour, capsules easily removed. The intestines appeared quite natural, but were not opened.

Reference.—Lancet p. 63. 1866. Dr. Simpson, Dr. Bastian.

CASE LXIX.— ——, male.

Result and Time of Attack.—Seventy-two days after the bite. Fatal.

Remarks.—Patient lived five days after the first symptoms.

Reference.—Lancet, p. 530. 1869. Dr. Moore.

CASE LXX.— ——, male.

Result and Time of Attack.—Sixty-seven days after. Fatal.

Remarks.—Patient lived sixty-three hours.

Reference.—Lancet, p. 461. 1869. Dr. Gilbertson.

CASE LXXI.— ——, female, æt. 11, bitten on the face by a dog.

Result and Time of Attack.—One month after. Fatal.

Remarks.—In the same newspaper in which the account of this case is given there are records of the death from hydrophobia of a child who had been bitten six weeks before, and also of a coachman, near Stockport, who died, having been bitten in the middle of June.

Reference.—Lancet, p. 163. 1870.

CASE LXXII.—S. B., male, æt. 37, bitten on the thumb by a rabid dog. Wound cauterised with nitrate of silver.

Result and Time of Attack.—Fatal eighty-six hours after the development of the distinct symptoms.

Treatment.—Hypodermic injection of morphia, chloroform.

Remarks.—In connection with these cases on Jan. 2, 1872, Dr. Clifford Allbutt exhibited a series of microscopic sections from the cerebro-spinal centres before the Pathological Society of London. We shall in our remarks on the pathology and morbid anatomy give his observations in full, as we consider them of the utmost importance.

Reference.—Lancet, p. 537. 1871. Mr. A. F. McGill.

CASE LXXIII.—Emma E., æt. 13, bitten by a dog supposed to be rabid.

Result and Time of Attack.—Six weeks after. Fatal in forty-six hours after appearance of first symptoms.

Treatment.—Hypodermic injection of morphia, injections of ammonia.

Reference.—Lancet, p. 537. 1871. Mr. A. F. McGill.

CASE LXXIV.— ——, female, æt. 40, bitten by a dog.

Result and Time of Attack.—Fatal.

Treatment.—Four injections of woorara hypodermically; six and a-half grains altogether. Tracheotomy.

Reference.—Lancet, p. 227. 1872. Professor Paccanti, Pisa.

LXXV.—Friedrich L., male, æt. 6, bitten on the second finger of the left hand by a dog which had already bitten several other children.

Result and Time of Attack.—Three months; fatal third day.

Treatment. — A few of the dog's hairs had been cut off to place upon the wound, which in eight days was completely healed. The treatment consisted in taking twelve ounces of blood from the arm, scarifying, and applying cantharides ointment to the cicatrix—rubbing in a scruple of mercurial ointment into the inner surface of the left arm. Dr. Horn also visited the boy, and described his features as expressive of extreme anxiety, while his eyes told a tale of immeasurable misery. He implored that he might not be touched or bled again, as he desired nothing more than to be allowed perfect rest. The hydrophobic symptoms persisted until death put an end to his sufferings.

Post-mortem.—A *post-mortem* was made on the 4th Sept., 1820, twenty-five hours after death, in the presence of the late Dr. Heim and several other medical men, by the Medical Officer of Health for Berlin, Dr. Mertzdorf. It has been lately proposed that Medical Officers of Health in England should discharge this duty, which it seems, fifty-seven years ago, was the practice in other countries. In spite of the low temperature of the atmosphere, the smell of putrefaction was already developed. The muscles presented a dark-red appearance, the lungs were charged with blood, the larynx, the trachea, and œsophagus presented nothing abnormal; the tissues of these parts were pale. The redness of the heart was remarkable, the arteries and veins on its surface looking as if they had been injected. The mitral and aortic valves presented a scarlet hue, the trabeculæ carneæ were darker than usual, the natural surface of the aorta was of a bright red hue as far as the arch; the blood contained in the vessels was dark and fluid; the inner surface of the stomach was as pale as that of the œsophagus. No morbid change was found in any other abdominal organ. At the urgent request of the parents, the head was not examined.

Remarks.—Twenty-eight days after the injury he complained of pain in his little finger, which the day after involved the hand. On the 2nd of Sept., 1820, pains in the entire left arm and ear supervened; a current of air produced by the mere elevation of the bedclothes, sprinkling a few drops of urine on the skin, excited the same paroxysms as the effects of drinking. Consciousness was unimpaired. He gave sensible answers to the questions put to him, and often expressed that he would willingly die if he could but first drink his fill. Dr. Romberg saw the boy at five in the afternoon. He was lying on his back, his eyes were brilliant and rolled about, his face red, and his features expressed distressing anxiety. His tongue had a very white coating. The skin was dry, the back and the extremities cool, the pulse full (160 beats in the minute), the impulse of the heart strong. The respiration accelerated in proportion to the pulse, the urine of a pale yellow colour. The movements were performed with energy and haste. The mere aspect of a saucer of beer startled the boy, and as soon as the cup approached his lips, sobbing respiration and a convulsive movement of the entire body ensued. He seized the cup with a trembling hand, and carried it to his mouth and shuddered, and swallowed about half a teaspoonful hastily, but with extreme difficulty. A basin of water was put by the bedside, but he remained quiet on seeing it, and washed his hands without exhibiting any change in his features or in his demeanour. Bright objects, as a mirror, or the polished surface of a watch, did not affect him. The sound of rain, when the window was open, produced no impression, but flies upon his face or hands or the bed annoyed him. His intellectual powers were unimpaired, and he denied that he suffered pain.

Reference.—Romberg, "Nervous Diseases," vol. ii, p. 141

Case LXXVI.—Mary B., æt. 8, bitten on the right leg.
Result and Time of Attack.—Twenty-eight days after. Fatal.
Treatment.—Opium, chloroform.
The *post-mortem* disclosed no lesion whatever.
Reference.—*Lancet*, p. 511. 1866. Mr. Hutchinson.
Case LXXVII.—Patrick C., æt. 10, bitten by a young retriever dog.
Result and Time of Attack.—Five months after. Fatal.
Treatment.—Subcutaneous injection of morphia.
Post-mortem.—Nineteen hours after death. Congestion of the veins of the dura mater. The sinuses were filled with clots of blood. The pia mater was greatly congested, and its surface covered with a thin layer of recently formed lymph. The vessels of the brain itself were greatly congested, and the ventricles contained more fluid than usual. On removal of the spine the whole canal was found very much congested, as also was the spinal cord itself. There was an increased quantity of fluid present, but no sign of any injury. The lungs were congested. Nothing else of any importance.
Reference. *Lancet*, p. 664. 1874. Sunderland Infirmary.
Case LXXVIII.—J. C., bitten in the hand by the same dog.
Result and Time of Attack.—Fatal.
Treatment.—Hydrate of chloral, chloroform.
Post-mortem not given.
Reference.—*Lancet*, 1874. Sunderland Infirmary.
Case LXXIX.—George ——, æt. 37, bitten in the thumb of the left hand.
Result and Time of Attack.—Fatal. Vapour bath.
Treatment.—Chloral hydrate, injections of morphia.
No *post-mortem*.
Reference.—*Lancet*, p. 823. 1874. Mr. Garnham.
Case LXXX.—Mrs. M., æt. 55, bitten on the upper lip and on the face.
Result and Time of Attack.—Sixteen days after. Fatal.
Treatment.—Chloroform, morphia, chloral.
No *post-mortem*.
Reference.—*Lancet*, p. 366. 1874.
Case LXXXI.—D. C., male, bitten on the hand by a wild dog.
Result and Time of Attack.—Six weeks afterwards. Fatal.
Remarks.—There was not the slightest reason to suppose the dog had been bitten by his tame congeners, and there was no symptom of rabies in the dog.
Reference.—*Lancet*, p. 655. 1874. Surg.-General McClean.
Case LXXXII.— ——, child, æt. 10, bitten above the ankle.
Result and Time of Attack.—Forty days after.
No *post-mortem*.
Reference.—*Lancet*, p. 645. 1874. Surg.-General McClean.

The Editors of these Reports would feel obliged if readers would forward them short notes of any cases of hydrophobia that may have occurred in their practice. They would also feel indebted for extracts from recorded cases between the years 1800 and 1815, giving name, age, where bitten, by what kind of animal, period of attack, treatment, result, *post-mortem*, date, source of information.

[We have not concluded our Tables, as we have a large number yet to bring before the notice of our readers; but owing to the panic existing at present throughout the country, and the amount of popular ignorance on the disease, we have thought it more desirable to suppress them for the present. We have, independent of our extra cases, laid before the profession almost sufficient data and facts. We therefore commence with the interpretation of our facts, in order to diffuse sound information concerning rabies, to correct the erroneous impressions prevailing, and to show that we have at the present time a large amount of knowledge which we can usefully and practically apply.

Our general and special views on Pathology, on Incubation, on the Etiology and Symptoms, Treatment (Curative, Preservative, and Preventive)—in fact, on every subject connected with it will be stamped by the authority of the chief living writers on this disease, and must, therefore, command the attention and confidence of the profession, who may feel assured that in our pages they will find everything that is known about this affection, whether in man or animals.]

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 14, 1877.

THE METROPOLITAN HOSPITAL SUNDAY FUND.

We last week informed our readers that the Council of the Metropolitan Hospital Sunday Fund had framed their annual Report and ordered it to be printed and circulated, and we now proceed to consider its contents. As we have already stated, the amount collected falls short of that of any previous year by rather over £300, not a very large sum it is true, but nevertheless, sufficient to show that the fund has not yet taken deep root in the public mind; that it has not awakened that sympathy which was expected; otherwise in this vast and wealthy population of London the sum ought in this its fifth year of existence to have been trebled at least. The Council attribute the falling off in the Fund to the serious financial depression which has so materially reduced the means of the charitably disposed. It is, however, gratifying to find that there has been a highly satisfactory growth in the number of contributing congregations as compared with former years. From the Church of England alone, there are no less than thirty new contributories, and from the "Congregationalists," who head the list of other religious bodies, an average increase of sixteen. Nearly all other denominations have maintained a fair average. This increase was due to the efforts made by the General Purposes Committee, to collect statistics and urge the claims of the

Fund upon the clergy, and also a plan suggested by Mr. H. C. Burdett, of dividing the whole of the metropolitan area into districts or localities, and of printing on church slips, for each district, what information could be obtained from each hospital and dispensary situated in the several localities, the relative amount of relief afforded to the poor, as well as the amount received in annual subscriptions from the immediate neighbourhood. The tables as a rule showed a lamentable want of interest in hospital work; and for that the tradespeople of the locality look for a return in the shape of hospital letters, that they may use them to relieve themselves of the burden of dependents and servants in times of sickness.

The total amount collected this year in the various places of worship realised £25,078 7s. 11d., and in schools £57 10s. 5d. The donations, including contributions from workmen and firms, amounted to £909 11s. 4d. The interest on £20,000, invested during the short interval prior to paying the several awards on the 7th August, £37 9s. 6d.; making in all, with a balance of £824 18s. 10d. from 1876, £26,911 15s. 9d.

The amounts collected annually in aid of this fund, since its institution in the year 1873, are as follow, *exclusive of balances carried from year to year.*

1873—£27,700 8 1	1875—£26,396 2 0
1874—£29,936 17 10	1876—£27,042 11 4

1877—£26,082 19 1.

The working expenses of the fund amounted to £993 10s. 2d., inclusive of all charges for printing, advertising, &c., being 3 4-5ths per cent. of the gross receipts.

The Distribution Committee issued [invitations to the Committees of ten hospitals to meet them by deputation, so as to afford opportunities of explaining or clearing up points which influenced the Committee in reducing] or withholding awards, but only in one instance was the invitation accepted, the other nine preferring to leave the matter in their hands. The report concludes with votes of thanks to the Lord Mayor, who, following in the footsteps of his predecessors, has materially aided the work and welfare of the fund; to the public press the Council return especial thanks for valuable and judicious reports continued year by year, and thus bringing it to the notice of the public; and, finally, hearty thanks are tendered to the clergy and ministers of every denomination who have hitherto pleaded the cause of the Metropolitan Hospital Fund before their several congregations. There should be be no difficulty in raising the amount collected on Hospital Sunday to a sum quite equal to the wants of the unendowed hospitals of this metropolis.

THE THROAT HOSPITAL IN GOLDEN SQUARE.

Considerable interest is noticeable among the profession and public with regard to the state of affairs at this Institution, and much surprise is expressed that Dr. Morell Mackenzie and his supporters have neither taken any steps to rebut the charges that have been made, nor to accept the condemnation which has been passed upon their management by tendering their resignations. In most Institutions the treasurer, as trustee for the public, is the officer whom we should expect to make an authoritative statement in such a serious state of affairs. It is, in fact, a duty which he owes to the public whose contributions he holds in trust. The Treasurer of the Throat Hospital, is however, as silent as his colleagues.

Appeals for funds appear almost every day in the columns of the daily papers, and yet no steps are taken to relieve the stigma which attaches to the Institution owing to the withdrawal of so many influential supporters after a formal inquiry had been held.

Here we have an Institution from which the chairman, vice-chairman, surgeon and most of the officials withdraw in consequence of the alleged mismanagement and arbitrary conduct of the medical superintendent, which they find themselves powerless to correct or oppose. These resignations are followed by an official inquiry which results in the withdrawal of the patronage of the Prince and Princess of Wales, and the resignation of the President, the Marquis of Bute and other noblemen and gentlemen, and we next hear that the Council of the Hospital Sunday Fund declines to pay the usual grant.

These are significant facts which cannot be passed over in silence. If the hospital is to retain the support of the public, it appears imperative that some explanation should at once be given by Dr. Mackenzie and his committee. To withhold such explanation at a time when they are making urgent appeals to the public for funds seems the height of folly, and is calculated to intensify the injury that has already been done to the Institution by the withdrawal of the names of so many influential persons.

We understand on the best authority, that Dr. Mackenzies' father-in-law, brother, and five brothers-in-law, are on the committee and staff of the hospital, and that one of the latter is chairman of the committee.

These gentlemen we have no doubt are actuated by the purest motives, but the very fact that they hold seats on a committee that has supported the management of their relative and connection, which management has been condemned by the highest personages in the land, makes it more necessary that they should at once place their resignations in the hands of the subscribers. A similar course would also appear the wisest for Dr. Mackenzie to pursue. On the part of the present hospital officials silence has only been broken by Dr. Mackenzies' colleagues on the medical staff, who, it appears, although they were neither present at the inquiry, nor have had any opportunity of examining the witnesses since, have expressed their opinion that the charges are unfounded.

Considering by whom the court of inquiry was composed, the profession have a right to demand that Dr. Semple and his colleagues (one of whom (Mr. Oakley Coles) is, we believe, a brother-in-law of Dr. Mackenzie) should state the evidence upon which they were enabled to come to so different an opinion.

COMING LEGISLATION ON IRISH PUBLIC HEALTH.

The announcement which has appeared in the papers of the final prorogation of Parliament previous to its meeting in February, reminds us that it is time that the attention of the profession was again directed towards the impending legislation in reference to sanitation in Ire-

land. Our readers will recollect that the Select Committee of the House of Commons completed its sitting and made its report within the last few days of last session, and that the Chief Secretary had adopted most of the views submitted to him by the Irish Medical Association through its Chairman of Council, Dr. Grimshaw. The Bill, being thus amended, would have received the support of the Association, but it was met by the opposition of the "Obstructionists;" and, its passing in face of that antagonism being impossible, was withdrawn. The only important point reserved by Sir Michael Beach was that respecting the appointment of inspectors independent of the Board of Guardians, and, as to this, a favourable assurance, though not a pledge, was given by him. It is, therefore, to this point that the attention of Government should now be most earnestly called, and it behoves those who have in hand the reform of the system (or, we should say, absence of system), to lay before Sir Michael Beach accumulated proof that the present organisation is altogether unsatisfactory and ineffective, and to use every influence to prevent its being perpetuated by the coming legislation.

Such proofs are at hand in any quantity, but there will be a difficulty in securing for them due consideration, inasmuch as both the Local Government Board and the Sanitary Authorities are interested in convincing the Government that the system is smooth-working and effective, and needs no alteration whatever. *Festina lente* is the traditional motto of public departments, and, in this instance, the Local Government Board is especially desirous to avoid precipitancy, fearing lest it may come into inconvenient contact with the money-saving, dirt-tolerating Guardians. In pursuance of this policy, the Board issues an annual rose-coloured report of the sanitary organisation, of its admirable efficiency, and if the blessed benefits derived by the country from the Public Health Act. The last of these reports says:—

Exceptional cases of neglect and indifference on the part of local sanitary authorities have created in some quarters an unfavourable impression as to the shortcomings generally of the law and its administration, which are not warranted by the facts.

It must be observed that it could not have been reasonably expected that a measure like the "Public Health (Ireland) Act," would at once work a complete reform of the sanitary conditions throughout the whole country, as it was obvious that some localities would adopt their sanitary reforms more readily and with more promptitude than others, and that a complete general amelioration in those matters could only be a question of time.

We mentioned with satisfaction in our last report that the sanitary authorities had for the most part been active in the discharge of their duties.

A glance at the facts stated will be sufficient to show that in the short space of time which has elapsed since the passing of the "Public Health Act (Ireland), 1874," great and satisfactory progress has been made by sanitary authorities in Ireland in applying expenditure to the two important objects of sanitation, namely, the provision of pure air and pure water for both the urban and rural population of the country.

The happy conclusion thus arrived at, the Board derives, however, from a review of the sums granted to various sanitary authorities for waterworks and other large undertakings, whic hare, however, no measure whatever of the success of the Act in remedying the multitude of individual nuisances which exist in every union in Ireland; and which, as a rule, continue to exist in consequence of the total ignorance of their presence on the part of the Board. A reference to the Registrar's notes, which are published as an Appendix to the last quarterly return of the Registrar-General, conclusively shows that the sanitary organisation, so far from being as efficient as the Local Government Board represents it to be, is a miserably useless piece of legislative machinery. We append a few extracts:—

WARRENSPOINT.—No attempt has yet been made to effectively drain the town of Warrenspoint. Sewerage is very badly required, as many of the back-yards must, of necessity, be flooded during the winter, as there is no way for the water to escape.

GWEEDORE.—The sanitary state of this district is very bad; cattle are kept in nearly all the dwelling-houses, and manure is allowed to accumulate for days without being removed; sanitary reform is very up-hill work.

LETTERKENNY; *Church Hill.*—The sanitary state of the district cannot be boasted of.

MANORCUNNINGHAM.—Bronchitis and whooping-cough very prevalent in the district during the past quarter; defective sanitary arrangements and bad ventilation have probably conduced to this result.

LONDONDERRY; *Glendermot.*—A great deal of typhus fever in the district. The urban sanitary board does not support the reports made by the sanitary officers; where a loop-hole exists, it invariably evades prosecution.

LONDONDERRY; *Killea.*—Sanitary Act a "dead letter."

OMAGH; *Dromore.*—The sanitary arrangements in the district are still imperfect, although improved.

CARRICKMACROSS.—Sanitary arrangements in many places very imperfect. An expanded organisation, with an increased staff and periodical visitations, under a supreme central authority, if provided for in amended Public Health Act, Ireland, will almost banish zymotic diseases from the country.

DUBLIN NORTH; *North City.*—Many of the lanes and courts in which the poor dwell, are let continue in a very filthy condition.

DUNDALK; *Barronstown.*—It is getting much more difficult to enforce the Sanitary Act, as the public find that parties summoned are only required to pay the costs of the case, and that there is nothing to prevent a recurrence of the nuisance except the same process of inspection, noticing, and summoning. The recurrence of nuisances is getting much more frequent on this account.

KELLS; *Kells.*—Our sanitary condition is, nevertheless, far from satisfactory. The water supply of the town of Kells is particularly bad, the water from all the public wells and pumps, with one single exception, having shown evidences of contamination with organic impurity on analysis.

CAVAN; *Arvagh.*—There is not a drop of water fit for use in Arvagh; there are some wells, but so often polluted that it is really dangerous for anyone to drink the water out of them; the sanitary authorities have several times been noticed about it, but seem to be very slow in having the evil remedied.

MONAGHAN; *Glaslough.*—The sanitary state of the district has improved, but until the law is administered with greater firmness than has been done in the past, the sanitary arrangements will continue unsatisfactory.

MULLINGAR; *Mullingar.*—The sanitary arrangements of the district are exceedingly bad, and no attempt has been made to improve the town.

THURLES; *Borrisoleigh.*—The sanitary state of the district is not at all satisfactory.

TIPPERARY; *Cappagh.*—The sanitary state is unsatisfactory; difficult to stimulate to action the sanitary authority.

DROMORE WEST; *Castleconor.*—The sanitary arrangements are not carried out, owing to the want of co-operation of the sanitary board with its officers.

PORTUMNA.—The sanitary state of the district is most unsatisfactory; scarcely anything has been done under the present sanitary law either in the town or the outlying villages.

FERMOY; *Kilworth.*—A family of 6 to 8 or 10 in number occupy this place, which constitutes half the house, the remaining half being where they cook, eat, and sit during the day. The entrance of air into these houses can only take place through the door and chimney, the windows generally being fixtures and consisting of a pane of glass fixed in the mud wall. Fever must exist under these circumstances, and will continue until the houses of the labouring class are improved. You bring under the notice of the sanitary authority the existence of such a state of things as I have described. The action taken is to serve a notice upon the occupier; he is a pauper, and the matter becomes a dead letter. The powers under the Sanitary Act appear to be altogether insufficient to remedy this crying evil. I have also to remark upon the indisposition generally evinced upon the part of local authorities to attend to the construction and proper maintenance of sewers. I am of opinion that local bodies and officials who are supposed to work the Act, would require some *vis à tergo* to induce them to put its provisions into force, by which zymotic disease would be materially diminished throughout country towns.

MIDDLETON; *Middleton.*—A low form of continued fever. I attribute the epidemic to the presence of manure heaps and cess-pools adjacent to the doors and to the windows of the sleeping apartments of the cottiers and small farmers. Until improved dwellings are provided for the labouring classes, and compulsory powers afforded to the medical officer for removal and isolation of patients suffering from zymotic diseases, I am of opinion that sanitary science and laws will prove inert in stamping out disease.

NEW ROSS; *Dysartmoon.*—There were a few cases of typhus fever, which were confined to one village; it arose, in my opinion, from total neglect of sanitary arrangements in those instances.

YOUGHAL; *Clashmore.*—There is an improvement in one important sanitary point, the state of the yards adjoining the labourers' houses, thanks, in part, to the powers possessed by the sanitary authority, but not less to the fact that *sea-sand and donkeys* are amongst our staple commodities.

YOUGHAL; *Killeagh.*—The sanitary condition of almost every house, from the farmer's homestead to the labourer's cabin, has its cesspool and manure heap close by, generally in front. This is an *institution* in the country, which people look on as a necessity, and cannot be always put down as a nuisance.

YOUGHAL.—Notwithstanding the unhealthy, overcrowded, and badly drained state of the houses of the poor, this district has been pretty free of zymotic diseases.

CLONAKILTY; *Roscarbery.*—Some of the cabins I have to enter are in a very filthy condition; horses, cows, and, *above all, pigs*, allowed into the dwellings. These latter are very obnoxious and very detrimental to health, the effluvium from them sometimes more than you can bear, even a dispensary doctor.

CORK.—This portion of the river Lea in summer-time is so stagnant that I can describe it better to you by saying it is an open cesspool; add to this the nuisances of several terraces of houses lately erected in this locality. Why an epidemic of fever from this fruitful source has not long since visited us, I can only attribute to an all-wise dispensation of Providence. It is idle for me to report it any more to the local boards.

CORK; *Douglas.*—Arrangements are still very defective.

DINGLE; *Castlegregory.*—There is no hope of promoting cleanliness among the peasantry, while they are permitted to keep pigs in their houses; no mere persuasion can induce many of them, even tradesmen, who ought to know better, to abandon the vile practice, and in every case, except one, of fever, which occurred this year in Castlegregory, one, two, or three pigs have been close to the beds of the patients through their illness.

NEWCASTLE; *Broadford.*—It is very difficult to persuade the people to comply with the sanitary laws or remove fever patients from filthy cabins to the hospital. Pure drinking-water is much needed in the village, where the sanitary authority has been applied to before now to erect a pump.

NEWCASTLE.—Sanitary Act not working well in this locality; notwithstanding much time and trouble spent in inspecting nuisances and frequent reports to sanitary board, there is as yet but very little, if any, improvement in the sanitary arrangements of the district.

TRALEE; *Brosna.*—The village of Brosna is in a bad way for want of proper sewerage; I have reported the case a couple of times to the Board of Guardians, and no action has been taken up to this.

The foregoing reports afford pretty clear evidence that in the great majority of the districts reported upon by the Registrar the Public Health Act is—for want of Government supervision—a sham, not only useless, but absolutely mischievous. But the opinions here expressed do not at all represent the state of Irish sanitary districts as a whole. These are the reports of the few energetic-reform aspiring sanitary medical officers who think it worth their while to write their views to the Registrar-General. What of the multitude of districts in which the medical officer is afraid to expose the nakedness of the land lest he may incur the ill-will of his Board of Guardians? or of those in which the officer is old, feeble, careless, and indisposed to trouble himself about the dung-heap, cesspools, and parlour-stables, to which he has probably served a thirty-years' daily apprenticeship? We assert, without a chance of contradiction, that the reports which we give above are a flattering description of the majority of Irish districts, and we invite Sir M. H. Beach to satisfy himself as to the fact by sending three or four independent inspectors for a fortnight's tour throughout Ireland. We can truthfully assure the Chief Secretary that under the provisions of the Public Health Act, the sanitary state of Ireland, as a whole, is simply disgraceful and abominable, and that there is no hope whatever that—in any lapse of time—that miserable cripple of legislation will effect a remedy. It plainly can never be expected to do so, because the sanitary authorities are under it entirely their own masters, and no one at headquarters has means of knowing whether they neglect their duty or do it. That they are not likely to adopt the latter alternative may be assumed when it is considered that the individuals of the sanitary authority are asked by the present law to volunteer to tax themselves for the purpose of abolishing the cherished nuisances of themselves and their tenants. The proposition is farcical, and we, therefore, assert that to leave these districts, these boards of guardians, and these officers without control is an outrage upon the local taxpayers who are compelled to pay them without receiving any service in return. We appeal to Sir Michael Beach to treat this great question in a firm statesmanlike way—not to be misled by the let-well-alone promptings of the Irish Local Government, but to distinguish himself amongst chief secretaries by, for once, grappling with an obvious abuse, and doing for Ireland that which he would unhesitatingly do if the *corpus vile* were England or Scotland.

Notes on Current Topics.

Medical Testimony and the Validity of Wills.

A FEW days ago the case of Ellis *v.* Stewart was heard before the President of the Probate, Divorce, and Admiralty Division, in which the defendant contested the validity of a will on the ground of incapacity, ignorance of the contents, and undue influence. The case illustrated the improper use that is often made of the medical evidence in questions of this kind, and the caution that should be observed before drawing conclusions adverse to the interests of either party concerned. A clergyman who was in attendance upon the testator shortly before his death drew up a will for him in favour of a lady and her two children, and read over the contents, of which the testator approved. The will was then marked by him in lieu of signing, and attested by independent witnesses, who also bore out the statement of the clergyman that the testator was perfectly capable, rational, and uninfluenced. On the other hand it was shown by a solicitor, supported by the evidence of the medical man, that a few hours before the above event he was found too prostrate to give any instructions about his will. The President, however, took a remarkably just and clear view of the question. He acquitted the witnesses, both for and against the will, of any intention to depart from the truth, attributing the apparent inconsistency to the unexpected rallying of the testator, and he pronounced in favour of the will.

It is clear that in this case the evidence of the medical man was of value only as to the condition of the testator several hours before the drawing up of the will, and not as to his actual state at the time of his signing it. Had the testator, when the medical man saw him, been suffering from any disease of mind or body which permanently incapacitated him for giving instructions on the subject, or which was certain to last a considerable time, the medical testimony would have been unquestionably valid, and the judge would have been justified in pronouncing against the will. The extraordinary rallying powers of the human body under conditions which seemingly preclude all hopes of recovery, should show that a man may be perfectly competent to make a will at one time, when he could not have done it a few hours before.

Charge against a Medical Man.

LAST Wednesday a medical man was charged at the instance of the Commissioners of Lunacy for taking charge of a lunatic lady without certifying the fact to the Commissioners. For this offence, which some may be disposed to regard as a comparatively trivial one, the defendant was committed to take his trial, bail being taken, on his own recognisances. It appears that when first the lady was placed under the charge of the defendant she was merely suffering from nervous debility. Afterwards, however, she showed symptoms of insanity, and her screaming and vagaries attracting the attention of the neighbours, the matter was at length represented to the Commissioners.

To be committed to trial for an offence which might have been so easily avoided, is, when coupled with the publicity given to such charges in the daily papers, a punishment which we regret to hear of any medical man incurring. At the same time every member of the profession should know that the law on the subject of private lunatic boarders is very strict. We have no doubt that, in some instances, the penalty usually inflicted in such cases is out of proportion to the guilt of the accused party and the nature of the offence; nevertheless, the law is a good one, and was made with the express purpose of giving the Government the opportunity of seeing that every lunatic received into a private house as a patient should be properly cared for.

The Prevalence of Rabies.

THE *Veterinary Journal* for the current month observes, that "with regard to rabies, a disease which the Veterinary Department does not recognise—the present wide-spread outbreak was foretold by us so long ago as 1872. When engaged in 1866, in collecting materials for the last portion of our 'Chronological History of Animal Plagues' (published in 1871), we were struck by the increase in frequency of this disease; and the certainty that it would continue to extend its area and become more prevalent induced us to publish a monograph on 'Rabies and Hydrophobia' in the following year." The opinion expressed in that work, and repeated in the editorial article to which we are referring, was to the effect that this extension of the disease is largely due to the ignorance prevailing with regard to its nature and symptoms, to the almost total absence of efficient veterinary police measures to suppress it, and to the existence of dangerous errors, which have become deeply rooted in the public mind. It was also insisted that unless suitable measures were devised this country would be severely visited by rabies and hydrophobia.

Marlborough House.

THAT where there is enteric fever there is bad drainage or sewage contamination is a fact which may now be regarded as true as the old saying that, where there is smoke there must be fire, and the truth of which has been singularly illustrated by the examination that has been just made into the sanitary condition of Marlborough House. Before his Royal Highness the Prince of Wales occupied this residence a great deal was done to improve the drainage, but neither the examination nor the alterations which were made appear to have been so thorough as under the circumstances they ought to have been. Since the recent outbreak of fever in Marlborough House another examination has been made of its basement, where it has been discovered that the site must at a remote date have been occupied by some other building; also that basement walls, cesspools, and drains exist which have no reference to the drains proper at Marlborough House. Therefore, the entire basement is to be re-drained, concreted, and made good, special flushing arrangements from the fire-service pipes are to be provided, the stack or water-closet pipes are to be renewed, their upper ends being carried above the roof and left open for ventilation, while the house itself is to be effectually isolated from the main sewers by ventilation.

The Germ Theory and its Originator.

It is not generally known who was the first to advance the germ theory. The following communication from *Nature*, Oct. 25th, will be interesting to many of our readers, who confound anti-septicism with the germ hypothesis, and also the originators of the two schools, if we may so call them. The writer alluded to is Dr. John Groves, who says :—

"Dr. Richardson has honoured me by mentioning my name and placing me as the first, in modern times, to advocate the hypothesis that living germs are the exciting agents of epidemic and infectious diseases. But he says further, 'I protest, I say, that this hypothesis is the wildest, the most innocent, the most distant from the phenomena it attempts to explain, that ever entered the mind of man to conceive.' It may be so, but I look in vain through the whole story he narrates in his lecture to find a rational substitute for it, and it appears to me desirable at the present juncture that the principles of the germ theory, as I have interpreted them, should stand side by side with Dr. Richardson's 'glandular theory.' It is now nearly thirty years since I endeavoured to find some common root or cause for those diseases which we find in plants, animals, and man, and which are communicable among the individuals of each order in nature; also, in some instances, from one order to another. During that thirty years every step in scientific research and medical experience as far as my inquiries have carried me, has tended to confirm the views I put forward in my original 'Essay' and in subsequent papers read before the Epidemiological Society. Notably the latest advocates of a germ theory are two of our most eminent men, the one a leader in science, the other a leading physician. I need hardly say I allude to Prof Tyndall and Sir Thomas Watson; surely these gentlemen cannot be charged with committing themselves to an hypothesis '*the most distant from the phenomena it attempts to explain.*'

"Now if it can be shown that the germs of disease are subject to the same laws as other living things and exhibit similar phenomena, and further, that without the inference that they are endowed with vital properties, it is impossible to unravel the most striking character which they present to us for consideration, viz., the fact that they reproduce their kind, then I think there is more reason for following up, in all its intricacies, the germ theory, than to start with an *assumed catalysis, molecular motion, and a glandular matrix*, as suggested by Dr. Richardson.

"Starting, then, from the indisputable fact that the *materies morbi* of every communicable disease reproduces its kind, I have considered this a primary law, and have tabulated other laws which are associated with living beings, by which it will, I think, be found that there is a parallelism of a kind to attract and rivet attention, especially, too, when many otherwise inexplicable circumstances bend to this hypothesis.

"Secondary Laws.

Objective Laws.	*Subjective Laws.*
1. The diffusion or dispersion of germs.	1. Seasons of activity.
2. Their static existence.	2. Climatic influence.
3. Limited duration of active existence.	3. Relation to latitude.
4. Period of development, maturity, and decay.	4. Subjection to physical forces.
5. Intermittent reproduction.	5. Influence of locality.

"Without amplifying this subject, which would carry me far beyond the limits of an ordinary communication, I will only add that though the above tabulation is very imperfect, there is quite sufficient for any one who will follow out the ideas conveyed by it to trace the intimate relation that exists between living beings and the germs of disease. I would refer finally to the fact that many diseases in men and animals have yielded up living germs as their cause, chiefly, I may add, skin diseases it is true; but *aphtha*, closely associated with diphtheria, is, I think, acknowledged by all unprejudiced persons to have its origin in an unmistakable and demonstrable germ."

Medico-Legal Researches on Spermatozoa.

Dr. Longuet has devoted himself to this important question, and recently communicated to the Society of Legal Medicine, Paris, the result of his researches.

His method of discovering spermatozoa is simple and practical. In order to isolate these special bodies, the expert must adopt some primary manipulations, but there is danger of creating artificial spermatozoids which may be confounded with true ones, as, according to Dr. Longuet, certain vegetable fibrillæ contain in their interior ovoid granulations, which as soon as the cells are broken, become free, and disperse themselves in the liquid. Dr. Longuet has sought for a colouring material, which by its elective action, will distinguish the various animalculæ, and he has fixed on ammoniacal carmine such as is used in histology. He advises the following method of procedure :—

1st. Take a small piece of the stuff stained, as near as possible, from the centre of the stain.

2nd. Steep it in a small quantity of distilled water coloured with some drops of the ammoniacal solution of carmine (5 or 6 drops to 5 grammes of water).

3rd. Allow it to macerate for thirty-six or forty-eight hours or more.

4th. Break up the stuff with great care, ravelling it bit by bit.

5th. Pick out, one by one, and separately, each portion.

6th. Examine them separately under the microscope, with a power of 500 diameters, in a drop of ordinary glycerine.

If these rules are observed, the vegetable fibrillæ will be found uncoloured, and perfectly refracting, and clusters of spermatozoa, the heads of which will be coloured of a *lively red* whilst the tail is unstained.

The advantage of this method, consists especially in affording the clearest results, under the most favourable circumstances, that is to say when the stain is old, for nothing is easier than to isolate and recognise spermatozoa, when the stain is recent.

Poisonous Effects of Arnica.

Dr. Earle, of Chicago, publishes (*Chicago Medical Journal and Examiner*, Sept. 1877, page 267), his notes of a well-marked case of the above that fell under his notice in private practice. The subject was a Mr. L, a healthy gentleman of excellent habits, and with no specific cachexia, although some time previously he had been under Dr. Carte's care for a slight eczematous affection on the hand. He sustained a slight injury to his knee by falling on the side walk, while attempting to reach the street cars. To relieve the pain he applied some arnica to the knee, with the effect of inducing a smart attack of eczema affecting all the parts with which the arnica had come in contact. The custom of using arnica lotions for bruises, strains, &c., is so widespread and fashionable, it

is well that the profession should be thoroughly alive to these effects. Fox and Hebra, both direct attention to them, and the latter is especially earnest in warning against an indiscriminate and incautious use of this remedy. It should not be used in cases where there is clear evidence of an irritable skin.

The Antidotes to some Arsenical Preparations.

Dr. Rouyer has just published some experiments on the poisonous dose of some preparations of arsenic, either introduced into the stomach or injected into the blood. As the *Paris Médical* says: What most interests us are questions—what quantity must be administered as an antidote? and after what time may the poison be neutralised? Experiments have confirmed the fact that recently prepared hydrate of the sesquioxide of iron is an antidote to arsenious acid, when contained in the stomach and not in the blood, its efficacy being manifested in three-quarters and half an hour after poisoning. But the hydrate is not the antidote to the arseniate of potass or the arseniate of soda. Dr. Rouyer proposes then the chloride joined to magnesia which is equally an antidote against arsenious acid.

The ferri hyd. and chlor. joined to magnesia, are useful in cases of poisoning by arsenious acid, but the latter as it neutralises, according to Dr. Rouyer, the two other compounds, and is easy of preservation and conservation, must be looked upon as more valuable.

"Dr." Barnardo and his Medical Qualification.

The award of the arbitrators in reference to the charges against Mr. Barnardo, has special interest to the profession in relation to his use or misappropriation of the title of Doctor, under which colours he sailed for many years without any legitimate right whatever to call himself such a name. The charge against him was: "That he the said Thomas John Barnardo had assumed and used the style and title of 'Doctor,' meaning that he was a physician, without any legal, substantial, or real right to such title and style."

The award of the Recorder of Leeds, Mr. W. Graham, M.P., and Canon Miller, upon this subject is as follows:—

It appears that Dr. Barnado entered as student the London Hospital in October, 1866; had finished his attendance in 1870, and did not after this proceed to a degree. He alleges that in February, 1872, he obtained what purported to be a diploma of the grade of Doctor of Medicine from the Dean of the Faculty of the University of Giessen, for which he paid fifteen pounds; that he underwent, as a qualification for such diploma, a nominal and superficial examination at St. George's Hospital, London. No diploma here mentioned was produced, nor any receipt for the payment made for it; nor did it appear that this examination took place with the sanction or cognisance of the hospital authorities. He further states that he first discovered in September, 1875, that a fraud had been practised on him in granting this diploma, which he therefore then destroyed. As medical student, he had been familiarly called Doctor by his friends, which title, having thus become attached to his name, was adopted by him. He has never had an English diploma to give him a real title to the degree, nor has he practised as a physician. It is thus strictly true that during the time here referred to he had no legal or real right to the title and style of Doctor. It was not until March, 1876, that he obtained a diploma at Edinburgh.

Pure Chloral Hydrate.

Owing to the important position which this drug has attained in the estimation of the profession, and the public at large as a hypnotic, it is essential that none but the purest preparations should be supplied, when prescribed. The crystals should be quite dry and transparent; not as is often the case damp and opaque. The acicular form of crystal is not advisable for use; indeed, by some it is regarded as a separate and impure compound of chloral. The cerebral excitement and other dangerous symptoms, sometimes noticeable after the administration of chloral are due to impurity in the preparation used, never being found (according to many observers) as a sequence to the use of those preparations which are absolutely pure.

When prescribing chloral (*New Remedies*), it is a good rule to direct the patient to take a biscuit, or other light refreshment before taking the medicine. Care must be taken in ordering the drug in cases where excessive alkalinity of the blood is suspected.

A Hard Case.

That a Board has no conscience is a truism of which too many have painful remembrances, and that it is often as equally as conspicuous for its heartlessness may be seen by the conduct of the West Bromwich Board of Guardians, which has been so shamefully uncharitable as to attract the attention of the Local Government Board.

A few days ago there was a meeting of the Council of the Poor-law Medical Officers' Association, at which it was resolved "That this Council has seen with much satisfaction the action of the Local Government Board in directing their inspector, Mr. Long, to attend a meeting of the West Bromwich Board of Guardians for the purpose of urging upon them the reconsideration of the case of Mr. Downes, who, it will be remembered, was refused superannuation allowance by this Board, after thirty years' continuous service without any complaint ever having been made against him, and he having reached the advanced age of 76. The Council also begs to express its regret that (if?) this generous procedure on the part of the Central Authority should fail of success."

It is evident that if the provincial authorities yield to the Government Inspector it will be from a feeling of shame, and from fear of the odium they would most justly incur. Such charity, squeezed out of such a Board, is beyond the reach of gratitude, and we should be glad to see the profession come forward and assist Mr. Downes in declining any proffered help from them, and in treating them with a dignity which is due to himself, and with the contempt that is due to the Board.

The Liverpool Hospital Sunday collection brought in this year £10,019, an increase over last year of £73.

The Captured English Surgeons.

MAJOR-GENERAL HENRY GREEN, writing on the 10th inst. from Stafford House, St. James's, to "Mr. J. R. A. Douglas, M.D., Treaty House, Hounslow, Middlesex," says he has received a letter from Sir Henry Havelock, M.P., dated from the head-quarters of the Grand Duke Nicholas, at Bogot, in Bulgaria, in which Sir Henry says, "I write to let you know that when the Turks, at Teliche, on the Sofia road, surrendered on the 29th, with Hakki Pasha, among the prisoners were your two young surgeons, Messrs. Douglas and Vachell. The Russians were very kind to them, recognised their status at once, and the Grand Duke had them to his table next day and ever since. I write to relieve the anxiety of their friends. They are both well and comfortable, and treated with every consideration. I have made matte rs as smooth as possible for the young gentlemen. I have, by the leave of the Grand Duke, got them each a sheepskin coat, as they lost all their baggage in the retreat. I believe the Grand Duke will send them to St. Petersburg in a few days, to Lord A. Loftus, our ambassador, who will probably send them h ome. Meanwhile, let their friends know that they could not be better cared for. They have behaved throughout like English gentlemen under very trying circumstances, and their friends have every reason to be proud of the way they have upheld the English name."

University Extension.

THE letter which Mr. Goldwin Smith has written to the *Times* on the necessity of increasing the number of our national universities, and for extending the work of national education, contains some remarks and opinions which will certainly meet with the approval of all those who are interested in the question of medical education. His observation, that a measure of high culture, with a degree which is its certificate, may be desired by many who may yet reasonably shrink from a residence of 3 or 4 years at Oxford or Cambridge, is especially applicable to the ambitious but poor medical undergraduate. The number of candidates for university education has immensely increased, not only because the education of the people, both scientific and general, is more extended, but because the standard of education required of those who are about to enter the learned profession, medicine especially, has been materially raised." An Oxford Committee on University Extension, of which Mr. Goldwin Smith was a member, proposed the foundation of affiliated colleges in the great centres of population, of which the supernumerary Fellows of Oxford and Cambridge Colleges might be the heads and professors. "Our plan," he says, "was to divide the University course into two portions, giving the B.A. degree at the end of the first portion, the M.A. at the end of the second; and to allow the first portion of the course to be gone through, and the B.A. degree to be taken in the local institution. The University would hold all examinations, and confer all degrees. The requisite concession would thus be made to those who shrink from residence, while the historic centres and the national character of the system would be preserved."

This plan, were it carried out, would work very well as far as the interests of the medical student are concerned, as he might then before entering upon his medical studies get a good B.A. degree without the expense and inconvenience of leaving his home. It would indeed be holding out to the medical student a great temptation to enter the medical profession with a much higher standard of preliminary knowledge than he usually possesses.

Whatever course may be adopted there can be no doubt that the time has arrived when the privileges attached to a first-class education should be within the reach of hundreds of young men who have the ability, but under present arrangements, not the means or the opportunity of profiting by a university education. It is equally evident that some such changes as Mr. Goldwin Smith foreshadows will shortly come to pass, and that to no class will the change be more welcome than to members of the medical profession.

Dr. Sayre and the Spinal Extensor.

THE *Philadelphia Medical Times* reprints from the *St. Louis Medical Record* the following paragraph:—"It says that Dr. Sayre's hip-joint splint was invented by Dr. Davis; *his* plaster-of-Paris jacket by Dr. Bryan; *his* method of self-suspension in rotary-lateral spinal curvature by Dr. Lee; *his* lectures on orthopædic surgery were by Dr. Bauer. As a 'plagiarist' and 'father of other men's ideas,' Dr. Sayre is without a rival. We are glad to see that our English cousins delight to honour such representative Americans (Heaven save the mark!) as P. T. Barnum and L. A. Sayre. *Vive le humbug!*"

As the above charges have also appeared in one of our English contemporaries, it gives us pleasure to state, that Dr. Sayre's complete refutation reaches us as we are going to press.

Domestic Scavenging in Dublin.

ILLUSTRATIVE of the ingenuity of the Dublin Corporation and its committee in mismanaging every department with which it has to do—amongst the rest the sanitation of Dublin—we may appropriately allude to the organisation provided in "the second city in the empire" for domestic scavenging, &c. A householder who desires to have his ash-pit cleared, *via* the corporation, must go to the City Hall, fill up certain papers, and hand over £1, or as much more as the scavenging committee demands. He must then wait patiently two days until the scavengers please to come, which they do at any hour that suits themselves. The first heap having been removed, he may, if he likes, go back to the City Hall, fill up more papers, and get back as much of the lodgment as he can. The least charge is 6s. This is the method of corporation ash-pit clearing. Suppose, however, the householder deals with a private contractor his road is easier. He simply sends a post-card, the ash-pit is cleared at daylight next morning before the business of the day commences, the carter is paid 3s. to 5s. in a couple of hours, and the job is complete. Needless to say that no one can be brought to see the advantage of two journeys to the City Hall and two days' delay for the satisfaction of paying about double the market price for the work done. Accordingly, in Dublin, there is no public system of ash-pit clearing; therefore, putrefying dust-heaps accumulate, *ergo*, a death-rate exceeding that of the purlieus of Glasgow.

Dublin Mortality.

THE incompetency and laziness of the Public Health Committee of the Dublin Corporation is more manifest than ever in the latest published mortality returns of the Registrar-General. The actual deaths of the week ending Nov. 3 are 28, or more than 20 per cent. greater in number than the average of those of the corresponding weeks of the last ten years. The ratio of mortality in Dublin is 26·8 per 1,000 of the population, namely, a third greater than that of the most unhealthy English town, Glasgow, which stands for 20·9 per 1,000, while it is 5 per 1,000 greater than that of London, and nearly a third greater than that of Edinburgh. This disastrous condition of things is the natural and inevitable result of a long season of past and present incompetency in the sanitary administration of the Dublin Corporation, incompetency, administrative, inspectorial, and engineering, and the worst of the affair is that the citizens pay for this state of things a far higher proportionate price than is paid by the citizens of English towns for an approximately perfect system.

Medical Examination Results in Germany.

AN official summary of the examinations conducted under the Prussian Ministry of Education, for the licence of general medical practice, either at the Central Board of Berlin or at the Provincial Boards in the University towns, during the examination year of 1876-77, shows the following results:—Of 346 candidates who went up for examination, 276 passed, and of these 220 received the character "good," 49 "very good," and 7 "excellent" (vorzueglich gut). Seventy candidates failed to acquit themselves satisfactorily or withdrew spontaneously, that is, nearly the third part of the whole number.

Horse Flesh As Food.

DURING the first six months of 1877 the butchers in Paris who deal in horse-flesh have delivered for consumption 5,283 horses, donkeys, and mules. During the corresponding period of 1876 the number of these animals slaughtered for food was 4,422. The increase is, therefore, of a marked character. The persons who endeavour to popularise the use of horse-flesh affirm that it is more wholesome and more nourishing than beef, although not always so agreeable. Paris contains more than fifty butchers' shops specially devoted to the sale of this article. A very good *pot-au-feu*, it is stated, may be made with inferior parts, at the insignificant price of *five cents.*

Sanitation under Irish Urban Authorities.

AT the last meeting of the Limerick Sanitary Board a report was read from the consulting sanitary officer, stating that during the last three months there were 47 cases of fever admitted to hospital, this number being at an annual rate of 43 per 1,000 of the population of the city.

A severe epidemic of scarlatina occurred during the second and third months of the quarter, confining itself chiefly to the south side of the city. He regretted to have to report that no steps appeared to have been taken to stay the course of that most infectious disease, nor did it appear that the process of disinfecting had been used in more than one instance.

Treatment of Migraine.

ACCORDING to M. Hervez, of Chégoin, migraine is an arterial neurosis which takes its origin in the great sympathetic nerve, and its seat is in the nervous filaments which accompany the arteries, whilst it manifests itself in the dilatation of these vessels, and in the compression of the brain and other organs it produces. The treatment of migraine consists in combatting the tendency to periodicity, the pain and the arterial dilatation. M. Hervez finds the following prescription of essential value in fulfilling those indications. He gives every day one pill containing about one grain of sulphate of quinine, one grain of tannic acid, and a seventy-fifth of a grain of aconitina. The dose may easily be increased to three or four such pills daily.

Animal Vaccination in Italy.

THE *Gazetta Medica de Lombardia* gives the following statistics of the results that have been ascertained at the various animal vaccine centres in Italy. The conjoined numbers amount to 100,546 vaccinations, and 82,020 re-vaccinations—a total of 182,566 inoculations. Of the 100,546 vaccinations, 91,427 (90·93 per cent.) produced genuine results, 344 (0·34 per cent.) spurious results, and 1,487 (8·72 per cent.) no results at all. Of the 82,020 re-vaccinations, 35,335 (43·08 per cent.) produced genuine results, 8,129 (9·91 per cent.) spurious results, and 38,556 (47 per cent.) no results.

Albuminuria.

A GERMAN exchange states that, contrary to the statements of Robener and Huffert, Richter says he at no time found albumen in the urine of cases of paralysis of the insane, nor in apoplectic diseases; when the same is present, it probably originates from a pathological condition of the kidney or of the urinary apparatus.

Triple Birth.

THE wife of a labouring man, named Shaughnessy, residing at Ballykiermin, near Athlone, was safely delivered of three sons on the night of the 5th inst. All the children are alive and doing well.

THE First Meeting of the Fortieth Annual Session of the Dublin Obstetrical Society will be held on Saturday evening next, the 17th instant, in the Hall of the College of Physicians, at eight o'clock, when Dr. Darby, President for the past session, will deliver an address; and an election of officers for the ensuing session will be held. The Council have invited a number of visitors.

The Council recommend that Dr. Darby be re-elected President, and that Dr. MacSwiney and Dr. Kirkpatrick be elected Vice-presidents. They also recommend that Dr. Cranny be elected Treasurer, and that Dr. Roe be elected Secretary.

THE first meeting of the Medical Society of the College of Physicians, Ireland, will take place this evening (Wednesday 14th) at half-past eight, p.m. The President will deliver the opening address. Three communications are set down for reading—

1. Dr. Hayden. Abstract of 330 cases of Phthisis, with Observations on Symptoms and Treatment.
2. Dr. Sigerson. Note on Alternate Paralysis.
3. Dr. Walter Smith. On Facial Paralysis, with remarks on the Action of Induced and Interrupted Voltaic Currents.

JOHN BROUGHTON, the chemist of the Cinchona Plantations in British India, has not been heard of since undertaking a journey from Ootacamund to Madras during last year. As he was known to have a large sum of money in his possession, it is supposed that he has been waylaid and murdered.

WILLIAM GREENWOOD, a quack doctor, who was recently fined £5 for issuing indecent bills, was last week again brought up at Sheffield. He had intimated his intention of appealing, but had neglected to do so. As he now declined to pay the fine he was sent to prison for two months.

THE *London Gazette* intimates that the Queen has appointed Andrew Fergus, M.D., President of the Faculty of Physicians and Surgeons of Glasgow, to be for five years a member for Scotland of the General Council of Medical Education and Registration in the United Kingdom, in the place of Joseph Lister, Esq., resigned.

DR. NIXON, Physician to the Mater Misericordiæ Hospital, has been appointed Lecturer on Institutes of Medicine; and Mr. Hayes, Surgeon to the same Hospital, Lecturer on Diseases of the Eye and Ear, in the Catholic University School of Medicine.

DR. MUDD, the physician who attended Wilkes Booth and set his leg after Lincoln's assassination, and afterward was sentenced to the Dry Tortugas, and pardoned by President Johnson, has been nominated to the legislature.

THE election of Lord Rector of the Edinburgh University, was decided on Saturday in favour of Lord Hartington. The students during the polling indulged in pea-shooting, flour throwing, and such like gentlemanly pastimes.

MUCH excitement having been caused in Liverpool by a very lamentable case of hydrophobia, the chief constable has ordered all stray dogs to be seized by the police, and to be "disposed of," if not claimed within three days.

Medical Mayors.—At the annual election of Mayors, on the 9th inst., in the provincial towns, several members of the medical profession were elected as chief magistrates. Amongst the number the following names have reached us:—Dr. Aldridge for Dorchester, Dr. W. Warrener for Hertford, Dr. D. Thompson for Launceston, Dr. W. Paley for Peterborough, Dr. R. H. Price for St. Albans, and Dr. W. Tibbets for Warwick.

Correspondence.

METHOD OF TREATING FRACTURES OF THE CLAVICLE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been in the habit for the last two years of treating my patients with fractured clavicle essentially the same as that recommended by Dr. Van Buren in your issue of October 31st, excepting the axillary pad, which I use. I fasten a loop around the lower third of the arm on the fractured side, apply the pad, and pull the arm tightly backwards, and then make two or three turns of the roller around the chest, bring the bandage over the sound shoulder (from before backwards) diagonally across the back down to the elbow of the fractured side; cut a slit just long enough to admit the tip of the elbow, then raise the hand until the fingers are directed to the opposite shoulder, carry on the bandage and make a couple of turns around it. Finally, make a couple of turns around the upper part of the chest, including the arm on the fractured side, and make fast. One of my patients has just recovered without the slightest deformity. She (a farmer's wife) used the sound arm during the whole of the treatment (three weeks) without any unpleasant gratings of the ends of the fractured bone.

I am, Sir, your obedient servant,

J. B. G. GIDLEY-MOORE, M.R.C.P.

Ongar, Essex.

MEDICAL CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The queries asked by "F. J. D." as to medical certificates, I, being a graduate of the Glasgow University, would refer him to the *Declaration* taken on graduation. I had to take the *oath*, having graduated in 1864. The oath or declaration will be found in the Abstract of Regulations, 1875-1876, Glasgow University, page 11, by which obligation I *have been sworn* "to keep silence as to anything I have seen or heard while visiting the sick which it would be improper to divulge." I would not under such circumstances specify any disease which I would consider prejudicial to my patient, and as to judges or magistrates rejecting my certificate, and compelling me to state the disease, they can reject the certificate if they please, but certainly they must show me *very clearly what power they have to make me violate my solemn oath* as above quoted. I know not if "F. J. D." has graduated under similar circumstances.

I enclose my card, and am

Very truly yours,

M.D. UNIV. GLASG., M.R.C.S. ENG., &c.

November 5, 1877.

ANALYSTS' TESTIMONIALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Our clients, Messrs. Hassall and Hehner, have drawn our attention to an article in your periodical, THE MEDICAL PRESS AND CIRCULAR, of the 24th October, in which, after severe strictures on analysts' testimonials, you reprint an extract from the *Chemist and Druggist* referring to two analyses made by our clients, and implying they are quite untrustworthy.

The analyses referred to are "one of loose tea, and the other of the same tea after it has undergone the process of compression;" and because there appears therefrom rather more water and theine, more extracted matter and rather less mineral matter and sand in the compressed than in the non-compressed tea, the article treats the analyses as not genuine, but cooked.

Now, in these analyses, the amounts of theine, of mineral matter, and of sand differ no more than 500ths, 600ths, and 200ths of a percentage respectively. The amount of moisture in the compressed tea exceeds that in the loose tea by only 0·53, or about half a per cent., while the extractive matter in the compressed tea is 4·10 per cent. higher than in the uncompressed tea, so that the amounts of theine, of mineral matter, and of sand in the two analyses are practically identical, while the fact that both the moisture and

extractive matters are somewhat higher in the compressed tea admits of a very simple explanation.

No two analyses made upon the same sample of tea could be expected precisely to agree. Analytical chemistry is a practical science, and it is found impossible to obtain mathematically exact results. Some latitude is always allowed to the experimenter, and, as a rule, two results may be said to be well in accordance with each other if they do not differ from each other more than two or three-tenths of a percentage. In food analyses an even greater margin is allowed, from the nature of the substances and their properties. Every chemist knows how readily tea and similar substances absorb moisture from the atmosphere, the percentage varying with the humidity of the air, and a difference of half a per cent. of moisture would easily be occasioned by even a short exposure in a loose package. Between the taking of the samples and their analyses usually several days elapse, and in the present case, no doubt, the compressed tea retained in its firm mass a nearly constant quantity of moisture, while the loose tea lost a trifling amount. It must, moreover, be remembered that even the tea contained in the same chest is never absolutely uniform in composition, the top being more exposed to the atmosphere than the centre, and the finer and more fragile portions of the leaves collecting at the bottom of the chests, and yielding a larger amount of soluble constituents than do the unbroken leaves.

That the amount of extractive matter was higher in the compressed than in the loose tea is not only *not* a matter for astonishment, but exactly what should be expected. By the enormous pressure to which the tea is subjected many of the cells of the leaves containing the soluble constituents of the tea are ruptured, so that their contents can readily be dissolved by means of the boiling water used in the analysis, whilst it is a matter of extreme difficulty, if not of impossibility, to remove by water alone all extractable matter from unruptured tea. The extractive matter has, therefore, not been, as you appear to suggest, created by the squeezing; it has merely been thereby made more amenable to the action of the boiling water.

By the instructions of our clients, we have called upon the editor of the *Chemist and Druggist* to withdraw and apologise for his erroneous and libellous statements; and as you have been the means of further circulating the same, which is thereby calculated seriously to injure our clients, we must request of you to publish this explanation in your paper.

We are, Sir, yours truly,

PRITCHARD AND SONS.

[We are happy to give space to Messrs. Hassall and Hehner's explanation of the apparent discrepancies in the tea analyses referred to by our contemporary, the *Chemist and Druggist*, and quoted by us, being ever ready to give both sides of a question. At the same time, we repudiate any intention of applying our strictures to Messrs. Hassall and Hebner, who are, probably, quite as competent and consistent in conducting their analyses as any of the profession in London. Our comments did not refer to the tea analyses of Messrs. Hassall and Hehner, as we distinctly stated that "we do not apply these observations to any particular trader, chemist, or article." They were not, therefore, applicable to these gentlemen, who are no more responsible than are other analysts for any trade frauds which may be perpetrated after analyses are out of their hands.—ED. M. P. & C.]

CLUB DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is a very great advantage to the profession that it possesses a journal which exposes the pettifogging proceedings of a certain class of medical practitioners, while, at the same time, it manfully upholds the dignity of its position; and I, therefore, congratulate you, Sir, on your bringing to the front, in your last number, *another* disgraceful custom, which has so much tended to lower the profession in the opinion of the public, and to bring medical men to the level of those who are beneath them in the social scale. I refer to the wretched, unprofessional practices of medical attendants to clubs, and who are proud of inserting in the "Medical Directory" such appointments as "Surgeon to the Free Gardeners," "Medical Attendant to the Comical Fellows," and others of equal importance. I do not include *all*, for I am aware that many hold themselves aloof from mixing with puddlers and colliers, and who would not debase themselves by attending the club meetings; but, unhappily, there are others who, I am sorry to say, do not object to drink out of the same pot of beer with the club members.

I have only one complaint to make against your excellent article on this question, and that is, it does not hit hard enough at these *dignified, respectable* doctors who attend the various club meetings, who guzzle bad beer, and who take their money from some illiterate secretary whose hands are black with dirt and wet with drink, and for the amusement of his half-drunken patients sings a song, while he hiccoughs like an intoxicated sot.

This is not exaggeration, for I went to a club meeting in the North of England in order to gratify my curiosity, and I hope it may never be my lot to witness such a scene again. There was the doctor, in a semi-state of drunkenness, nobnobbing with puddlers, miners, and other workmen; and I heard him yell out a song filthy in the extreme, while the others joined in a chorus. I need hardly say I retired from such a disgraceful scene, with feelings of regret that a man presumably well educated, and in appearance a gentleman, should so degrade not only himself, but a profession which should, above all others, hold itself apart from low life, and from degenerating into low customs.

Yours truly,

VERITAS.

[Did we not know our correspondent to be above exaggeration, we should feel inclined to suggest his indulgence therein on the present occasion. Unfortunately, we are too often made acquainted with practices which are the reverse of creditable, but we hardly imagined any member of an educated profession would stoop to such a terrible level as that mentioned above.—ED. M. P. & C.]

Obituary.

DEATH OF DR. DAVIS, OF NEWRY.

WE regret to record the death of this gentleman, which took place last week, after a protracted though not painful illness, at the ripe old age of eighty years. Dr. Davis commenced practice in 1823, was the oldest medical man in Newry, and occupied a deservedly high place in the profession. When the present union workhouse was built in 1841, he was appointed medical attendant to that institution, and during his long service enjoyed the unlimited confidence of successive boards of guardians, both for his professional skill, and the judicious economy he exercised in the discharge of arduous, trying, and often difficult duties. Nor was this confidence misplaced. Dr. Davis was the determined foe of alcoholic stimulants in the cure of disease. He denied their efficacy, and declined their use. This feature of Dr. Davis's professional character, taken in connection with the marked success of his treatment, was occasionally referred to from temperance platforms and in temperance literature as a precedent by which other medical men should be influenced and guided.

The appreciation in which the deceased was held by our board of guardians was abundantly shown when, prostrated by illness, better than four months ago he sent in his resignation as medical attendant. In words of kindly sympathy that resignation was unanimously declined, and a *locum tenens* (Dr. M'Bride) was appointed, in the sincere hope that the deceased gentleman might rally, and again resume his duties, The hope was delusive. The once vigorous and erect frame, freighted with the wear and tear of fourscore years, was unequal to struggle with the deadly paralysis by which it had been smitten, and the resignation had eventually to be accepted, the guardians, after regretful reference to the long connection thus broken, fixing, as an expression of their esteem, the superannuation allowance at the largest sum that the law allows.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE QUEEN'S UNIVERSITY IN IRELAND.

To the Editor of the Medical Press and Circular.

Sir,—I am glad to see by your last edition some remarks made on the Queen's University M.D. In the north of Ireland the degree has become quite a drug in the market, and every appointment besieged with the holders of it, so that it has quite ruined the status of the medical profession. It is thought if you charge a fee, or as it is called here "price," of 5s. for a visit it is an extortion. Can there be no stop put to the practice of every one who holds any mere qualification dubbing himself doctor, the wholesale manufacture of the cheap and nasty almost makes one ashamed of the profession which was once that of educated gentlemen. I remain, yours truly,

M.D.Ed., L.R.C.S.I.

Mr. Hy. Williams.—Our attention has been directed to the remarks in the daily journals on the subject of hydrophobia. The opinions of lay journalists can hardly be expected to be very sound upon such points.

A Death-bed Request.—The skeleton of a woman, lately sold to satisfy a claim for rent against the estate of a country physician in America, had inscribed upon it:—"Miss Ida Montague, aged twenty-two years. Died of grief, May 25th. Her death-bed request: 'Honour your sanctum with my bones.'" Biographer does not state upon what part of *her skeleton* she inscribed this request!

Vivisector.—Thanks for note; we are aware curare has been used experimentally, but as its employment has hitherto been extremely limited, we think you will do well to suspend judgment until our reports are finished.

Dr. J. S.—It is impossible to give in one number all you desire. Our tables show the futility of the remedies employed. Have a little patience, and you will find all the *pros* and *cons* duly considered.

PURCHASED RESIGNATIONS.

To the Editor of the Medical Press and Circular.

Sir,—If I pay a dispensary medical officer for resigning, I then being elected without him exercising any influence on my behalf, if this became known to the Local Government Board could or would they null the election? Yours, &c.,

Scrutator.

[They could and would, they being cognisant of the fact that the resignation was paid for and not being cognisant as to whether or not the election was procured by the influence of the outgoing doctor. Purchase of a Poor-law appointment is always objectionable, always risky, and seldom remunerative.—Ed. M. P. & C.]

Medicus should have sent his letter to our Dublin office, as it relates to the Irish department, thus avoiding delay. Only communications referring to English matters should be sent to the London office.

Mr. E. Smith and Mr. J. B. Morton are thanked for their notes; the information will be useful in our investigations.

Pork-pie Mysteries.—We do not intend diving beyond the outer crust of these popular delicacies, nor to satisfy curiosity by analyses on the rival claims of puss and pig; our desire on the present occasion is simply to acquaint "Mr. L. Collins, Agent for Notices in Newspapers," that his anxiety to get reports for his clients into some of the leading medical journals will not be gratified in the Medical Press and Circular, and that "the favour" need not "be responded to in another way." One of our contemporaries which goes in for "notices" of everything, from a mangle to a toothpick, and other new inventions (?) of equal interest to the profession, would probably oblige Mr. Collins on the score of pork-pies.

HYDROPHOBIA.

To the Editor of the Medical Press and Circular.

Sir,—Your correspondent, Dr. Winn, asks, in the last number of your journal, a question very relevant to hydrophobia, its nature and origin, and one which, upon proper discussion, may throw us upon new lines of treatment for this fearful disease, or better still, a mode for its complete extinction.

I may state upon the authority of Dr. G. H. B. Macleod, Professor of Surgery in the University of Glasgow, who held an important medical office in the Crimea during the war of '53 and '55 that hydrophobia is almost, if not entirely, unknown at Constantinople, where, as Dr. Winn truly states, "the dogs are the chief scavengers."

In civilised human society there exist many diseases which are utterly unknown among savages. And, again, many diseases which occur equally or proportionately to both become much modified among the savages. Why should not canine life and usages, civilised or natural, conform to human experience and the laws of physiology? Naturalists, no doubt tell us that flesh is the proper food of dogs, but experience says, you can diet him in these three kingdoms upon ploughman's fare, namely, oatmeal porridge, and at other places, Constantinople to wit, he is allowed, with advantage, too, to shift for himself.

I am, Sir, yours obediently,

Houghton-le-Spring, Durham, Nov. 9th, 1877. J. O'Flanagan.

Chronic Catarrh of the Bladder.—M. C. D. asks, can any reader suggest a remedy for the above disease. Liquor potassæ, tr. lupuli, buchu, and flaxseed-tea, together with sulphate of zinc injection, poultices, and anodynes, when in pain, have been employed, but without result?

Mr. Booth.—Extract received. You will subsequently see the difficulty of arriving at truth. *Post hoc* is not always *propter hoc*. Meat says: he has cured 1,000 patients from the bite of a mad dog by using bleeding to 10 ounces and ash-coloured liver worts.

Mr. Davies.—A surgeon at one of the London hospitals is said to have seen in his time 2,000 persons bitten by animals, not one of whom experienced any bad effects.

Dr. S. T.—It is in the "Pharmacopœia Lond.," and is called Pulvis antilyssus.

Retriever.—A commission was appointed in France in 1872 to inquire into the class of animal.

Biblion.—We can only say to you, "Wait for the end."

Gerb.—Incubation we have not yet treated of.

Mr. Ashton.—Our advertisement asked not for opinions or secret remedies, but for notes of authenticated cases. As far as regards mortality, the deaths in 1862 were 1; in 1871, 56; in 1874, 61.

H. W.—Your question is very pertinent as to the class of dogs most liable to rabies. We shall give all the information we know on the point.

Dr. Gibson's communication will be attended to on the receipt of the paper he refers to.

Dr. J. M. Winn.—Full particulars will be given of the geographical description of rabies.

Mr. T. Smith.—Our "Report on Rabies" will embrace every subject connected with it, and will be made, if possible, the most perfect compilation extant of the disease in man. We have already mentioned the standard work on the disease in animals.

Dr. Hardwicke, Mr. Barstow, Mr. Howell, Mr. Brook, "A Suggestion," "A Surgeon," "The Ormskirk Remedy," "Turkish Bath," "Delta," "Datura," "F.R.C.S.I.," Dr. Wilson, Mr. Bradshaw, Mr. Booth, and Mr. Page are thanked for their communications in reference to our "Report on Rabies."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Diseases of the Nervous System. By Julius Althaus, M.D. London: Smith, Elder, & Co.

A Guide to the Examinations at the Royal College of Surgeons for Members and Fellows. Second Edition. By F. J. Gant, F.R.C.S. London: Baillière, Tindall, and Cox.

Lectures on Clinical Medicine. By McCall Anderson, M.D. London Macmillan & Co.

On Hydatids of the Lung. By S. D. Bird, M.D. Melbourne: Robertson & Co.

The Degeneracy and Preservation of the Teeth. By E. Cox, L.D.S. London: Elliot Stock.

VACANCIES.

Manchester, General Hospital for Sick Children.—Physician Superintendent. Salary, £500 per annum, with permission to engage in private consultations. Applications to the Chairman of the Medical Board, Gartside. (See Advt.)

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board and lodging. Testimonials to the Chairman of the Committee before the 29th inst.

Weston-super-Mare Hospital.—House Surgeon. Salary, £70, with board and lodging. Applications to the Secretary before the 19th inst.

Birmingham General Hospital.—Obstetric Surgeon, Honorary. Ophthalmic Surgeon, Honorary. Resident Medical Officer. Salary, £130, with board. And a Resident Registrar and Pathologist. Salary, £130, with board. Applications to the Committee, under cover, to the House Governor.

Birmingham, Parish of.—Dispenser to District Medical Officer. Salary, £100. Applicants must address the Clerk to the Guardians, Paradise Street, Birmingham.

Baileborough Union, Baileborough Dispensary.—Medical Officer. Salary, £100. Election, Nov. 19.

Clifden Union, Renvyle Dispensary. Medical Officer. Salary, £121. Election, Dec. 7.

Galway Union Workhouse.—Second Medical Officer. Salary, £75. Election, Nov. 16.

Omagh Union, Omagh Dispensary.—Medical Officer. Salary, £120. Election, Nov. 24.

APPOINTMENTS.

Coates, Stanley Beresford, L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer No. 4 Dispensary District, Belfast Union.

Brodie, Terence B., L. and L.M.R.C.P. Edin, L.R.C.S. Edin., Medical Officer Spiddal Dispensary, Galway Union.

Births.

Dolan.—Nov. 9th, 32 North Parade, Halifax, Yorks, the wife of T. M. Dolan, L.R.C.P.E., of a daughter.

Walker.—Nov. 6th, at the Grove, Portland, the wife of George E. Walker, L.R.C.P., of a son.

Deaths.

Davis.—On Nov. 7, at Newry, co. Down, Wm. Alex. Davis, M.D., aged. 80.

Dunn.—On Nov. 4, at 31 Norfolk Street, Strand, W.C., Robert Dunn, aged 78.

Kershaw.—On Nov. 5, at 4 Alexandra Villas, Finsbury Park, Robert Kershaw, Secretary of the London Hospital Medical College.

Lindley.—On Nov. 3, at Strand Terrace, Derby, John Lindley, M.R.C.S. Eng.

Seward.—At Riversdale Templogue, co. Dublin, Noble Seward, M.D., aged 60.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 21, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On Some of the Conditions which Influence the Epidemic Prevalence of Certain Diseases in India. By Surgeon-General John Murray, M.D., President of the Epidemiological Society of Great Britain 419
Abstract of Introductory Address Delivered at the Mater Misericordiæ Hospital. By P. J. Hayes, Esq., L.R.C.S.I., Surgeon to the Hospital 420
Remarks on the Pathology, Symptoms, and Treatment of an Overloaded State of the Transverse Colon, including some Observations on Suppositious Lumbago and Incipient Kidney Lesion. By Eva i Marlett Boddy, F.R.C.S., &c. 421
The Achievement of Professional Success. Abstract of an Introductory Address Delivered at the Meath Hospital, Dublin. By Arthur Wynne Foot, M.B., F.K.Q.C.P. Physician to the Hospital 422

CLINICAL RECORDS.

Mercers's Hospital, Dublin.—Under the Care of Mr. O'Grady 423

PAGE

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—
Aneurism of the Aorta, Innominate, Subclavian, and Carotid Arteries Treated by Double Distal Ligature.. 425
"The Medical Press" Special Report on the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom 425

LEADING ARTICLES.

The Opponents of Vaccination and Sanitation 431
The Broadmoor Criminal Lunatic Asylum..... 432

NOTES ON CURRENT TOPICS.

"Agoraphobia" 433
The New West Herts Infirmary 434
Abuse of Adulteration Law in England .. 434
Experiments on the Physiological Effects of Coca 434
Obscene Literature 434
Arsenic and Antimony in Vulcanised Rubber 435
Treatment of Pertussis by Pu verised Ether..... 435
Gale's Long Walk..... 436

PAGE

CORRESPONDENCE.

Treatment of Spinal Curvature by Sayre's Method 436
Post-Mortems in Workhouses 436
Poisonous Effects of Arnica 437
Traumatic Tetanus—Death 437

OBITUARY.

Dr. Wm. Handsel Griffiths, of Dublin 437

Death Succeeding Ether Inhalation 438
Ovariotomy in Dublin 438

MEDICAL NEWS.

University of London 439
Royal College of Surgeons of England 439
Royal College of Physicians and Surgeons, Edinburgh 439

Hypodermic Employment of Colchicin in Chronic Rheumatism 439
On Aphonic Pectoriloquy 439

NOTICES TO CORRESPONDENTS.

Vacancies..... 440
Appointments 440
Births 440
Marriages 440
Deaths 440

Original Communications.

ON SOME OF THE CONDITIONS WHICH INFLUENCE THE EPIDEMIC PREVALENCE OF CERTAIN DISEASES IN INDIA. (a)

By Surgeon-General JOHN MURRAY, M.D.,
President of the Epidemiological Society of Great Britain.

India affords an ample field for the observation of epidemic diseases from its great extent, the regularity of its seasons, and the variety of its climates. The organisation of the Medical Department and the liberality of the Government allow the investigations to be fully developed. An especial opportunity was afforded for an inquiry into the dissemination of cholera by an outbreak of the epidemic at the Hurdwar Fair, in 1867, when more than two millions of pilgrims were assembled. I was in the vicinity at the time, and issued instructions to all the medical officers in the upper provinces to report the appearance of the first case of the disease in their district, and its subsequent course. By this means its progress with the stream of returning pilgrims was distinctly traced. It spread equally towards all points of the compass with the same regularity, and the question of its transmissibility by human intercourse was thus set at rest. In carrying out an investigation into the nature and treatment of cholera, nearly two hundred questions were put by me, to which categorical answers were required from upwards of five hundred officers of her Majesty's British and Indian Medical Services. The answers could be tabulated as "Yes," "No," "Doubtful," and, the total summed up, the result showing the opinions of practical men. On any point on which these are almost unanimous, the question may be considered settled. In a table showing these opinions on seventy-one of the most important questions, there is a concurrence of over 98 per cent. on fifty-one of them, and on only seven questions are the concurrent opinions under 95 per cent. For example, 98 per cent. showed the communicability of the disease. Such unanimity is rare on medical subjects.

One of the advantages derived by our increased knowledge of cholera has been the regulations issued by the Government of India for the removal of troops from cantonments into tents on the appearance of the epidemic. In most instances this step has been followed by an immediate arrest of the attack, and in all by its decided amelioration. This measure is most favourably spoken of by the Sanitary Commissioners in their latest reports.

The influence of a previous attack of the disease, though generally protective in other epidemics, is clearly shown to be not so in cholera by an examination of the returns of this disease in the central gaol at Agra during five epidemics in five successive years, a recurrence of the attack amongst the prisoners being not uncommon.

The monthly returns of the European troops kept in the office of the Medical Department in Calcutta are complete from the beginning of this century. Those from the civil population are less perfect, and only reach back to 1870. From these returns, tables were exhibited showing the deaths from cholera among the European troops in Bengal and the Upper Provinces for sixty-two years. The results, extending over so long a period, cannot be accidental. There are returns of the mortality from small-pox among the native population, from typhoid fever among the native prisoners, and from ague among the native troops for shorter periods.

The great prevalence of cholera among the Upper Provinces is limited to a period of four months, coinciding with the rainy season; whilst during the four months of the cold season the mortality is only about 2 per cent. A similar result is shown by the returns from the European troops in the Bombay Presidency. It is remarkable that all the three epidemics in London in 1849, 1854, and 1865 occurred in the same season. In Lower Bengal the season differs; most part of the country is under water at the

(a) An Address delivered before the Epidemiological Society of of Great Britain, November 14, 1877.

period when cholera prevails in the Upper Provinces. It is also more diffusive in the Madras Presidency, where there are two rainy seasons.

Small-pox prevails in India in the hot season, and declines when the rain appears, and, except in Madras, is little found till the end of the cold season. Typhoid fever prevails during the cold season, and subsides as the hot season advances. The plague in Mesopotamia and Persia in 1876-77 ran a similar course. Ague and intermittent fever prevail during the rainy season in the Upper Provinces, but in the damp climate of Bengal there is only a slight diminution during the cold season.

All epidemic diseases have much in common, so that the knowledge of one facilitates the investigation of others, though the action of each specific poison on the body differs as distinctly as the crops on a field when different grain is sown. The simultaneous attack of two epidemic diseases in the same individual is rare, as these diseases generally prevail at different seasons, but they are sometimes found together in India. Cholera assumes an intermitting type with excessively profuse perspiration. Typhus and small-pox produce black pox, ague with dysentery causes bloody flux, ague with plague producing the intermittent bubonic fever of the Euphrates.

ABSTRACT OF
INTRODUCTORY ADDRESS
DELIVERED AT
THE MATER MISERICORDIÆ HOSPITAL,

By P. J. HAYES, Esq., L.R.C.S.I.,
Surgeon to the Hospital.

The lecturer, after some introductory remarks upon the preliminary and professional education of the student, referred at length to the relation of the vivisection controversy to the profession. It would, he said, be more consonant with his wishes to avoid reference to the subject, but since Parliamentary measures have been introduced, which are likely to cause Great Britain soon to fall far behind her rivals and neighbours in the march of scientific research, I feel compelled to raise even my humble voice in allusion to the vexed and much-argued matter of vivisection.

Gentlemen,—I trust you will not misinterpret my meaning when you hear me condemn the legislative bungling which, at the instance of a puerile or hysterical sentimentality, would attempt to hamper, nay, arrest investigations pregnant with questions of moment to humanity and science. I yield to no one in detestation of cruelty. I would not abuse the work of the Creator in the humblest of His creatures. I have read with feelings of unspeakable horror and indignation reports of certain revolting, sickening practices in some of the Continental schools of veterinary surgery; but I must say British medicine did not deserve the slight lately put upon it,—an indignity uncalled-for as it is harmful. I have been intimately associated with teachers of physiology during a period extending over twenty years, and although, both as student and teacher, I have assisted at experiments and observations upon living animals, I have never seen more suffering inflicted than would be caused by a small wound or the instantaneous division of a nerve-fibre. The assertion that callousness and inhumanity are generated in the minds of students who witnsss such investigations, does not merit serious notice; by alluding to it I only seek an opportunity for expressing my belief in the emotional and claptrap nature of the charge. Happily, the sons of medicine ever have been, and I feel assured ever will be, recognised by characteristics directly antagonistic to the sentiments of *heartlessness* or cruelty.

I am no advocate for, but rather am I opposed to, the repetition of like experiments time after time; nor do I argue that warm-blooded, and, consequently, sensitive animals should be subjected to fear or pain merely (to quote the words of Prof. Huxley) for the purpose of impressing some scientific truth upon the minds of students. But let me ask how, in the absence of vivisection, could Wolfe, of Glasgow, have discovered that the conjunctiva will bear transplantation from the eye of the rabbit to the human eye, and so enable the surgeon to operate with wonderful success in cases of otherwise incurable symblepharon?

Were it not for the experiments performed by Ollier, of Lyons, upon the lower animals, I doubt whether we would now resect diseased bones by the sub-periosteal method, a practice through which many a patient has been preserved from mutilation and restored to health with well-formed and useful limbs.

Richardson tested the valuable anæsthetic bichloride of methyline by submitting various animals to its influence before he placed it in the hands of surgeons. We all know how it is employed and esteemed as a substitute for chloroform.

The late Prof. Bennett, of Edinburgh, having subjected rabbits to poisonous doses of strychnia, found he could arrest spasms and overcome the effects of the drug by means of the administration of hydrate of chloral, and thus he proved its antidotal power.

The peculiar influence which curare exerts upon the nervous system of any animal when inserted beneath the skin induced a Prussian physician, recently, to employ this poison in a case of presumed hydrophobia, the result being that the patient made a most satisfactory recovery. Additional evidence of a favourable nature, it is to be hoped, may soon be forthcoming, so that at last a reliable remedy may have been found for at least one terrible and hitherto incurable disease. Need I recall to the memory of my hearers the amount of light shed over the modern pathology of tuberculosis through the inoculations of inflammatory products practised upon the lower animals by Villemin, Burdon Sanderson, Fox, and others, or refer to the experiments and consequent discoveries made by Cohnheim, Stricker, Purser, and several other distinguished observers with regard to the part played by leucocytes in the various degrees and stages of inflammation.

Having referred to the observations of Sir Benjamin Brodie, the lecturer said—

I now feel called upon to remind you that, when studying the phenomena, nature, and treatment of disease in a hospital like this, you are of necessity exposed to one disadvantage, which you will have to contend against, and make allowance for, in your preparation for future practice. Here you will see amongst the sick or injured the representatives of the humbler classes from both town and country. You will rarely find an opportunity for witnessing disease affecting the plethoric, self-indulging idler, or the injudiciously-fed professional man of sedentary habits, whose organism, out of gear, is ill-treated, owing to his own ignorance of the simplest physiological and hygienic laws. Yet such are the cases which, in private, give the physician most anxiety, trouble, and disappointment. Subjects the least prepared to resist any form of disease are really predisposed to attacks of acute illness, beneath which they but too frequently succumb.

It is high time for the subject of personal hygiene to be made an essential part of every youth's education. The Society for the Extension of Christian Knowledge has published an excellent little work, from the pen of Professor Parkes, which ought to be read everywhere, for it is full of interesting and valuable advice, applicable alike to young and old, rich and poor; also, it would be well that ordinary individuals should become acquainted with signs surely indicative of functional derangements of digestive and excretory organs in the first place, but which, secondly, afford a useful hint as to the quantity and kind of food most likely to agree with the constitution, either for a short or prolonged period. I am confident the following sentences from Dr. H. Bennet's interesting volume upon "Nutrition in Health and Disease" would elicit many a responsive throb from the hearts of those who believe beef and beer to be the only

natural nourishment of man in health, beef-tea and brandy his safeguard in sickness:—

"The existence of twelve carnivorous teeth in man stamps him as a flesh-eater, and explains, to a great extent, the bloodthirstiness and cunning of his character in the non-civilised and even in the civilised state. He has a strong craving for nitrogenous or animal food, which can only be satisfied by the destrucrtion of the animals on which he lives. These he destroys not only without remorse, but with a positive feeling of pleasure and satisfaction, not only to supply his actual physical wants but for the mere pleasure of capture and destruction. In this sense civilised man himself is inferior to most carnivorous animals, which seldom take life unless propelled by hunger.

"It is this natural carnivorous, life-destroying, propensity which explains the wholesale, slaughter of war The most noble and gentle-minded warrior will ensconce himself behind a wall and pick off, with his rifle, a dozen so-called enemies, and that not only without remorse, but with actual delight and self-congratulation. This carnivorous instinct is so strong that religion, which tells of peace to all mankind, can scarcely curb or control its impulses."

Dr. Bennett takes good care to prove, however, that whilst the healthy navvy, whose muscular system is developed and exercised by severe manual labour, and whose digestive powers are not only able to deal with, but absolutely require, strong food, yet those who live under different, and perhaps less natural conditions of occupation or habit, will be best supported by a lighter and more farinaceous diet. The stomach of the labourer may, he says, be likened to a quartz-crushing machine, unfitted to work upon chocolate or blancmange; the stomach of the delicate female, the child, or even sedentary man, resembles rather the chocolate-crushing machine, which would be ruined if forced to work upon quartz.

I trust, my young friends, I have said enough to show you, on the one hand, that every individual can find a certain general mode of living which will conduce to preservation of his health, promote recovery from attacks of Illness, and favour the prolongation of his life. On the other hand, you also, when called upon to treat the invalid, will have to consider rather the man than the name of his disorder. Take any text-book of therapeutics, and you will find medicines of very opposite properties recommended for use in every named disease, but you must bear in mind the truthful adage, that "what is one man's food may be another man's poison."

For those of my hearers who have resolved to work mainly in the surgical department of our calling I have a few words of advice. I would urge upon them the necessity for training their hands, so that they may be as dexterous craftsmen as sagacious consultants. I read the following passage lately in one of the medical journals:—

"The Japanese are said to be most skilful operators and dissectors, on account of their extreme delicacy of touch. This is chiefly attributable to their training in acquiring the Chinese written character, which is an essential feature in the education of every Japanese gentleman. The beauty and intricacy of this character, it is stated, are such that years of patient labour are required to master it."

Now I do not suggest that the accomplished linguists here present should add to other philological triumphs, and at once commence lessons in the language of the "Heathen Chinee;" but it would even multiply their recreations if they could be induced to learn drawing and painting after the example of Sir Henry Thompson, or to practise turning and fine machine work, like one of my distinguished colleagues. Again, a knowledge of mechanics is ever useful, often absolutely essential, to the surgeon; his ingenuity will be tested time after time to prevent deformity, or to promote repair under favourable conditions.

The lecturer concluded by a kindly reference to those o had lately been pupils and now were professional men. He charged them to complete the promise of their youth, and in age—well, in age they would respond to the sentiment of the poet—

> For age is opportunity, no less
> Than youth itself, though in another dress:
> And as the evening twilight fades away,
> The sky is filled with stars invisible by day.

REMARKS ON THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF AN OVERLOADED STATE OF THE TRANSVERSE COLON,

INCLUDING SOME

Observations on Suppositious Lumbago and Incipient Kidney Lesion.

By EVAN MARLETT BODDY, F.R.C.S., &c.

(*Continued from page* 403.)

The question arises how are we to treat the indirect causes of fæcal accumulation of this part of the bowel? That which is dependent upon sedentary habits, must not be treated as if our patients were suffering from kidney mischief or lumbago, but as a simple case of constipation; therefore, we must administer aperients, and advise exercise, such as walking, &c., and as a result, the pain in the back which is so troublesome to our patients disappears.

The usual constipation and blocking up of the transverse colon, which is inherent in lunacy, is always treated by the administration of a powerful purgative, such as croton oil, but such a condition cannot be eradicated because of the generally abnormal position of the colon.

Partial paralysis, which is the most intractable to treatment, when causing this accumulation, must be treated, either by giving most powerful aperients, or else, by administering strychnine, combined with belladonna; the strychnine to act on the muscular fibres of the bowel, and so set up the dormant vermicular action, and the belladonna to act as a sedative. In my opinion, a direct aperient is more beneficial, for the purgative action resulting from the combination of these two drugs is very uncertain, and I have never noticed any marked benefit accruing from their administration, and in all cases of long standing they are comparatively useless, besides symptoms of strychnia poisoning may suddenly appear, thus complicating matters. The best treatment to pursue, in cases resulting from partial paralysis of the bowel, is to administer a thorough purgative, if I may so nuncupate the combination of calomel and jalap.

An overloaded state of the transverse colon resulting from old age, requires our particular attention; it is found more frequently than otherwise among old women, because they generally lead more sedentary lives than those of the opposite sex, and they also get into a pernicious habit of periodically taking the carbonate of magnesia, for what they term the heartburn, which is nothing more than a dyspeptic symptom, and which is dependent on an overloaded state of the transverse colon. As they accustom themselves to large doses of this drug, thinking that it possesses more aperient qualities than it really does, it consequently, being unable to get out of the system lodges in this part of the bowel, thus aiding the accumulation of its contents; these patients are generally stout, and as a rule complain of pain in the back. This chronic condition results from the previous habit, and also from a custom inculcated from youth—namely, omitting the use of aperients at the proper time, thereby causing the intestine to become used to such a condition, and the muscular coat gets gradually weakened, like other muscular structures, consequent upon the advancement of age, so that it cannot propel the fæcal contents forward with its accustomed power. Patients in this condition require nothing more than the occasional use of thorough purgatives, and we constantly find that the hypothetical lumbago, or the

supposed kidney mischief is removed, as well as the pain in the back.

A habit of engorging without taking sufficient exercise, is very prevalent amongst a number of middle aged men and upwards, and we find the two prevailing symptoms in this class are, the pain in the back and dyspepsia. If this habit continues for any length of time it predisposes to an overloaded state of the transverse colon: the only treatment requisite in these cases is purgation. We must notice, however, one peculiarity in these patients, which is, that they will endeavour to make out that the pain in the back is more severe than it really is, and that they are also troubled with other disorders, and a great many by their exaggerations would lead the credulous to believe that their kidneys are affected. Some of our patients, who are suffering from the effects of an overloaded transverse colon, combined with a tinge of hypochondria, tormented with the "vile darkness of ennui," arising from languor of the digestive functions which habitual constipation promotes, are soon relieved by purgation; for we find that several active aperients will empty the transverse colon, and the patients are relieved from dyspepsia and the pain in the back; when the bowels begin to act regularly the digestive organs soon resume their functions, and our previous hypochondriac becomes buoyant, lively, and active.

These observations clearly show us the necessity of altogether ignoring, in the majority of cases, the exaggerated accounts of our patients, and that we must depend upon our own acumen and discernment, for if we wish to cure our patients we must not be misled by their fancies, or deceived by our phantom diseases.

We must now call to mind the pain in the back, of which so many young females complain. We have already noticed the reason and the question arises, Why should it be so frequent? It is principally due to the pernicious habit of tight lacing and accustoming themselves to habitual constipation. These two habits are undoubtedly predisposing causes to an overloaded state of the transverse colon, and many other ailments to which the female sex is prone. The only remedy is to prohibit tight-lacing, and to administer purgatives till the transverse colon is emptied of its contents. (*a*)

As we have only just noticed now and then, in a cursory way, the treatment of an overloaded transverse colon, we must now discuss it more fully. The only treatment we can pursue with benefit to our patients in the cases we have been considering, is to administer, not only a simple purgative of jalap, but to combine it with a cholagogue—such as calomel, for this mineral drug is undoubtedly one, though its properties as such have been disputed. (*b*)

In all cases of an overloaded transverse colon, the liver is congested, and as a natural corollary, the secretion of bile is temporarily arrested, therefore, if we only unload the bowel, the liver remains untouched, and consequently our treatment will only be of temporary benefit.

The action of calomel on the liver has, from time to time, been doubted, and its therapeutic properties as a cholagogue is altogether denied by many learned authorities; but from what I have noticed, calomel is the best cholagogue we possess; and I know from experience, in many cases of jaundice which I have had under my care, it has completely eliminated the bile from the system, which has convinced me that it is the most thorough cholagogue we can give our patients, and in cases of an overloaded transverse colon it is so invaluable as all but to preclude the use of any other therapeutic agent. The advantages derivable from the administration of calomel are twofold—it unloads the liver of bile, and promotes the secretion of the mucous lining of the intestines, which helps to mollify their contents, so that the peristaltic action of the muscular coat, especially that of the transverse colon, is no longer interfered with, and any bile which may have collected in the system is soon eliminated.

Regarding the properties of podophyllin and others, as cholagogues, they are of no use whatever; in fact, we may consider them as worse than useless, because, depending on their action we are simply trusting to a broken reed. In some cases of an overloaded transverse colon, I have administered podophyllin expecting it to act upon the liver, but the results have been such as to prevent me using it in any case again, as I did not find it had any action on that organ when in a congested state.

All chances of salivation, arising from the use of calomel, is entirely obviated by combining it with jalap, for this purgative, on account of its acting on the intestinal follicles and mucous membrane, increases their secretion, and consequently eliminates the remains of the calomel.

(To be continued.)

(*a*) In some young females this pain is so constant that I have known it to be ascribed to spinal disease.

(*b*) While the patient is under treatment it is advisable to see the evacuations, for we may be sure that when they are natural, our work is completed; but as long as they continue offensive and unnatural, we must indefatigably pursue the same course of treatment till the transverse colon is unloaded, and till the alvine excreta resume their normal appearance.

THE ACHIEVEMENT OF PROFESSIONAL SUCCESS.

Abstract of an Introductory Address delivered at the Meath Hospital, Dublin.

By ARTHUR WYNNE FOOT, M.B., F.K.Q.C.P.,
Physician to the Hospital.

Dr. Foot commenced by offering a few words of encouragement because some of them might have had their ideas of the poetry or attractiveness of medicine rudely dispelled by their first peeps into the interior of a hospital; some might fear their intellectual back would break under the burden of study they find is to be imposed upon it; others might begin to be afraid that they had mistaken a tepid attachment for an ardent love of the profession, and be anxious to cry "off" with the match rather than run the risk of a devorce after they had been irrevocably committed to it. As antidotal thoughts to such forebodings, he would counsel an experimentative faith in their own individual powers to do what others, no better off, had done before them. He thought the present occasion was an epoch at which the more senior students should review their progress, not confounding progress with change. Changed they might be, and sadly so, but the question was of progress, in what particulars and in what direction was their improvement. Change might be retrogade, progress was only in advance. They now had a chance of a fresh start and of re-making their broken resolutions. Both teachers and pupils should see well that their energy of purpose had not become chlorotic for want of the iron water of application, and should press on to new work and further advance, not reposing on the memories of what had been already done, but springing forwards to what they had yet to do.

It had been a subject of anxious consideration to him (Dr. Foot) how to fulfil his duty on this anniversary. He had been advised to give up the "preaching system" as a bad job, a more than Sisyphean labour, and been told that it was no use giving good advice where there were no means of enforcing it. It had been said to him, not though one rose from the dead, not though one of the master spirits of medicine, leaving the grey gardens of Persephone were to speak through your lips, would you convert one per cent. more from Pagan indolence to an active faith in work. Yet, rash as it might appear, such was his (Dr. Foot's) faith in the influence of earnestness, and example on the susceptible mind of youth, he would again make the attempt, though he had no hopes of ghostly assistance from the Elysian fields. He did not hold with the medical Calvinism which predestined one or two to fitness for the medical life, and said of the rest that no one could make doctors out of them. He was more inclined to Darwinism in the matter. He could call to mind the

evolution, under proper training, of more than one from the most unpromising conditions, of more than one who as far as any intrinsic adaptation for the profession was concerned, was little more than a mere "spec of animated jelly," but when enthusiasm had warmed that molluscous mass, powers and influences to which it had been a stranger began to assert themselves, which resulted not only in his survival among the fittest, but in his admitted superiority among the best. Dr. Foot dwelt at length upon the imperative necessity of hospital attendance as the place to *see* the sick, and by constant contact with them, learn their ways, and the management of disease. Graves had introduced the best way of utilising the teaching resources of a large hospital; and his system had respect to the interests of the patients as well as the pupils. Its essential feature was the allowing any pupil so inclined, and sufficiently advanced, to undertake the care of patients in the hospital, under the superintendence of the attending physician.

Each of the students before him were naturally anxious to hear something of the secrets of success, that success which was the bright dream of their youth, the fond wish of their anxious father, the earnest prayer of their loving mother. There were no secrets about it. It at most wholly rested with themselves and depended on their own individual exertions. The primal conditions of success in life were to know your duty and to do it. Duty was positive and negative; many rested content with negative duty, but this, the not doing anything they ought not to do, was only the very first and rudimental condition of goodness, the mere foundation on which the superstructure of character was to be raised. The general verdict of experience was against their acquiring large fortunes if such was their criterion of success, for even men of such imperishable fame as Addison and Bright, who had added much that was real and lasting to the general benefit of humanity, were given in return bread enough indeed to live upon, but bread extremely thinly spread with butter. If it was their lot to settle in large and populous countries, and they proved themselves, amid the fiercest competetion, to be possessed of such superior gifts that their excellence was sought after by all who were, or fancied they were, in need of it, or if they became so fashionable that no person of respectability, who was able to pay for it, could pretend to die decently without their assistance, they might attain to exceptional wealth, but with much more difficulty than they would in many less noble employments. There were two reasons why it is especially unlikely for medical men to amass large fortunes—one was that so large a portion of their time and skill was bestowed on those who were unable to repay them, and another was the generosity, almost romantic, which was so characteristic of the profession. Success was, to a large extent, constitutional, depending on a *plus* condition of mind and body, on power of work, on courage, and on sustained application. To those who felt that in these respects they rather belonged to the *minus* half of mankind, he recommended two economies of their force as the best remedies for deficiencies of *plus* or positive power. One was the stopping off decisively their miscellaneous activity and concentrating their force intensely on one or a few points; as the gardener, by severe pruning, forces the sap of the tree into one or two vigorous limbs, instead of suffering it to spindle into a sheaf of twigs. The second economy was drill, which was the best ripener of the energetic vitality of strong natures, and that which gives the superiority to professionals over amateurs in everything, from the stage to the cricket-field.

In whatever rank of the profession their lot was cast he urged them to cherish, as the two immediate jewels of their personal character, a manly honesty which would scorn to trade upon the credulity of human nature, most credulous when sick and weak; and such a crystal purity of heart that unsuspecting innocence might as safely repose her most intimate confidence in them as in her mother's bosom.

He entreated them to treasure up their experience from the very first, that they might be saved from stumbling to it, late in life, over a multitude of corpses, that they might keep the burial places of their memories from being haunted by spectres who would prove apt to leave their resting-place at times, in the misty moonlight of recollection, and distress them with their unwelcome presence.

Dr. Foot concluded by thanking the students for the undisturbed consideration they had bestowed upon an address, the complete inadequacy of which, to both the subject and the occasion, he felt most deeply sensible of.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. O'GRADY.

AMONGST the "dismissals" during the months of September and October were three exceptionally interesting cases, illustrative of the pathology of the arterial system. Two of these were the cases of subclavian aneurism, and of aneurismal varix previously alluded to. (*a*) The patient, the subject of the first formidable affection, left the hospital, being unwilling to submit to any operative treatment; the disease was slowly progressing. In the aneurismal varix case the improvement noted as having taken place up to September 21st continued to advance. The treatment indicated was steadily persevered in, and was attended by increasing obliteration of the morbid mass. The man was able to leave the hospital at the end of October (57 days after the ligature of the enlarged temporal trunk), the extensive site of the vascular growth having been for some weeks quite free from any trace of pulsation, and all treatment abandoned for some time. The patient has promised to report himself occasionally, so as to enable the sequel to be observed, and the question as to the permanency of the cure settled. The remaining case was that of an old marine-artillery soldier, who had formerly been an inmate of this hospital, as well as of several others, both in Dublin, London, and elsewhere in England. The case was formerly regarded as one of special interest. The man had many years previously been wounded in the right thigh, and subsequently had popliteal aneurism of both limbs, that on the left side being eventually cured after compression, whilst the right aneurism resisted all other treatment. Mr. O'Grady deligated the femoral on August 10th, 1872. (*b*) The attendant circumstances made the operation one of some difficulty; it was followed by success, and the patient has since been "knocking about" freely. On again presenting himself this October it was with regard to another trouble; both limbs were found to have continued in a satisfactory state.

The case of polypoid affection, which necessitated operative interference with the left upper jaw, also continued to all appearance to progress favourably. The patient returned home on the 14th September, the line of incision being scarcely perceptible.

In another case also the removal of portions of the left upper jaw was required. The patient, a woman aged 38, was admitted for a hideous fungating growth. This occupied the entire side of the face, in size equalling that of a large apple, the integument being distended and tense, just as if such a mass had been forcibly thrust up between it and the bone. The skin surface was extensively ulcerated, large fungating masses protruding. The probe passed in through a central opening to a depth of some inches. Between the cheek and the gum there was also a similar but smaller fungating surface, with a central passage communicating with that before alluded to. The nostril was free, and there was no displacement of eye.

(*a*) *Vide* MEDICAL PRESS AND CIRCULAR, Sept. 26.

(*b*) This case, with others of popliteal aneurism, will be found reported at length in the *Dublin Journal of Medical Science*, for November, 1875.

The growth was described as the seat of intense and constant pain. It was only nine weeks since the unhappy woman had first observed anything to be amiss. One enlarged gland was situated at the angle of the lower jaw. No prospect of relief other than of a merely palliative nature appeared, but still it was felt to be but right to respond to the patient's earnest entreaty for such alleviation as operative measures might afford. On the 18th of September elliptical incisions were made so as to enclose the affected portions of the integument, and from their inferior point of junction a single cut was carried into the angle of the mouth. On reflecting such portions of the integuments as it was determined to preserve, the surface of the growth was seen to be distinctly capsulated, its deeper connections had perforated the antrum, and caused considerable erosion and absorption of bone structure in different places. The growth was successfully enucleated down to its deep-seated apex. Before dealing with this, healthy-looking bone surfaces were obtained by aid of cutting forceps, gouge, and chisel, wherever the use of these instruments seemed necessary. The deep or apicial attachment was grasped by a suitable forceps, and—the mass being supported and well-drawn forwards—separated by combined traction and twisting. As it parted, furious hæmorrhage sprang, the amount of blood lost was, however, very little, a heavy specially-prepared conical cautery being ready-heated for immediate application; this staunched the flow, and the deeper portion of the huge cavity was firmly plugged with prepared dossils of lint, moistened with muriate tinct. of iron. The lower part of the wound came nicely together, and was united by hare-lip pins and sutures. The upper portion was left open, partly in consequence of the case not being considered one advisable to attempt any plastic operation in, and partly to afford the security of being in a position to deal immediately and locally with the source of bleeding, should hæmorrhage recur. Some trouble was caused for a few days by inflamed tongue, and sore throat, attended by considerable salivation and difficulty of taking food; but nevertheless the case did wonderfully well. The part of the wound which had been brought together, united rapidly and firmly. In due course the plugs, and subsequently the large sloughs, consequent on the free use of the red iron, separated without accident, the orifice in the cheek affording them ready exit, and also facilitating the syringing out and dressing of the wound. It was subsequently determined to retain this open as affording the means of more directly dealing with any suspicious appearances of re-growth. The woman was discharged from the hospital on the 19th of October with a vastly-lessened deformity—the existing hole in the cheek notwithstanding—and having experienced a very material measure of relief to her poignant sufferings. The affected gland had rather decreased in size.

In another very distressing case it was felt right also to have recourse to operation under circumstances where it is to be feared such could merely give palliation and temporary relief. The patient here was a young girl whose left eye, together with a large and rapidly-growing tumour connected with the lachrymal gland, had been removed some months previously. (*a*) The wound healed well, and the patient returned home with the parts looking quite healthy, but subsequent progress only too fully confirmed the unfavourable prognosis given at the time. The girl was re-admitted on the 17th September, her general appearance being strikingly like that presented on the occasion of her first coming, the lids being stretched and thrust forward by a mass projecting them as if a billiard-ball or orange had been thrust underneath them, and the lids then closed. The external canthus was slit, the lids dissected off the face of the growth, which was then separated from its intra-orbital connection by the handle of the scalpel. In this manner all was detached to the apex of the growth, which, being firmly grasped by a pile-forceps, the mass was separated by rotation. Pressure effectually controlled the hæmorrhage. The orbital bony surfaces were extensively eroded, the inferior wall being specially diseased and requiring to be freely gouged. The case progressed nicely, the patient being able to be up in a few days and to leave the hospital in less than a month with the parts nearly healed, and looking promisingly enough. The general health and appearance continued excellent all through.

Five other cases of operation for malignant trouble were also amongst the "discharges," viz., two of scirrhus breast, two of epithelioma of lower lip, and an epithelial growth on the side of the neck. One of the breast cases occurred in a woman, aged 40, the left organ being affected. Repair was unusually slow, the patient not being able to leave the hospital for nearly two months after the operation, when, however, her condition appeared satisfactory. A similar tardiness of repair obtained also in the subject of the second case, that of a pale woman, aged 55, whose hair had prematurely long been whitened. The right breast was affected, the tumour being as large as a moderate-sized apple, situate in the external portion of a very large organ, no glandular complications to be detected. This woman was the subject of weak heart and feeble circulation. Intense depression attended the administration of chloroform, and its use was suspended. The breast was removed by elliptical incision, and the wound, after being swabbed out with a solution of chloride of zinc, was closed by cat-gut sutures, all being suitably supported by pads and bandages, due provision having been made for drainage. Repair was fitful, the woman throughout being very nostalgic. She was allowed home forty-five days after the operation, a small portion of the outer end of the wound being still unhealed, and presenting a persistently unhealthy appearance. Immediately subsequent to her return home, it was reported that this condition had rapidly mended, and the wound healed in quickly.

In both the cases of cancer lip the affection was of limited extent. In one patient, aged 56, the disease was situate at the right angle of the mouth, the incision, which was united by two hare-lip pins and twisted suture, healed by immediate union, and the patient left the hospital in less than a week.

The subject of the other cancer lip was a man, aged 60 (sent to the hospital by another patient who had but recently himself been operated on for a similar affection, but of great extent); the disease was placed to the left of the middle line, the affected surface equalling about that of a florin. The more superficial portion of the growth had been sloughed off by a plaster applied by a "bone-setter." The lip was a very full one, allowing the edges of the wound, after removal, to come readily together; from its length three needles were required. This wound, too, healed in the most favourable manner, the old man being able to leave the hospital in a week subsequent to the operation.

The remaining case of epithelioma was in the form of a wart-like prominent patch, about as large as the surface of a half-crown piece, placed on the left side of the neck of a man, aged 62. This was removed by elliptical incision and dissected off. The wound was united by "cat-gut" sutures, and healed readily, and the patient left the hospital in a little over a week.

(To be continued.)

(*a*) *Vide* MEDICAL PRESS AND CIRCULAR, July 25th.

DR. MAPOTHER, Professor of Anatomy and Physiology in the Royal College of Surgeons and Surgeon to St. Vincent's Hospital, has issued cards notifying to the fellows that he will present himself for the Vice-Presidency of the College at the election in June next. Dr. Mapother is, with the exception of two members who have not sought promotion, the senior member of Council amongst those who have not already filled the presidential chair.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ANEURISM OF THE AORTA, INNOMINATE, SUBCLAVIAN AND CAROTID ARTERIES TREATED BY DOUBLE DISTAL LIGATURE.

On the 13th inst. the members of this society were much interested in a paper read by Mr. Barwell upon a case of aortic and innominate aneurism successfully treated by ligature of the subclavian and carotid arteries. The patient, who was shown to the society, was a man, æt. 45, and was admitted into Charing Cross Hospital, under the care of Dr. Pollock, July 24, 1877, with a large aneurism at the right root of the neck. He had been engaged in very laborious work at a foundry. Family history good, and no history of syphilis. In November he was seized with vomiting and purging after a drinking bout, followed by rheumatoid pains, which continued in right arm. The swelling first appeared in March, 1877, with weakness and occasional numbness of the right arm. The tumour was oval just above the right clavicle, extended from beneath the inner margin of the left nearly to the outer margin of the right sterno-mastoid, and upward to the lower margin of the thyroid cartilage. It projected considerably, and its strong pulsation was characteristically expansive. There was dulness from the inner third of the clavicle over the first intercostal and second rib, and this mingled with the cardiac dulness. Pulsation was felt on this space: the heart was displaced to the left and a little downwards; and the veins of the right side of the neck and chest, and of the arm were greatly distended. No bruit at the heart or over the tumour, and no difference between radial pulses. Dr. Pollock treated the case with rest, low diet, digitalis, and ice-bags to the tumour, but the aneurism increased. On deligation being proposed the patient left the hospital, but returned on the 13th August and wished to have it performed. By this time the tumour had increased so much as to measure horizontally over limits of pulsation four and a half inches by compass and six by tape; and it extended above the middle of the thyroid cartilage, measuring in that direction over 3 inches. The breathing and circulation were much embarrassed, and there was a slight cough. On the 14th, the operation was performed, first on the carotid. A very large superior thyroid, simulating prolongation of the sac upwards, necessitated great caution, and there was only room enough to pass a ligature round the common carotid between the aneurism and the bifurcation. The subclavian artery was then reached, and a ligature was passed round it. In disengaging the catgut, a vein above the bronchial plexus was ruptured, and the filling up of the wound with blood made its ligation difficult and doubtful. Without waiting, therefore, to verify the isolation of the artery, Mr. Barnwell knotted the catgut loosely, stuffed the wound firmly with antiseptic gauze, and had the patient carried to bed, the radial pulse still beating. The next day the gauge was removed, the loose ligature (which was found to include a nerve of the plexus) was left in its place, and a fresh one passed and tied. Both these operations were performed antiseptically. Low (milk) diet was ordered.—15th. Breathing and circulation much relieved; temperature normal.—23rd. Cervical tumour harder and smaller; and thoracic pulsation barely perceptible.—25th. Ordered a dry diet.—28th. Patient suffers from thirst; pulse 102; temperature irregular, radial pulsation disappeared. Tumour little larger.—Sept. 3rd. More nutritious diet, with one pint of beer daily.—5th. Temperature and pulse high and irregular. Tumour harder and not so large as on last measurement.—On the 8th, 9th, and 10th the size of the tumour gradually diminished. On the 9th, temperature 96°, and afterwards continued normal.—Oct. 21st. Patient has gone on well since the tumour began to rapidly diminish, and now a firm solid tumour, about the size of a cob-nut, lies behind the sterno-clavicular joint, with pulsations continued from the aorta. No thoracic pulsation, and the whole aneurism is consolidated.—Mr. Barwell remarked that the aneurism doubtless involved the aorta innominate subclavian, and carotid, and was not far from bursting. The operation gave immediate relief, and evidently the system of diet had contributed to the successful result. The whole of the subclavian is obliterated, and no radial pulse remains. That aneurism of the innominate artery may be cured by double distal ligature has not yet been proved, as out of the six operations that have been performed two were soon fatal, and two were fatal in a few weeks.—Dr. Silver testified to the great improvement effected by the operators. He was, however, doubtful whether the carotid was implicated or not Judging from the *post-mortem* appearance of a case that came under his own observation some years ago, he thought that the chief part of the swelling was dilatation of the innominate. Nor did he think a complete cure had as yet been effected, although probably the little pulsation and swelling which remained would disappear in time.—Mr. John Wood congratulated Mr. Barwell on the successful issue of his case, and confirmed his statement with regard to the advantage of a non-liquid diet in such cases. He, like Dr. Silver, was not quite sure the aneurism was completely cured. With regard to the use of the catgut ligature he thought that under the circumstances the ordinary ligature would have done as well.—Dr. Barclay also spoke in favour of the dry diet, but said that unfortunately it was not every patient who would submit to the treatment.—Dr. Douglas Powell agreed with Dr. Barclay as to the temperament of the patient being a main element in curing those cases by rest and diet. He asked Mr. Barwell whether any sphygmographic tracings had been taken; and whether the aneurism caused any pressure symptoms.—Mr. Barwell, in reply, said that as the patient had previously undergone medical treatment without much relief, he did not think that anything short of surgical interference would have saved the man's life. The height to which the tumour extended in the neck pointed, in his opinion, to the carotid being involved. The swelling that remained was no larger than might be expected from the complete coagulation of the aneurismal contents; and the great diminution in its size could only be accounted for on the view of its complete consolidation. Of course, rupture might hereafter take place from further extension of the aneurism, as in Mr. Heath's case (which was aortic only), and in which four years elapsed between the date of operation and death. No nervous symptoms of any account followed the operation. No sphygmographic tracings were taken. The rapidity with which the wound healed, and the secondary hæmorrhage were strong points in favour of the catgut ligature.

THE "MEDICAL PRESS." SPECIAL REPORT ON THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

Chapter III.—General Conclusions from Preceding Statistics.

We have now the difficult task of classifying the preceding statistics, of drawing deductions from them, and of pointing out the lessons they ought to teach us. The first question we have to consider is, whether such a disease as rabies exists? It is necessary to answer and discuss this point, for in the present as in the past, we believe there are some who deny it a place as a special disease, and who assign the symptoms to nervous influence acting on special organisations. Girard supported this view, and he has had many followers. A surgeon at Brighton was so convinced, that this was not a contagious disease that he inoculated himself with the saliva of a rabid animal, and concluded by the fact of his doing so with impunity, that he had established his proposition. This form of proof is a most fallacious one, for we know by analogy from other diseases, that certain organisms have an antagonism against specific poisons, and that in epidemics of the plague, cholera, and small-pox, a large proportion in virtue of this beneficent provision of nature escape. If it were otherwise, and if there were not some protection, such epidemics would be more wide-spread, more intensely fatal. In the present state of our knowledge, we cannot explain the why, or the wherefore, of the seemingly erratic selection of victims, except on theories of doubtful accep-

tation, any more than we can explain, why disease and death, should have been introduced into the world. Dr. Ellison in his lectures, points out instances of the denial of other contagious diseases; De Foe denied the contagion of the plague, and two students at Paris disputing the contagion of syphilis, inoculated themselves with the virus. Both became affected with the disease, and one of them in consequence committed suicide. They might have exposed themselves to the contagion of syphilis and gonorrhœa, without contracting them, *per vias naturales*, as we know many others have done, but that would be no proof there was no contagion. We also know that hundreds of persons have been bitten by rabid animals without experiencing any bad result, and we grant all this to the advocates of the non-specific nature of the disease. But from the data and evidence before us, the conclusion is forced upon us, that there is a special disease, depending on a special poison, attended by a special train of symptoms of the most distressing character, amongst which difficulty of swallowing is one of the most prominent features, and this evidence is of the most positive and demonstrable nature. This disease we shall call rabies. We must briefly give our reason for this opinion. In the earliest writings on medicine, we find accounts in which the aggregate of symptoms, correspond almost with those observed in the present day, and this we may call the evidence of antiquity. We shall in a historical chapter enumerate those authors who have made reference to it. In various parts of the globe, separated by not only natural barriers, but by a dissimilarity of language, we also find mention of a disease, following on the bite of animals, and this we may call the evidence of geography. In modern times we also find writers in different countries, who have observed similar symptoms, as cause and effect, under conditions where imagination could not play any part in the production of the phenomena. The evidence especially as regards children bears out the specific origin of the disease, and dismisses the idea of its being imaginary or a pure nervous disorder. One of our best modern writers, especially on this disease in the lower order of animals, Fleming, tells us that it is also capable of being produced at will in healthy creatures by inoculation, that the experiments of Renault, of Alfort, Hertwig, of Berlin, Eckel of Vienna, and a crowd of other veterinarians abundantly and conclusively demonstrate, unfortunately, that rabies is as definite and marked, in all its characteristics, as tetanus, whooping-cough, or any other well-known disease.

We are also convinced that the bite of an angry dog or of any animal, will not produce this affection unless the animal be rabid; it may excite local inflammation, severe constitutional disturbance, and distressing symptoms. On this point we must endorse the opinions expressed by Fleming:—

"Certain it is that nothing can be more erroneous or terrifying than the assertion that rabies may be induced by the bite of a healthy animal, and it must be strenuously denied that such a result is possible. No wound, injury, or bite from a healthy dog will produce this specific disease we call rabies, for if the bite given in anger by man, or animals not rabid, had such an influence, cases of rabies would be everyday events. Cur and other dogs are continually biting each other all over the world, and whoever has struggled, as I have, to sleep through the night in a Turkish locality, Scutari, for instance, in Damascus, in Cairo, or in one of the main thoroughfares of a North China town, such as Tientsin, will be ready to testify, that sanguinary battles among the half-starved and mangy canine scavengers are matters of, at least, hourly occurrence; besides, in this country, so far as our observation has extended dogs kept purposely for fighting, the notorious bull-dogs, are those least affected with rabies." There are of course numerous objections to be met, as, Why should some persons who are bitten escape? Why is the latency, intensity, and period of incubation so varied? But these are objections equally applicable to many other forms of disease. Why in an epidemic of cholera do certain individuals escape? Why is the intensity of small-pox greater some years than others? Why do some have it in a confluent and some in a simple form? Why is scarlatina one year of the most virulent, and another year of the mildest type? These are questions of a speculative and theoretical character, and may be answered by assigning such reasons as atmospheric influences, individual susceptibility or immunity, primary intensity, and subsequent diminution of the infecting media. But why have we, and what, is this atmospheric influence? How does the poison become diluted, exhausted, or burnt up? What is the nature of the resistance in the system, which during the same epidemic of small-pox protects one patient, makes him undergo the zymotic process, and covers him over with twenty pustules, whilst another patient under seemingly similar conditions, is a mass of pustules from head to foot? May we not candidly and honestly, without any derogation of professional dignity, confess that these are problems, not perhaps inscrutable, but certainly at present not understood. The theories of *contagium vivum* and *bacteriæ*, may ultimately lead us on to a fuller knowledge of the hidden workings of nature, but at present we have not arrived at this consummation, for the germ theory does not explain to us the origin of special and individual poisons, as those of measles, scarlatina, small-pox. As we cannot expect figs to grow on thistles, or grapes on a gooseberry bush, so we cannot at present admit, that the germs of all these diseases are the same, and their varying effects are produced under individual favourable conditions. The more the germ theory is considered, the more do we see its difficulties, for though some light has been further thrown on it by researches on lactic fermentation, still without an extreme degree of evidence, we cannot accept the theory of a separate and individual ferment for each contagious disease. It is quite possible and conceivable that it may be so, but the majority will have to accept it by the exercise of faith. The utmost we can arrive at then, is, that every specific poison appears to have an incubative period, and though we know its effect will be produced in a certain way, yet we are ignorant of its operation during that period, until constitutional derangement sets in. The zymotic theory which is now so frequently used, to denote the introductions into the body of poisons, is only a modification of the opinions of old medical authors who wrote about ferments. The terms are changed, whilst the difficulty remains the same. We hope to throw light on the incubative period, for though many of the phenomena of life are unfathomable, yet it is our duty to investigate them as far as possible, and to endeavour to understand the laws by which they are governed; and though we may not be able to explain many of the problems in connection with rabies, yet we cannot deny its existence as a distinct and special form of disease.

2ndly. From the data we also conclude that there is a distinct affection, in which we have symptoms closely resembling rabies, purely arising from nervous influence, not that the patient imagines or simulates the affection, but the inability and difficulty of swallowing, the convulsive motions, the delirium, and other concomitant symptoms, arise from some derangement in the motor centres, or nerve centres. When we remember the protean forms of nerve disease, we shall not be so astonished at this assertion, and if we examine the following nomenclature of Dr. Althaus, we shall see at a glance the diversity of nervous diseases, and by selecting the *italicised* words, we can formulate a disease, the totality of symptoms in which will resemble those of rabies in certain prominent features.

I.—General Neuroses.

1. *Nervosity, nervosismus, general hyperæsthesia, and convulsibility.*
2. Eclampsia.
3. Epilepsy.
4. Catalepsy.
5. Hysteria.
6. Hypochondriasis.
7. Chorea.
8. Tetanus.
9. Vertigo.
10. *Insomnia.*
11. *Tremor.*
12. Athetosis.

II.—Diseases of the Brain and its Membranes.

1. Hyperæmia.
2. Anæmia.
3. Apoplexy (cerebral hæmorrhage).
4. Thrombosis. } softening of
5. Embolism of cerebral arteries. } the brain.
6. Aphasia.
7. Meningitis.
   a. External pachy-meningitis.
   b. Internal pachy-meningitis (hæmatoma of the dura mater).
   c. Lepto-meningitis.
   d. Tubercular meningitis.
8. Encephalitis.
9. Chronic abscess of the brain.
10. Sclerosis.
11. Hypertrophy.
12. Atrophy.
13. Tubercle.
14. Tumours.
15. Syphilitic affections of the brain.

III.—Diseases of the Spinal Cord and its Membranes.

1. Hyperæmia.
2. Anæmia.
3. Hæmorrhage into the spinal membranes.
4. Hæmorrhage into the spinal cord.
5. *Spinal irritation.*
6. *Spinal exhaustion.*
7. Spinal meningitis.
   a. Pachy-meningitis.
   b. Lepto-meningitis.
8. Myelitis.
   a. Acute.
   b. Chronic.
9. Progressive locomotor ataxy.
10. Hypertrophy.
11. Tubercle.
12. Tumour.
13. Syphilitic diseases of the spinal cord.

IV.—Diseases of the Cerebro-Spinal Nerves.

1. Peripheral Paralysis.
   a. Paralysis of third nerve.
   b. ,, fourth nerve.
   c. ,, minor portion of fifth nerve.
   d. ,, sixth nerve.
   e. ,, portio dura, facial palsy.
   f. ,, spinal accessory nerve.
   g. ,, hypoglosssus nerve, glossoplegia.
   h. ,, vocal chords, aphonia.
   i. ,, cervical and dorsal nerves.
      α. The serratus anticus muscle.
      β. The dorsal muscles.
      γ. The abdominal muscles.
   j. Paralysis of respiratory muscles.
   k. ,, radial nerve.
   l. ,, median nerve.
   m. ,, ulnar nerve.
   n. ,, lumbar and sacral nerves.
2. *Peripheral Spasm.*
   a. Trismus.
   b. Blepharo-spasm.
   c. Unilateral facial spasm.
   d. Spasm in the hypoglossus nerve.
   e. *Spasm in the spinal accessory nerve.*
      α. Clonic torticollis.
      β. Tonic ,,
   f. *Spasms of the nerves and muscles of the upper extremity.*
   g. *Spasms of the respiratory muscles.*
      α. Singultus.
      β. Tonic *spasm of the diaphragm.*
   h. Sternutatio convulsiva (convulsive sneezing).
   i. *Spasm in the lumbar and sacral plexus of nerves.*
   k. Tetany.
   l. Permanent muscular contractions.
3. Peripheral Anæsthesia.
   a. Anosmia, loss of smell.
   b. Amblyopia and amaurosis (optic neuritis).
   c. Loss of taste.
   d. Nervous deafness.
   e. Anæsthesia of fifth nerve.
4. *Peripheral Hyperæsthiesa.*
   a. Headache.
   b. Spinal neuralgia.
   c. Tic douloureux.
   d. Olfactory hyperæsthesia.
   e. Auditory vertigo, Menière's disease.
   f. Cervico-occipital neuralgia
   g. Cervico-brachial neuralgia
   h. Ulnar nuralgia.
   i. Intercostal.
   k. Mastodynia.
   j. Neuralgia of the lumbar plexus.
   k. Sciatica.
   l. Neuralgia of the coccygeal plexus.
   m. Neuralgia of the joints.
   n. Visceral neuralgia.
5. Neuroma.

V.—Special Forms of Paralysis.

1. General pararalysis of the insane (dementia paralytica).
2. Shaking palsy (paralysis agitans).
3. Labio-glosso-pharyngeal paralysis.
4. Hysterical paralysis.
5. Lead-palsy.
6. Rheumatic paralysis.
7. Reflex paralysis.
8. Peripheral paralysis from injury to the nerves.
9. Infantile paralysis.
10. Paralysis after acute diseases.
11. Diphtheritic paralysis.
12. Scrivener's palsy.
13. Paralysis of the bladder.

VI.—Special Forms of Anæsthesia.

1. Cerebral anæsthesia.
2. Spinal ,,
3. Hysterical ,,
4. Toxic anæsthesia.
5. Muscular ,,

VII.—Affections of the Vaso-Motor and Trophic Nerves.

1. Megrim, sick headache.
2. Angina pectoris.
3. Graves's or Basedow's disease, ex-ophthalmic goitre
4. Unilateral atrophy of face.
5. Progressive muscular atrophy.
6. Progressive muscular hypertrophy.

Dr. Althaus has recently told us that the rate at which diseases of the nervous system occur is a steady one, and subject to a definite law, to which there are not any, or only apparent, exceptions. That this rate does not appear to vary perceptibly from time to time, and amounts to about 12 per cent. of the entire mortality from all causes; and that nervous diseases occupy the fourth rank amongst the maladies destructive of human life, being only surpassed in fatality by zymotic, tubercular, and respiratory diseases.

We must dwell, for a short time, on this point, as at present it is a subject of interest, evidenced by the numerous letters we recently published in our columns. The influence of mind over disease has always been recognised, and Fleming, in alluding to the influence of a moral cause in the development of the symptoms of rabies, remarks that such instances are not very surprising when we know what a powerful influence the mind, or rather moral causes, exercise on the composition and secretions of the humours, and he enumerates several instances illustrative of the singular impressionability of individuals to fear and the development of symptoms of rabies in consequence. We must divide this nervous influence into two classes—*A.* Where it acts after the reception of a bite from any kind of animal. *B.* Where it acts without the bite of an animal. We may point to our statistics for several specimens of these different classes. From "Rabies and Hydrophobia" we quote some further instances. A man, æt. 37, was admitted to the St. Louis Hospital, Paris. Six weeks before admission he had been bitten by a cat, but this circumstance he did not allude to when first seen, he then complained of a pain in his left arm. Being afterwards interrogated it was discovered the cat had been ill for some days, and had been killed soon after it bit him. The bite, which was on the left arm, had been cauterised by a druggist. Cicatrisation had been complete for some time, when one of his neighbours said to him, "I have hanged my cat, yours bit it, and it went mad." The unfortunate man was greatly moved by this statement, and immediately afterwards experienced the first symptoms of the disease which were not severe until the 12th August, 1869, the date on which he was admitted to the hospital, where he soon after died. He also furnishes a case related by M. Bucquoy. A woman, in the clinique of Dr. Maisonneuve, had been bitten by a dog, which was supposed not to be rabid, and the injury had healed, when, two months after the accident, she was met by two students, who had been with the doctor at the time, and who asked her if she were not yet mad? Immediately she was seized with nervous symptoms, became intensely anxious and uneasy, and went into the hospital with the belief she was suffering from rabies. She was put under the care of M. Laugier, and the following day was evidently affected with the disease. Hemiplegia appeared, with violent delirium, accompanied by an irrepressible amount of fear, and she died asphyxiated in forty-eight hours.

Dr. Fayrer, in his volume of "Clinical and Pathological Observations in India," narrates a fatal and extremely interesting case, in which a man of highly nervous temperament, shortly before he was bitten by a dog, read a story in *Chambers' Journal*, entitled "The Longest Month of my Life." It was an account of a person bitten by a

dog who was assured he was not safe until thirty days had elapsed. The story made a very powerful impression on the man, whose symptoms set in on the thirtieth day—the eventful one of the story. In reference to the second class we have ample evidence of its existence in our statistics, and Fleming also referring to it (p. 262), says: "There is a peculiar hysterical affection or mental hydrophobia, as Trousseau named it, which simulates the malady, and is brought on by emotion on seeing hydrophobic individuals, through fear of the disease, or in nervous people on hearing a description of real cases of it. Dr. Michie, of Shanghai, informs me that when rabies was prevalent there in 1867, he was called up one night to attend a young man, who assured him that he had been unable to drink fluids since the previous afternoon, and who looked excited and haggard. By impressing upon him that the difficulty was imaginary, the doctor succeeded in getting him to drink some soda-water, and his hydrophobia soon disappeared."

Trousseau relates some instances of this imaginative affection. Whilst talking of virulent diseases in general to M. Joupitre, Mayor of one of the departments of the Sologne, this gentleman told him that he had been affected with hydrophobia. A farm dog had *tried* to bite his arm, and about the same time it had bitten a good many beasts, which had died of rabies. A few months afterwards, on Easter Sunday after service, and at a breakfast, at which every one had done his best to make up for the rigid abstinence of the past Lent, M. Joupitre exclaimed suddenly that he was seized with hydrophobia. He could not eat or drink any more, and was already beginning to rave, when his wife, who only believed that he had eaten too much, persuaded him to tickle his throat with his fingers. The advice was good, for copious sickness was brought on by the manœuvre, and nothing more was said about hydrophobia. Trousseau named Joupitre's case to a presiding judge in chambers, who in his turn told him that he also had once believed himself affected. He used to go out riding frequently, and a sporting dog which generally accompanied him often jumped to lick the hand which held his whip. During one of these rides they met a flock of sheep, after which the dog ran, biting all those he could catch. The animal still heard and obeyed his call, but it had a strange aspect. Again it ran after, and bit, dogs, cows and oxen, and lastly swam across a river; a few hours later it died. A short time after this, the judge heard that many of the beasts that had been bitten by his dog has perished of rabies. This news alarmed him, because he recalled to mind that on the same day the dog had licked his right hand several times. On examining this hand, he found several small scars on it, and seized with terror, he no longer dared touch water to shave himself, and finally believed he had hydrophobia. A medical man, who was sent for from Orleans, tried in vain to calm his fears; for several days he was excited and delirious.

At last, being told over and over again, that persons seized with the disease died very rapidly, and that he could not therefore be hydrophobic, since his dread of water dated already ten days back; and after reading in books about the duration of confirmed hydrophobia, he allowed himself to be persuaded, and his dread of water vanished as soon as he became convinced that he would have died long ago if he had been infected. We have here typical instances of the misleading name given to this affection.

3rd. We must also eliminate certain cases from our list and assign them to their proper nomenclature. It is not astonishing to find mistakes made in the diagnosis of this affection, as the confounding of it with tetanus, especially when we remember the somewhat similar character of the symptoms. The following artificial table from Holme's "System of Surgery," of the leading features of both diseases, will convey a brief though accurate differential diagnosis,

Rabies.	*Tetanus.*
Spasms of muscles of brief duration; if not voluntary, at least temporary, and ceasing to exist during intervals of rest and quietude, the jaw being relaxed, and opening and shutting regularly. The spasms are clonic.	Spasms of muscles more continued, less remitting, and more intermitting, constant rigidity of the muscles of the jaw becoming gradually fixed and closed; tonic spasm. The cause is exposure to cold or a wound; it rarely arises from the bite of an animal, and generally occurs soon after the injury. The bite of a tetanic animal does not produce tetanus.
Countenance.	*Countenance.*
There is an expression of excitement, fearful distress, and peculiar restlessness, occasionally frightful convulsions; the eyes are bright and glistening, but at times suffused. Thirst and aversion to fluids characteristic; even the sight or noise of fluids induce paroxysms, with frequent and viscid discharge of saliva.	Drawing up of the nose, wrinkling up of the forehead, angles of the mouth drawn towards the cheek-bone, presenting a frightful risus sardonicus. There is an expression of pain, but the eyes are natural; no great thirst, and in general no great aversion to fluids administered in small quantities; rarely any discharge saliva.
Rabies.	*Tetanus.*
Vomiting and gastric pains general, mind subject to rabid influences, and numberless deviations passing to delirium; intolerant sensibility of surface and organs of sense.	Vomiting and gastric pains rare; mind generally clear to the last.

For instances of this error in diagnosis we may point to tables, and we may particularly refer to the one recorded in the *Lancet* (1848), as one of tetanus and rabies combined, where a boy, Charles G——, was struck with a stone on the lip, and was also supposed to have been bitten.

4th. Mania has also been confounded with it, and our statistics furnish notable instances of this mistake.

5th. In our introductory observations we mentioned a supposed case of rabies, by Dr. Whymper, and stated that in certain forms of heart-disease and pericarditis somewhat similar symptoms to rabies are produced. Since writing that, we have received further confirmation of our views, for in the *Progrès Médical* (Sept. 15) we find that M. P. Bourceret took as the subject of his thesis at the Faculty of Medicine, Paris, "On Dysphagia in Pericarditis and a special form of it simulating Hydrophobia." We have not been able to obtain the book, but Dr. Bouteillier in his review says:—"The disease thus described is very rare, and we should be on our guard against affections which we only meet once or twice in practice, and which are difficult of diagnosis if we do not remember the symptoms. We may thus confound pericarditis in its hydrophobic form with rabies, if we do not carefully examine the chest. In chest effusion and in pericarditis there are symptoms which suggest rabies, but which in reality are due to the former affections. M. Bourceret has published a case which occurred in the service of M. Bernutz. The patient had dysphagia, hydrophobia, and attacks of dyspnœa, to which he finally succumbed. The autopsy revealed adhesions of the medistinal pleura and of the pericardium, and inflammation of the left phrenic nerve. After an anatomo-pathological discussion, and an *exposé* of an experiment made on dogs in the laboratory of M. Vulpian, M. Bourceret attributes this affection to the action of the phrenic and pneumo-gastric nerves. He produced symptoms of hydrophobic pericarditis by inducing inflammation of the pericardium of the mediastinal pleura and of the left phrenic nerve." It is interesting to compare, the *post-mortem* appearances of the body of Henry Bailis, in reference to the state of the pericardium.

6th. In the *Lancet* (1824), in the Lectures on Poisons at St. Thomas's Hospital, we find mention of inflammation of

the œsophagus, giving rise to symptoms of rabies. The patient never had received a bite, and upon examination after death the œsophagus, behind the heart, was found to be greatly inflamed. In the *Medico-Chirurgical Review* (1826), we have another case, where we may conclude with the writer, that inflammation of the mucous membrane was produced by the ingurgitation of cold liquids, when the body was heated, and that this inflammation gave evolution to the whole of the phenomena described. It is a curious case, and we give it in full :—

J. Kneiss, aged 48 years, of sanguineous temperament and in excellent health, received a slight scratch from a dog that did not evince, either before or after, any appearance of rabies.

He took no notice of the accident. Nearly two years after this having drank freely of cold liquids while heated by work in the month of May, he soon experienced a difficulty of swallowing fluids, a sense of weight in his limbs, and a feeling of intense cold all over his body. He took some cooling medicines, and on the third day there was violent fever, great thirst, and such a spasmodic affection of all the parts about the œsophagus and larynx, on the attempt to swallow liquids, that he fell into a kind of delirium. This was reproduced by each succeeding attempt. On being received into the hospital of Bamberg, under the care of Dr. Pfeuser, he presented, besides the foregoing symptoms, a remarkable velocity in all his movements, a loquacity of speech, and a furious expression in his countenance. The pulse was quick and full, the action of the heart precipitous and sometimes suspended, skin hot and dry, thirst considerable, tongue coated, urine scanty, red, and turbid, deglutition of solids easy. He was bled to thirty-two ounces, and had a laxative enema. The ensuing night was spent in dreadful agitation, with occasional delirium, convulsive movements, and fits of hypothymia. The pyrexia now ceased for a time, and calomel and belladonna in small doses were prescribed, while mercurial friction with the same were applied along the spinal column. The thirst soon afterwards became intense, the pupils dilated, and a frothy mucus was ejected from the mouth. These symptoms continued for two days more, and the sight of water or any other liquids produced horrible convulsions. The patient complained of intense pain in the region of the stomach, and the tongue seemed inflamed. Eight ounces of blood from the jugular vein, and twenty leeches applied to the neck, and sinapisms to the lower extremities. In the evening severe paroxysm of agitation, and thirty-two ounces of blood were abstracted. A complete remission of all the symptoms followed, the patient was calm and collected, full of hope, and swallowed whatever medicines were offered to him. This state of tranquillity lasted all day, and in the beginning of the night he had three hours' calm sleep. From this period he fell into a state of extreme apathy, stupor, and complete prostration of physical and intellectual forces. He died in a few hours afterwards.

Post-mortem.—The cerebral substance was extremely soft, spinal marrow sound, salivary glands very much swelled. Some gangrenous eschars on the pharynx and larynx, the vessels of which were extremely injected, thyroid gland enlarged, changed in colour, soft, and full of thick black blood. Œsophagus inflamed throughout its whole extent, and presenting some spots of gangrene, the diaphragm in the same condition, mucous membrane of the stomach and duodenum very red, pancreas in the same stage as the salivary glands.

7th. Fleming, to whose researches on rabies in animals we shall have occasion frequently to refer, points out (p. 299) "That Heusinger has observed that there is undoubtedly a type of intermittent fever in man (which he fancies has some relation to anthrax), in which not only hydrophobia and dysphagia, but also, as happened in the case of Puccinatti, all the symptoms of rabies are present. This is named 'febres hydrophobicæ' by many surgeons, and as the same authority remarks, Faber is reminded, perhaps not without reason of the epidemy, which broke out among the Roman soldiers after the conquest of Rome in A.D. 553. Certain observations of this kind are communicated by Tarti, and especially by Notarianni, Dumas, Puccinatti, and Rasso."

8th. "Hydrophobia" has also been observed after epilepsy (Brien), in acute articular rheumatism (Bissedow, Valleix), in peritonitis, in melancholia, in putrid fever (Bonafos), in acute tonsillitis (Mayo, Vidal), after the sudden cure of scabies (Hirz and Zeitteles), in meningitis, during pregnancy, in hysteria, in peripneumonia, after intoxication, in encephalitis, and after great heat, following excessive exercise. Illustrative cases will be found in our tables, with references.

The treatment from the earliest times, affords practical illustration of a formula attributed to Trousseau ; that in presence of a malady which constantly terminates in death, the practitioner's duty consists in boldly trying everything. There could not be a more mischievous, or a more dangerous doctrine, and if it were applied to any other disease, as tetanus or epilepsy, it would be at once scouted from the list of therapeutical indications.

Every physician, worthy of the name, will treat this malady on the general principles, which should guide the practice of medicine. When the powers of nature are sufficient to ensure recovery, most modern honourable physicians, do not interfere with Nature's working by medicines, and when they have to deal with diseases, they may believe essentially fatal and incurable, they do not hazard experiments with deadly remedies. So in rabies, the physician will select from those agents, the action of which bears some relation to the supposed nature of the affection, and whose power, of relieving pain, he can control. He may be tempted to apply remedies, the curative nature of which cannot be explained on logical grounds, but the efficacy of which rests on empiric practice ; following out rational medicine and its rules, deadly poisons will be avoided. We might even say, it would be more conscientious to administer one of the vaunted secret remedies, than to recklessly inject the Woorali poison. Of course the conscience of each individual will afford some guide in this respect, but we would prefer to answer for a possible error of omission, than for a palpable sin of commission.

The authority of Trousseau, or any other eminent medical name, cannot support a dogma, based on questionable morality ; this opinion is certainly not in accordance with modern scientific medicine. Not only in reference to rabies but also to other diseases, there is a tendency to accept dogmatic opinions, as truths of the first order, and we would impress upon students in medicine, the consideration of the few following words, when authorities are quoted.

"Let not the authority of the author be in thy way, whether he be of little or great learning, but let love of simple truth lead thee to read."

"Inquire not who may have said a thing, but consider what is said."

If we compare the various plans of treatment, especially in the earlier years of this century, we cannot wonder at the fatal results, especially when we remember how the patient has been bled, weakened, and then freely dosed with such poisons, as prussic acid, belladonna, nux vomica, acetate of lead, &c., &c. It is difficult, to distinguish the phenomena, arising from the mixture of such poisons with the blood, from the poison of rabies. The administration in large doses of medicines which themselves produce tetanic spasms, stricture of the muscles, irregular respiration, convulsions, and death, in a disease in which irregular muscular action is one of the leading peculiarities, cannot be justified, except on the theory of boldly trying everything.

During later years there has been a marked improvement, as far as regards the administration of such medicines, and though we cannot congratulate ourselves on a much more successful issue, yet we may note with satisfaction the more humane spirit, the avoidance of the reckless, dangerous, and irrational methods which distinguished the treatment of earlier physicians. Attempts must be made, no doubt, to palliate the most urgent and distressing symptoms, but we hope to show these attempts must be made, guided by the same light that distinguishes

our treatment of other diseases, as insanity and epilepsy. As Fleming observes, the few instances of recovery recorded in the annals of medicine afford a glimmer of hope that others may be noted in the future, and that our increasing knowledge of physiology and pathology, may enable us to contend more successfully with this disease than hitherto. We believe that we are emerging into a clearer light, and that modern scientific medicine will still further assist in arriving at the true pathology of this disease. At present we can but briefly allude to the special points wherein progress has been made. In 1829 we find the first foreshadowing of some rational explanation of the phenomena which, in the present day, finds favour with many eminent medical authorities and writers. As regards the animal world and its varieties, Fleming's views may be considered as the nearest the truth, whilst for man the microscopoic sections exhibited by Dr. Clifford Allbutt may be considered the starting-point of a more advanced stage, in the history of the pathology of rabies. We shall, when analysing the results of post-mortems, give in full his observations, so as to compare them with previously observed facts, and thus test their actual value, whilst the pathology of those diseases in which we have somewhat similar symptoms, will also throw some light on the nature of the true affection.

The past, then, should teach us lessons, and one of the first is the desirability of an accurate diagnosis. There are difficulties in the way of this, and hence our accounts of the disease are often incorrect, contradictory, and sometimes false; other diseases having been confounded with it as we have clearly demonstrated. This should not occur. It is a question of national importance, that the death-rate from rabies should be accurately known. It has been influenced and swelled by certifying the cause of death, as rabies or hydrophobia, when it really should be assigned to some other cause. Without wounding the *amour propre* of the profession, we would suggest the extension of the powers of the medical officers of the Privy Council, so that every case of rabies should come under the notice of one of the department. Thus virtually, the medical officer in charge of the case, would have at his disposal a highly-qualified and scientific consultant, who would assist him, both in diagnosis, and as we shall subsequently show in the treatment of this painful and intractable disease. We have every confidence in the honesty of purpose, and the veracity of those who have recorded cases, as hydrophobia, which we have had to eliminate from that class of disease and to assign to their proper class. Mistakes will occur again, but we should guard as far as possible against such errors, and we believe our suggestion affords a satisfactory solution of the difficulty of preventing them, and of doing so without offending the sensibilities of our humblest or highest members.

At present, zymotic diseases, as regards causation, come under the cognisance of special government officials, and both the profession and society have benefited thereby. We are only asking for an extension of these powers, and as we are all striving to arrive at truth, we feel confident that the profession will accept help from whatever source, with this object in view. We ask for self-negation, from a profession, of which it has never been asked in vain. In the chapter on treatment we shall have to return to this point. In reference also to the new remedy, curara, the profession should not be over sanguine, and we shall in the treatment lay down the conditions under which it should be used. It has been tried before and failed. We are enabled to give from our own pages, an abstract of the report on two cases which occurred at Milan. In the face of this evidence, our restrictions on the use of curara will appeal to the common sense of our *confrères*.

Bossi.

Result and Time of Attack.—108 days after. Fatal, in sixty-seven hours.

Treatment.—Curara was used. In twenty-seven hours, forty-one injections were given with the syringe of Pravaz. Each containing 1¼ grammes of curara dissolved in distilled water, 18¾ centigrammes were therefore injected.

Remarks.—A commission was appointed at the Milan Hospital for the purpose of testing this remedy, wourali or curara; it has been tried in hydrophobia, but without good results, though we have three cases reported which recovered after its use. The following are the terms in which the commission embodied the result of their report on two cases:—1. In the case of Bossi there was no cauterisation; Broggi was cauterised simply with nitrate of silver seven hours after the bite. 2. The prodromic symptoms were manifested in Broggi fifty-eight days after the introduction of the virus. 3. The duration of the disease from its development to death in Broggi was 103 days. 4. At no moment did the curara appear to act on the rabid symptoms. 5. In both cases there was profuse perspiration, and in Bossi a marked but passing action on the circulation, evidenced by a quickening of the pulse. The autopsy showed in both cases red colouration and fluidity of the blood.

Reference.—Dublin Medical Press, 1862, p. 575.

The poison is so deadly, moreover, that its use necessitates the most anxious care, not only with regard to patient but operator as well, and indeed all who come into contact with it, for if the merest scratch is touched with it the consequences may be of the gravest kind. When administered by the mouth, its action is so modified that the effects have not been perceived. As a remedy for rabies the injections should be small and repeated, and so timed that the physiological effects of the curara may be obtained in the intervals. In two of the cases of cures reported in our tables, each injection consisted of about one-third to one-half of a grain of the drug, the total quantity employed in each case being about three grains.

We have obtained samples from Messrs. Corbyn, Stacey, and Co., of guaranteed strength and purity, in a solution, made at our request of three strengths—one in 10, one in 12, and one in 15. The first will allow of half a grain being administered in a moderate injection—5 minims. The second will allow of a grain being divided more easily into ¾, ⅘, ½, ⅓, and ⅕. The third will be safer to use by reason of its being weaker, besides which five minims will contain one-third of a grain, apparently an average dose. The solution form is one of the best methods of applying it. It may also be obtained in gelatine discs containing a definite proportion of this poison, as 1-100th of a grain, but a filtered solution carefully made does not create local irritation, whilst it allows control over dose. Of course there are other firms who can also supply it.

The effects of curara have been learnt by experiments on animals, and though every surgeon has the right of testing it on a patient suffering from rabies, yet he has not the power of first satisfying himself about the strength of his remedy, on the lower animals, unless he is a licensed experimenter. Strange anomaly in the law, which permits the surgeon's experiments on man, yet protests other animals!

We do not apprehend that surgeons will recklessly or carelessly use this potent drug. We know the profession too well to think, that they would trifle with human life, but we have dwelt on this to show agitators the illogical position of the anti-vivisectionists.

There are these dangers, then:

1. If the surgeon, not knowing accurately the strength of his preparation, develops the physiological action too soon, he may poison his patient from the potency of his sample.

2. Whilst feeling his way cautiously on his patient he may lose valuable time, and his patient may die.

This information we are giving may be useful in time; at present we cannot, with the data we have, recommend its indiscriminate use, and we shall lay down what we consider the conditions under which it should be used.

As we have laid our data before our readers they can themselves form their own judgment upon them, and this we would recommend, so that they may not be guided alone by the *ipsi dicunt* of any men; and as we are all engaged in the one laudable object of the search

after truth, though many may disagree with our deductions, yet such disagreement, if it leads to a more successful treatment, or to a better understanding of the problems we are trying to solve, will not be displeasing to us. We have necessarily devoted much space to our general conclusions, and these will have again to be subdivided under various heads. Our next chapter will be devoted to Rabies, its Morbid Anatomy and Pathology.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 21, 1877.

THE OPPONENTS OF VACCINATION AND SANITATION.

IT is generally supposed that the little chronic agitation that is kept up on the subject of compulsory vaccination is entirely confined to the poorer and more ignorant members of society. Whoever entertains this notion will soon have his mind disabused of it, by turning to the columns of the *Lancaster Gazette*, in which he will see that at Broughton-in-Furness the opposition to law and authority is carried on and encouraged by people who ought to know better. In that town the controversy which has been going on on this subject has been characterised by a considerable amount of prejudice, acrimony, and party feeling. Two clergymen who head the list of anti-vaccinators, take one side, the local authorities take another. One local newspaper sides with one party, while another paper is equally earnest in its defence of the other. All kinds of personalities are freely bandied about, and unworthy motives imputed to those who are only doing their duty and carrying out the provisions of the law.

We learn from the *Lancaster Gazette*, which takes a very proper and sensible view of the question, and also from a letter of Dr. G. Gibson to that paper, that the Rev. J. Postlethwaite has refused to comply with the law, and have his children vaccinated; and that the Rev. F. A. Malleson, the Vicar of Broughton-in-Furness, not only sympathises with his reverend brother, but goes out of his way to attribute unworthy motives to those whose duty it is to put the law in motion. The former gentleman is a determined opponent of vaccination, and the influence which his position gives him is increased by his holding a good deal of property in land and houses. One of his objections to vaccination is that his eldest daughter suffered so severely from it "that he would rather himself rot in prison than allow his children to rot from the effects of vaccination." This gentleman is also an enemy to sanitary reform being carried out on any comprehensive system, and both he and the vicar above-mentioned have used their priestly influence to thwart the endeavours of Dr. Gibson, both to keep up the vaccination and to improve the sanitary condition of the place. All this has created considerable excitement in the Furness district; and for some time a little paper war has been going on, not only between individuals, but between the pro-vaccination *Mirror*, and the anti-vaccination *Advertiser*, the latter paper having published a leading article on the subject, in which the writer praises the conduct of Mr. Postlethwaite for setting the law at defiance, and refusing to have his children vaccinated. Dr. Gibson goes so far as to say that, in his opinion, the prejudices of these reverend gentlemen on the subject of vaccination and sanitary reform arise from an envious and jealous feeling towards the medical profession in general, especially towards those who possess an average knowledge of the science and art of the profession; as it is calculated to lessen their influence over the minds of their parishoners and neighbours. It is quite possible that such is the case, and if so, the motive aggravates the blame attached to them tenfold. We are, however, inclined to believe that their conduct has been regulated by those prejudices, animosities, party feeling, and narrow-mindedness, that prevail more or less among all religious sects. But it is well to know that the extraordinary opinions on the part of the Broughton clergymen are not shared by many of their professional brethren. We have recently had many proofs that a more enlightened and liberal spirit is regulating the opinion and behaviour of the clergy with regard to some of the most important questions of the day. As Dr. Gibson remarks, there are no two classes in the world that can do more good in works of real charity by going hand-in-hand, than can members of the medical and clerical professions. No doubt every one has a right to his opinions, but when they are carried so far as to encourage the public to defy a law which has received the general sanction of the community, it is time that the promulgators of such opinions were called to account. Still more painful is it to witness this determined opposition in the persons of those whose calling it is to press upon the people the duty of obeying all laws both human and divine, and whose great Exemplar in his respect for legitimate authority, did not hesitate to tell his interrogators "to render, therefore, unto Cæsar the things which are Cæsar's, and unto God the things that are God's."

THE BROADMOOR CRIMINAL LUNATIC ASYLUM.

The able Report which Dr. W. Orange, the medical superintendent of this asylum, has recently issued, contains some interesting facts, both with regard to the asylum itself, and the condition, treatment, &c., of its inmates.

The origin of the Broadmoor Criminal Lunatic Asylum is comparatively recent. In June, 1807, Mr. Wynne moved in the House of Commons, that "a select committee be appointed to inquire into the state of criminal and pauper lunatics in England and Wales." A committee was duly appointed, and their Report was printed in July of the same year. In that Report it was shown that although the only law specially relating to criminal lunatics viz., the 40th George III, cap. 94, does empower his Majesty to give orders for the safe custody of criminals found to be insane "in such place and in such manner as to his Majesty shall seem fit," there was no special provision for the lodgment, supervision, and curative treatment of those criminals. The Committee fully concurred in the opinion of an eminent and philanthropic authority, Sir George Paull, that to confine such persons in a common gaol is equally destructive of all possibility of the recovery of the insane, and of the security of the other prisoners.

It therefore appeared to them desirable that a building should be provided for the separate confinement of all criminals whose offences were committed during a state of insanity. This recommendation was not acted upon at the time, but six years afterwards, namely, in 1814, a sum of £19,800 was voted by the House of Commons for the purpose of erecting buildings in connection with Bethlehem Hospital, for the accommodation of 60 criminal lunatics. This sum, however, was not found sufficient, and the total cost of erecting and furnishing the necessary buildings amounted in the end to £25,144. A few years later the Government found it necessary to find further accommodation for criminal lunatics; and in 1849 an arrangement was entered into with the proprietor of Fisherton House, near Salisbury, for the erection of a detached ward for the reception of those lunatics for whom no room could be found at Bethlehem. Still the number of criminal unatics, and the demand for further accommodation, increased, so that in 1856, instructions were given by the Secretary of State to the Home Department for the erection of a state asylum at Broadmoor, in the county of Surrey. In 1863 the Broadmoor Asylum was opened, and the evils formerly arising out of the confinement of criminal lunatics in gaols or in ordinary lunatic asylums were finally removed.

But soon afterwards it become apparent that those lunatics who were removed from the convict prisons whilst undergoing sentence of penal servitude differed, as a class, so much from the lunatics who, being found to be insane before or at the time of being tried, had been ordered to be detained during Her Majesty's pleasure, as to render it expedient to separate the two classes. Consequently it was determined in 1874 to provide, in one of the convict prisons, accommodation for those male convicts who became insane whilst undergoing penal servitude, and thus to leave sufficient room at Broadmoor for all the male lunatics detained during Her Majesty's pleasure. On the other hand, female criminal lunatics of both classes are still received at the asylum.

On the 1st January, 1876, there were in the asylum 506 patients, of whom 384 were men and 112 women. The daily average number was 498, but the asylum is capable, when full, of accommodating 413 men and 150 women. Last year 45 persons were admitted, of whom 11 men and 5 women were charged with murder, 1 woman with manslaughter, 8 men and 1 woman with attempt to murder, or with wounding, and the remainder with various offences. Of the persons charged with murder, 4 men were removed from prison before trial, 2 men were found insane on arraignment, and 5 men and 4 women were tried and acquitted on the ground of insanity. An inquest is held in every case of death, and in looking over the causes of the 20 deaths which took place last year, we find that no less than 12 were due to diseases of the respiratory organs, and of these 12, 6 were due to consumption. "The inmates of a lunatic asylum," observes Dr. Orange, "consist largely of persons in whom the nervous system has undergone more or less deterioration, and who are, consequently, less able to resist sudden and violent variations of temperature, such as occurred frequently during the spring of last year and of the year before." The report speaks well of the general behaviour of the patients during the year. Good order was maintained throughout the wards, and no form of mechanical restraint was used in any part of the asylum. The asylum contains very considerable resources for the treatment of violent and dangerous lunatics; it is provided with a large staff of medical officers and keepers; various means of both out-door and in-door recreation are afforded to the inmates; and various opportunities are given and temptations held out for the employment of their time in some industrial occupation.

An interesting and instructive part of the Report is that which contains short tabulated notes of the general history, mental and bodily state during residence, and post-mortem appearances of the 20 criminal lunatics who died last year. It is, however, to the post-mortem appearances that we would especially direct the reader's attention. With regard to the condition of the brain and its membranes, it is worthy of remark that in every one of these 20 cases the morbid appearances agree in every respect with the result of the investigations that MM. Parchappe, Foville, Bucknill, and others have carried out on the subject. M. Parchappe found in a large number of his cases such obvious changes as thickening of the meninges, adhesion of the pia mater to the surface of the brain, injection of the cortical substance with or without softening, atrophy of the convolutions, induration of the brain, &c., and he even considered that these changes were partly at the foundation of mental alienation. But this as it may (for we are not going to enter upon the pathology of insanity), the intra-cranial appearances noted in Dr. Orange's cases were much the same as those just mentioned. In all the cases, with one or two exceptions, there was thickening, opacity, or adhesions of the membranes. In about a third of the cases the arachnoid contained more or less serum. In many the grey matter of the convolutions was congested, atrophied, or hardened; in many the puncta vasculosa in the white matter were

numerous and enlarged, and in many the ventricles contained a large amount of, or were even distended with, fluid.

After a careful perusal of these very interesting post-mortem notes, we fail to find any corroboration whatever of the opinions which have been advanced by some as to a peculiar conformation of the cranium and the brain being often characteristic of persons who have committed great crimes, be they lunatics or not. It will be remembered that some time ago we drew attention to the extraordinary views which a German physician held on this subject. Prof. Benedikt, of Vienna, contends that an anthropological or deficient organisation of the brain lies at the foundation of the criminal propensity ; that the changes in the brain are of a gross and palbable character, and may even be recognised during life by an examination of the head. The changes he refers to are, the unequal development of different parts of the brain, the cerebellum not being covered by the occipital lobes, want of prominence of the external occipital protuberance, flatness of the occiput, want of symmetry in the two halves of the skull, vertex-steepness (Scheithsteildeit), or rising up of the head from before backwards, &c. Now, we might reasonably assume that if any such changes were commonly observed in the head and brains of ordinary criminals, we should, *à fortiori*, be still more likely to meet them in the brain of the criminal lunatic. In the notes before us, however, nothing is said as to the presence of any of them, the only statement being in reference to the thickness and density of the calvaria. We may, therefore, assume that either there was nothing abnormal in the shape of the head, or that no notice was taken of it. Nor was there anything remarkable about the size, shape, or general condition of the cerebellum. In only three cases did this part of the brain present any abnormal appearances. In one, the cerebellum is described as "soft ;" in the second case, as "softened and congested ;" and in the third, as "very much softened." Without drawing any inference from the fact, we may state that the criminals in whom these changes were observed were respectively guilty of wounding, arson, and attempt to murder, and they were all three of an imbecile state of mind, and of an irritable and violent temper. With regard to the absolute weight of the brain, we find that the weight of the total encephalon, including the pons and medulla, was much below the average in 8 out of the 20 cases. Again, according to the most recent researches on the subject, the proportion between the weight of the cerebrum and that of the cerebellum is rather more than 8 to 1, and it is worthy of remark that out of these 20 cases there are not more than two in which there is any marked departure from this proportion. It follows, therefore, that, as far as these cases go, the abnormal diminutions in the absolute weight of the brain above noticed, is to be shared equally by the cerebrum and cerebellum. It is doubtful whether a very careful general and microscopical examination, in a large number of cases, of the respective morbid appearances in the grey matter of the cerebellum, the posterior portion of the occipital lobes, and the anterior convolutions, will ever throw any light upon the question as to the relative share taken by these parts in the causation of the criminal propensity, or of criminal insanity ; but, at all events, it will not be disputed that the great Criminal Lunatic Asylum at Broadmoor presents a good field for an investigation into the subject, and that the results of the *post-mortem* examinations made at this asylum, will always invest the reports which issue from it with more interest than is usually attached to publications of this kind.

Notes on Current Topics.

"Agoraphobia."

As we have ourselves seen a good example of this complaint, we took a particular interest in the article which Dr Henry Sutherland has contributed to the current part of the *Journal of Psychological Medicine*. A paper on the subject has also been published by M. Legrand du Saulle, in the *Annales Medico Pyschologiques*, and analysed by Dr. Aldridge in the *London Medical Record* for April.

Want of self-confidence appears to be at the root of the complaint. Fear that the patient will be unable to walk a certain distance, or perform a certain journey without fainting on the way, and the like. While M. Du Saulle proposes to call the disease "La peur des Espaces," from the great dread that some of these patients have on going into society, into the open air, or into any large, open, or public place. Dr. Sutherland thinks the disorder should be called "Autophobia," or fear of self, as want of confidence appears to him to be an important feature of the disease. The symptoms given by M. Du Saulle, are :— A fear of space, equally in the street, in the theatre, or in church. The patient feels he will never be able to walk up a street, or to go out unless in a carriage, or taking a person's arm. Sometimes there is a feeling of the heart being grasped, or palpitation of the heart, trembling of the legs, and vertigo. Indeed, the complaint has often been confounded with simple vertigo, with that proceeding from disorder of the stomach (Trousseau), epileptic vertigo, and hypochondria. But it is distinct from all these, and particularly from stomach vertigo, in that the patient has usually a good digestion. With regard to the cause it would appear to arise from overwork, cerebral exhaustion, excessive sexual indulgence, alcoholic excesses, and habitually yielding to groundless fears ; but it occurs in persons who are in fair bodily health, and whose mental condition is normal. The patient is perfectly aware of his symptoms, but has not the strength of mind to abandon the habits which produce them. Drugs have little power over the disease ; but it disappears when the physical cause is removed. It may, however, in the opinion of Dr. Sutherland, lead to more serious disorders, as general paralysis or progressive locomotor ataxy. The case that occurred in our own practice was that of a middle-aged and independent gentleman, who for years scarcely went outside his house, from a dislike to society, a feeling of giddiness and nervousness, and his countenance has become quite pale and sallow ; and the tone of his whole system is lowered by omission of daily exercise in the open air It is, however, doubtful whether it should be regarded as a special disease, or receive a special name. It is evidently a phase of nervousness, or of nervous prostration, brought on in nine cases out of ten by sexual indulgence,

want of occupation of mind and body, and other like causes.

The New West Herts Infirmary.

On Saturday last a distinguished company assembled at Hemel Hempstead, in order to be present at the formal opening of the New Infirmary by H.R.H. the Duchess of Teck. Like many others in the kingdom, the old Institution has for some time been inadequate to meet the growing requirements of a rapidly increasing population; and the new building was started about two years since to meet the difficulty, having been completed at a cost of nearly £14,000. The members of the profession in the neighbourhood mustered in strong force, and the nobility and gentry of the neighbourhood, several members of parliament, &c., combined to give Her Royal Highness a brilliant reception, and to ensure the success of the day's proceedings.

The site of the new building adjoins that of the old one, and is admirably suited to the purpose. The building itself is in the Italian style, and, although perfectly plain and built entirely with a view to its hygienic requirements, has a very pleasing appearance. It is divided into three blocks, the centre portion being devoted to the administrative offices and the out-patients, whilst the in-patients will occupy the two wings. The operating-room is well situated in the central block opening into the main corridor, and having good north lights and a large ventilating skylight. The wards, which are principally in the wings, are of various sizes, with a view to the better classification of the patients, and provide a cubical space of 1,400 feet to each bed. They are handsome rooms, with polished pitch-pine floors, the walls in distemper of a light grey, with a tinge of Indian red. They are fitted with all the most approved appliances for the health and convenience of the patients, and are thoroughly lighted and ventilated. Each set of rooms is under the care of a nurse, whose room overlooks them. Bath-rooms, sculleries, &c., are also provided for each set. Special care has been given to the drainage, which is ventilated throughout upon the Banner principle recently adopted with such success at Guy's Hospital.

Towards the cost, over £8,000 have already been subscribed, including a list of donations of £3,000 and upwards, announced after the *dejeuner* on Saturday, the remainder is not expected to offer greater difficulties in collecting.

Abuse of Adulteration Law in England.

The *Pharmaceutical Journal*, with great justice, utters a vehement protest against the prosecution of two traders last week—one for having sold soda-water with a deficient quantity of soda; and the other for having sold cayenne pepper, which was alleged to be adulterated with salt and red ochre. In the first case there was a substantial quantity of soda, although not the Pharmacopœial amount, while in the second the "red ochre amounted to one-thousandth of oxide of iron, and the salt to a mere trace." We have, as our readers recollect, urged strongly the firm use of the law against fraudulent traders—and there are many such—who deliberately cheat the consumer by substituting for the article demanded something which is cheaper, and probably worse. We anxiously desire to see such rogues brought the block and severely dealt with in every case, and, as they are legion, we have no patience with analysts and nuisance inspectors who put the law in motion against traders who have been guilty of no fraud whatever. Soda water is, to all intents, a beverage, and not a medicine; it is not reasonable that it should be judged by a pharmaceutical standard. It would not be desirable that it should always contain the standard quantity of soda bicarbonate, and the purchaser does not expect that it will. It is sheer stupidity for analysts to take up such cases, and we applaud the decision of the magistrate, who gave an acquittal.

Experiments on the Physiological Effects of Coca.

E. B. Shuttleworth reports the result of some experiments made with "coca" leaves, upon rather an extensive scale, in the case of a number of gentlemen connected with the Toronto La Crosse Club, during their session for play, 1876 (*Canadian Pharmaceutical Journal*, August, 1877, page 1). At the commencement of every match, about a drachm to a drachm and a-half of the leaves was served out to each man. This was chewed in small portions during the game, the saliva being swallowed with the following effects:—"On first taking the leaves a sensation of heat and dryness was felt in the throat. This was relieved by washing out the mouth or gargling with water, after which the desire for water was no greater than usual. Soon after, a sensible augmentation of muscular force, and a general feeling of invigoration were realised, and continued to be felt throughout the game, so that fatigue was wholly or in great part resisted. The pulse was observed to increase in frequency, perspiration was augmented, but no mental effect was noticed, save the exhilaration of spirits always attendant upon the exercise of well-strung muscles, and in the excitement of play. No disagreeable after-effects were realised. The leaves were chewed without the addition of lime or other alkaline matter." There was a marked contrast between the condition of the "coca leaves" chewers and their antagonists at the close of the match. The first felt fatigue, the others were exhausted. Prolonged and excessive use of these leaves ultimately induces mental imbecility or idiocy. In South America they are held in high estimation, the annual consumption not falling short of 100,000,000 pounds. They always use them there in as fresh a state as possible.

Obscene Literature.

It would clearly be impossible for anyone, however well informed, to venture even an approximate estimate of the quantity of paper and ink consumed annually for obscenity and vice in print. When, as we ascertained on reference to the Seventy-fourth Annual Report of "The Society for Prevention of Vice," the number of books, photographs, &c., destroyed are reckoned by hundreds of thousands, and the quantity by tons, the appalling fact of how much more is circulating amongst the vast population of this country undiscovered by the Society readily presents itself to the mind. We will give the statement of the Society from the report just issued, in order that our readers may

form some conception of the depravity existing in this enlightened nineteenth century: Seized and destroyed through the operations of the Society:—374,186 obscene prints, pictures, photographs, and negatives; 56,054 books and pamphlets, mostly illustrated with abominable engravings; 5 tons and upwards of letter-press of the same character in sheets, besides large quantities of infidel and blasphemous publications; 26,780 sheets of obscene songs, catalogues, handbills, &c.; 6,840 cards, snuff-boxes, and other articles; 98 grossly obscene models, life-size, in wax; 844 engraved copper and steel plates; 430 lithographic stones; 159 wood blocks; 11 printing-presses, with all the tools and apparatus for printing; and 82 cwt. of type, including the stereotype of several entire works of the grossest immorality.

Arsenic and Antimony in Vulcanised Rubber.

An article contained in No. 17 of the *Répertoire de Pharmacie*, by Mr. E. Filhol, again draws attention to the fact that much of the vulcanised rubber of the market—at least that made in Europe—contains arsenic, which may be readily extracted by means of hydrochloric acid. It may not be generally known that the golden sulphide of *antimony* is largely consumed for colouring vulcanised rubber. This is prepared specially for the purpose, both of a red and of an orange colour, and preserves its tint even at a high temperature. Some time ago an inquiry was instituted whether dental vulcanite, coloured by vermilion, was poisonous; and the result was that it was declared innocuous. It now remains to be seen whether any *dental vulcanite is coloured by antimony sulphide* and what constitutional effects it produces.

There was an animated discussion at the meeting of the Metropolitan Asylums Board on Saturday last, the members almost unanimously expressing opinions contrary to those of the Local Government on the treatment of imbecile children after they had attained the age of sixteen. The Government, on the one hand, expressed a desire that all cases which did not present reasonable prospects of cure should be transferred from the new Darenth Asylum to one or other of the adult asylums, and the Asylums Board, on the other, considered that these hopelessly unimprovable cases should be retained together in one of the buildings in which they had been reared.

Mr. W. Wright, M.R.C.S., the resident medical officer to the Pontefract General Dispensary, was found dead in his sitting-room one day last week. He had been attending his patients during the day as usual.

The next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, December 5th, at eight o'clock.

The death of Dr. Henry Brougham Guppy, of Falmouth, with the Turkish army around Erzeroum, is telegraphed.

Treatment of Pertussis by Pulverised Ether.

Dr. Lubelski, of the Warsaw Civil Hospitals (*Gaz. Hebd.*, October 19), recommends in the first two stages of pertussis the application to the neck, along the course of the pneumogastric nerve, of ether pulverisations. The first trial, made on his own child, aged seven, was followed by almost immediate relief. These pulverisations are, of course, only to be regarded as palliatives, especially applicable to children harassed by violent and frequent paroxysms.

Dr. Jas. E. Morris, of Belleville, Texas, sends to the *Medical Record* a formula for a solution of hydrobromate of quinia in alcohol, grain for minim; to this solution water may be added in any proportion. When used hypodermically, it is said to act promptly and leave no scar. Among the advantages claimed for the solution, are its ready absorption, its quieting influence upon the nervous system, and the absence of fungous growths—the latter being attributed to the presence of alcohol.

A Pharmaceutical School is about to be added to the University of Berlin, under the direction of Professor Oscar Liebreich, in which pharmacological, physiological, and chemical researches on medicines and their actions will be carried on. The Prussian Government is about to erect a building for the laboratory.

The third course of Cantor Lectures during the ensuing season at the Society of Arts will be on the subject of "Putrefactive Changes and their Results in Relation to the Preservation of Animal Substances." It is also stated that the conference on "Health and Sewage of Towns" is to be repeated, and that a second "Congress on Domestic Economy" will be held this year at Manchester.

Quite a little epidemic of scarlet fever exists in Sheffield and Wolverhampton, and the same may be said of enteric fever in Salford. The deaths from small-pox have again risen to 25 in the week in London, after touching so low as 9 per week, about a month since.

We understand that Mr. Butcher, the well-known surgeon of Dublin, has presented the sum of £1,000 towards defraying the cost of a life-boat for the coast of Kerry. The gift is intended to perpetuate the memory of his father, Admiral Butcher, and his brother, the late Bishop of Meath, and will be highly appreciated by the sea-farers along that dangerous coast.

The mortality in the four principal cities of the United Kingdom last week, was at the rate of 19 per 1,000 in Edinburgh, 21 in London, 21 in Glasgow, and 25 in Dublin.

Scarlet fever has broken out at Witham, Essex. Up to the present time there have been twelve deaths, all the victims, with one exception, being children ranging from three to eight years.

THE number of substantiated cases of death from rabies in London during the present year is 15, against an average of 4 for the whole of the kingdom for the past years.

GALE'S LONG WALK.

GALE has recently completed his long walk of 4,000 quarters of a mile in 4,000 consecutive ten minutes, making 36 miles every 24 hours for 28 days. He started suffering from catarrh of the nose and rheumatic pains in the limbs. Without the knowledge of Mr. Gant, who was in medical attendance on him throughout the walk, he indulged in a diet not compatible with the great exercise he was about to go through, upon one occasion eating lobster and pickled pork, with walnuts, and for his tea, hot buttered muffins and crumpets, with six cups of tea. At the end of the first week he was suffering from severe vertical headache, and his ears were thick and congested, like erysipelatous. Cold lotion was applied, and he was advised to decrease his walking pace somewhat, the average period of time per quarter-mile having been 3 minutes 20 seconds. At this period of his walk it became a question in the mind of Mr. Gant whether or not he should be allowed to continue. However, he was sponged after each quarter-mile with sea-salt and water, and in about four hours the symptoms diminished. The diet was regulated to consist of mutton chop, chicken, soles, eggs, a few oysters—and for the farinaceous diet, rice, tapioca, and semolina pudding. He was allowed to drink tea only; no beer, wine, or spirits. At the end of the second week he was pronounced in excellent health, and slept comfortably during the intervals between the walks. Towards the end of the third week the bowels were constipated, and an attack of colic over the region of the transverse colon resulted. The colic was relieved by a dose of castor-oil in a few hours, and the motions were found to be impacted masses of a dark olive-green colour. About this time the pulse became feeble and the skin cold, and Gale himself complained of an unusual weakness. Two tablespoonsful of brandy in hot water were given; he rallied quickly, and was enabled to continue his walk with unabated vigour. On the last day but one (Friday) he stated that he felt so strong that he could rise from his chair and walk 100 miles in 24 hours without stopping. On the Saturday the pulse was again somewhat weak, and again two tablespoonfuls of brandy were given, making only four tablespoonfuls of brandy throughout the walk. On Saturday evening, at 10.50, the last quarter-mile was accomplished in 2 minutes and 4 seconds, after which the pulse was 120, one minute later 112, and in three minutes 100, otherwise good character. He had no symptoms of exhaustion or distress.

Urine—The urine was unable to be obtained in its full quantity during the 24 hours, but the specific gravity of mixed samples averaged from 1022 to 1017. It was at first normally acid, but gradually became neutral, and, if allowed to stand two or three hours, deposited phosphates, and became ammoniacal. Since the completion of the walk the excretion of phosphates has entirely ceased; the urine has become hyperacid, and deposits pale lithates in abundance. The changes in the urine are such as might be expected to take place, the nerve exhaustion and want of rest increasing the phosphates during the week, the later excess of lithates resulting from the nerve and tone of the muscular tissues.

Pulse.—During the walks the pulse averaged 76, occasionally dropping to 70 per minute. It usually rose after each walk to about 3 beats per minutes, but dropped immediately on ceasing to walk. Respiration was placid throughout.

Rest.—For about three weeks he slept only in the intervals between the walks, falling asleep at once in sitting posture, with the knees raised and slightly flexed, and awoke instantly on being touched. His amount of sleep was valued at three to four hours in the twenty-four. During the last week he did not sleep during the intervals, according to his own statement, but there is some doubt upon this point. He often stated to Mr. Gant that he was unconscious of where he was for some hours during the night (from about 12 to 6 or 7 o'clock), imagining that he was in the country, or in a farmyard, or other places. He could only recognise the dark line of the track before him. From this line, however, he sometimes diverged, and only returned to it on being called in a loud voice. On Sunday night he slept sitting up for one hour, strolled out for a quarter, and again slept for an hour in a sitting posture. His pulse was then 85.

Correspondence.

TREATMENT OF SPINAL CURVATURE BY SAYRES' METHOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—During Professor Sayres' visit to this country I had an opportunity of receiving several demonstrations from him on his new method of putting up spinal curvature. The New York surgeon seems to count on the certainty of cure in recent cases. I lately put up several cases of curvature, and one of these progresses so favourably as to suggest its publication. A healthy country lad, aged 14, was recently admitted to my wards. The general deformity was quite marked. This led immediately to an examination of the spine, when Pott's disease was observed in the usual position. The boy's ailment dated from six months previously, and was caused by a severe beating. I put him up in the plaster jacket after this method. The pain which he previously complained of immediately left him. He sleeps and eats as usual. He had a cough before being put up, but, nevertheless, his jacket in nowise interfered with respiration. The hump is entirely gone, and he appears as straight as any other boy.

Yours, &c.,

Cashel, Nov. 9, 1877. THOMAS LAFFAN, M.D.

POST-MORTEMS IN WORKHOUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The public mind having been recently awakened to the necessity of a correct knowlege of morbid anatomy in relation to the careful performance of *post-mortem* examinations, we are directed by the Council of the Poor-law Medical Officers' Association to forward you the following statement:—

The value of *post-mortem* examinations, as a means not only of obtaining pathological information in a special case, but also of advancing our knowledge of disease in general, can hardly be over-estimated.

In ordinary general practice, however, the opportunities that exist for this purpose are few and far between. It is all the more important, therefore, that every other available source of knowledge on this subject should be freely open. Such a source, we submit, is to be found in the practice of the medical officers of workhouses.

Unfortunately, however, this source has hitherto been almost closed, in consequence of the restrictions imposed on medical officers of workhouses by the ruling of the Commissioners at the time of the introduction of the new Poor-law in 1834. At that time—due, no doubt, to some extent to the conduct of the Resurrectionists—there existed a widespread feeling of antagonism to *post-mortem* examinations among the community generally, but especially among those of the poorer classes, who, under its provisions, were liable to become the inmates of workhouse sick wards. Since that date, mainly owing to the spread of education, much of that opposition has ceased; and although it may still be desirable to obtain the consent of friends, where that is practicable and convenient, we think that, owing to the delay which very often occurs ere the friends can be communicated with, the rigid enforcement of such a rule practically amounts to a prohibition of these examinations.

We would remind your Board that there are under your control an immense number of workhouses, schools, and

workhouse hospitals, which, collectively, form an immense field for the prosecution of pathological research.

We wish to point out, moreover, that in the county lunatic asylums the medical superintendent is permitted to make a *post-mortem* examination on any lunatic pauper who dies under his care, and in the voluntary hospitals the surgeons and physicians enjoy the same liberty of action.

The Council therefore submit that, seeing your Board very properly requires that the medical officers of workhouses shall have the same educational status as the medical superintendent of an asylum, or the physicians or surgeons of a voluntary hospital, their powers in this respect should be the same.

The Council does not presume to lay down any rule which should guide your Board in issuing a minute on the subject, but they would submit that if you will take the opinion of the Medical Department of your Board, or of the General Medical Council, some regulation might be framed, which, whilst providing against any abuse, would confer on workhouse medical officers the power of making such examinations, and thereby place them on the same professional footing as their brethren the superintendents of asylums and the medical staff of the various voluntary hospitals, and thus enable them to acquire such information as would tend to add to their efficiency, and ultimately to benefit the whole community.

We are, Sir, yours faithfully,

JOSH. ROGERS, M.D.,
J. WICKHAM BARNES, F.R.C.S.

P.S.—The above has been sent to the Local Government Board.

[We congratulate the Poor-law Medical Association on the step they have taken to obtain for medical officers of workhouses the discretionary power of making *post-mortem* examinations. Our advice will, we trust, be productive of good. The highest compliment has been paid to our statement on this subject in our issue of October 17th, as the text of the memorial is almost a replica of our opinions and suggestions. —ED. M. P. & C.]

POISONOUS EFFECTS OF ARNICA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to this subject I would remark that I know of no medicinal substance the use of which surprises the practitioner more than arnica. I have known of cases where the mere smell of the drug has produced erysipelatous symptoms. On the other hand, I can apply to my own finger, painfully pricked below the nail as by a toothpick, when the forefinger has been hastily and incautiously thrust into the waistcoat pocket, *undiluted* arnica with immediate relief to acute pain, and without any evil consequences.

Severe eczema is frequently met with in the use of arnica by amateurs.

As a lotion to bruises a teaspoonful of arnica in half a pint of water allays pain, and appears to assist in the absorption of extravasated blood, and there is little discolouration in ordinary bruises treated with arnica.

I have used arnica, a teaspoonful in six ounces of olive oil, as a liniment, giving much relief to the sufferer, if gently rubbed into the hard erysipelatous swelling of carbuncle.

GEORGE WYLD, M.D.

Great Cumberland Place, Hyde Park, W.

TRAUMATIC TETANUS.—DEATH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly give insertion to the following case of death from traumatic tetanus in a woman of advanced years?

On Monday evening, the 18th of last June, I was summoned to attend Mrs. B., æt. 85, who, while walking into her poultry yard, stumbled over some object in her path and fell, her right temple coming in contact with a rugged stone.

On going into the room I found the patient a perfect model of a healthy old woman, sitting in a chair, her face and clothing deluged in blood, which was flowing "per saltum" from a lacerated wound in the right temple.

After carefully examining the wound, and ascertaining that no fracture existed, succeeded in arresting the hæmorrhage by means of a cork compress over the temporal artery. Notwithstanding the enormous quantity of blood which had been lost, she felt quite strong and well, and having been removed to bed, expressed herself as being "as well as ever if only the bleeding would not return."

20th.—Removed compress, wound sluggish, discharge fœtid and unhealthy, washed it, and ordered comp. tinct. benzoin lotion.

21st.—Doing well.

24th.—*Seventh* day, complains of slight stiffness in jaw, especially at the right or injured side, wound healthy.

25th.—Eighth day, stiffness in jaws increased; no pain, no rigidity of muscles at back of neck, or "risus sardonicus."

Mentioned to her friends that in my opinion tetanus was slowly but surely setting in.

Pulse 86, temperature 98°, tongue clean, appetite good, urine normal.

26th.—Ninth day. My friend Dr. T. Davis saw her in consultation; jaws considerably clenched, but still sufficiently open to admit of her taking nourishment and articulating well. No complaint of pain, wound healthy and granulating. Pulse 86, temperature and respiration natural.

Owing to the patient's age and the absence of all tetanic symptoms, with the exception of trismus, Dr. Davis was inclined not to regard the case as one of tetanus, but that the difficulty of opening the jaws depended on the wound of the temporal muscle and the turgescence of the parts.

27th.—Tenth day. Symptoms much increased, violent and frequent snapping of the jaws together, owing to spasm of the depressor muscles. Fluids easily swallowed, bowels constipated, urine normal, pulse 108.

When spasms lessen in intensity the mouth can be opened to about three-quarters of an inch.

28th.—Eleventh day. Speech quite unintelligible, flying pains in sternum, back of neck, and abdomen; no *spasms*, except of the muscles of mastication. Temperature 98°, pulse 110. Ice-bags applied to spine every half-hour or so cease to diminish the intensity of the spasm.

Towards evening every symptom had increased, trismus complete, gutta-percha plug inserted between teeth is quite cut through.

30th.—Thirteenth day. In every way worse and rapidly sinking; spasms still localised; respiration 30. Any attempt at swallowing brings on violent choking fits.

1st July.—Fourteenth day. 1 a.m., while sitting quietly in bed supported by pillows, she suddenly started forward and immediately expired, without the smallest symptom of spasm of glottis or impeded respiration. From the first appearance of tetanus until death closed the painful scene just seven days elapsed, during which time there was not a spasm save of the muscles of mastication, excepting what I believe to be the cause of death—viz., spasm of the heart.

This case may be considered typical, but in two important features it is different. Firstly, the localisation of the contractions, and secondly, the very advanced age of the patient; in the latter respect I believe it to be unique, inasmuch as according to Bryant and others the oldest case on record is seventy-five years, whereas this poor woman had exceeded that time by ten years, for which reason I regard her case as instructive, and therefore have the less hesitation in trespassing upon your valuable space.

I remain, dear Sir, your obedient servant,

WM. HAMILTON ELLIOTT, M.D. T.C.D.

Wellington Villa, Waterside, Londonderry.

Obituary.

DR. WM. HANDSEL GRIFFITHS, OF DUBLIN.

WE deeply regret to announce the death of this most popular member of the profession, which took place on the 16th instant, at his residence, 10 Upper Fitzwilliam Street. Having studied in the Royal College of Surgeons' School during 1866 and 1867, he proceeded to London and Edinburgh, and took his qualifications in the latter city

in 1871. Returning to Dublin, he was shortly afterwards elected Assistant-Librarian to the College of Surgeons, an office he filled with great industry and with most winning urbanity. Just now, when the books are about to be rearranged in the new library building, the loss of his skilled and willing services will be severely felt. The duties of this office would have given sufficient daily labour for anyone, but Dr. Griffiths devoted many hours in the early morning and the evening to private teaching and to the investigation of many therapeutical and chemical subjects. Two years ago he succeeded Professor Cameron in the Chair of Chemistry at the Ledwich School. Such incessant and anxious labour undermined his strength, and from the beginning of his illness it was evident to his devoted physicians that the typhoid poison had secured a victim, although he had youth in his favour, not having reached his 30th year. While a student, Dr. Griffiths invented a very ingenious hæmadrometer. During the last six years he contributed most largely to this Journal and to the *Edinburgh Journal*, reviews and papers on materia medica and therapeutics, which, having been highly estimated abroad, procured for him the honorary membership of scientific societies in Paris and in America. Amongst his separate works were "Posological Tables" and "Lessons on Prescriptions," which had very extensive popularity with students.

DEATH SUCCEEDING ETHER INHALATION.

Ether has at length taken so strong a hold upon the profession, and is so rapidly driving out its rival—chloroform—from the supremacy of the operating theatre, that it is of extreme importance that every fatality which has any relation to its use should be thoroughly investigated, lest the new-born confidence of surgeons should be disturbed without good cause. The death which took place at Lincoln the week before last, throws important light upon the subject, The patient, unmarried, aged 48, health apparently perfect, saving a tumour of the breast, which needed removal, and some slight feebleness of heart detected by the stethoscope previous to anæsthesia. Stimulant administered beforehand, and half an ounce of ether given by a valved inhaler with free admission of air. *Immediate* cyanosis of face, stertorous breathing, and death. These are the symptoms familiar to us in connection with chloroform death, and they naturally suggest syncope as the cause, an explanation which would at once destroy the faith of those who do not believe that ether can, under any circumstances, produce heart paralysis whatever other dangers may attend its use. The *post-mortem* examination fortunately tends to remove these doubts, which derive much of their strength from the suddenness of the death and the insignificance of the dose inhaled. The following is the testimony as to the cadaveric appearances:

Mr. T. Sympson said: On examining the heart we found that it was feeble and flabby, and I have since examined some of the tissue, and found that it had undergone the change known as fatty degeneration. The liver was firm, but the whole of its upper surface was attached by old adhesions to the under surface of the diaphragm—the muscular partition between the chest and the abdomen. There was a little effusion of serum on the brain. The air cells of the lungs were dilated. The valves of the heart were in a perfectly healthy condition. In my opinion the cause of death was the failure of the heart's action, and the impairment of the functions of the diaphragm in consequence of its attachment to the liver. The fibres of the heart were so feeble as to be unable to bear any extra strain, and the efforts at resuscitation proved abortive owing to the failure of the functions of the diaphragm.

Mr. C. Brook deposed: The right ventricle was full of blood, and the walls of the right ventricle were extremely thin—much thinner than is natural. Otherwise the heart appeared quite natural. The lungs were emphysematous, with dilated air cells; the lower lobes were congested with fluid blood, and together with the liver, were studded with nodules of cancer. The liver and the diaphragm were inseparable; indeed, I should consider that the diaphragm was quite immovable, and therefore, that the room for the expansion of the lungs was very much diminished. There was nothing about any other organ which could have had any connection with death. I should consider that the cause of death was the fixity of the diaphragm, and the emphysematous state of the lungs preventing their proper expansion, and that, therefore, the blood was unable properly to pass through them; and as the thin right ventricle of the heart was unable to force it through the lungs, it became gorged with blood, and stopped instantaneously.

The testimony of these gentlemen strikingly corroborates the opinion which we expressed some time since, viz., that the risks of ether are distinctly pulmonary and not cardiac, and that the close attention of ether anæsthetists must be directed to the state of the bronchi-trachea and air circulation within the lung, instead of, as heretofore, the force and mechanical perfection of the heart. In this instance the patient may have died from heart lesion, but, if so, it was a lesion directly arising from the hindrances to free action of the lungs, and not from fatal want of power in the heart itself; nor from the idiosyncrasy which produces syncope after a minute dose of chloroform. Thus our view is corroborated, that the dangers of ether are less than those of chloroform in direct proportion to the relative dangers of lung and heart affections. Undiscovered lung obstructions may be as liable to be dangerously aggravated by ether inhalations as are undiscerned heart lesions by chloroform, but they are much slower to take fatal effect, and in almost every instance the anæsthetist has, in the case of ether, ample time to retrace his steps, while, in the case of chloroform, his patient is dead before any effectual means to counteract the anæsthetic can be adopted. It is of extreme importance that the effect of ether should be investigated without prejudice, and all its dangers and inconveniences ascertained, and it is to be earnestly hoped that anæsthetists will not hesitate to make public their experiences of every case which can throw light upon the subject.

OVARIOTOMY IN DUBLIN.

We are glad to be able to report two additional cases of ovariotomy in our Dublin hospitals. The first operation was performed on the 10th in the Richmond, by Mr. W. Stokes, professor of surgery in the Royal College of Surgeons; the second by Dr. Lombe Atthill in the Rotunda Hospital on the 13th inst. Both patients are, at the present date, progressing favourably. Mr. Stokes' patient was only 17 years of age, and unmarried, and the

tumour was of enormous size, multilocular, and very solid in its consistence. The adhesions were unimportant, but the operation was rendered difficult by the delivery of so large and solid a tumour through an incision of any reasonable extent. The pedicle was clamped with Spencer Well's apparatus, and up to this (Monday) evening the state of the patient is everything that could be hoped for.

In Dr. Atthill's case, the patient had aborted but four weeks previously, and the nature of the case was then detected, the cyst was multilocular, and its contents easily emptied, but it proved to be extensively adherent to the intestines and omentum, and the use of the actual cautery was required to arrest the bleeding; peritonitis followed, but the patient is, we understand, progressing favourably.

We regret to learn of the serious illness of Dr. Corley, Surgeon to the Richmond Hospital, Dublin, and Lecturer on Surgery in the Carmichael School. He is suffering, as we understand, from pleuritis with pericardial complications, and is, as we write, in a critical condition.

We are sorry also to understand that Dr. John Eustace, of Glasnevin, is dangerously ill of typhoid fever, which, we earnestly trust, may have a favourable termination.

Medical News.

University of London.—Second M.B. Examination.—Pass List.

First Division.

Barrow, Albert Boyce, King's College.
Horrocks, Peter, Guy's Hospital.
Joll, Boyd Burnett, University College.
Smith, Herbert Urmson, St. Thomas's Hospital.
Symonds, Charters James, Guy's Hospital.
Tirard, Nestor Isidore Charles, King's College.

Second Division.

Barry, Judson Sykes, University College.
Cattle, Charles Henry, Leeds School of Medicine.
Chapman, Paul Morgan, University College.
Collins, William Edward, St. George's Hospital.
Cooke, Edward Marriott, King's College.
Giles, George Michael James, St. Mary's Hospital.
Goodchild, Francis, St. George's Hospital.
Gristock, William, University College.
Keyworth, George Hawson, Guy's Hospital,
Mortimer, John, University College.
Plumbe, Samuel Thomson, St. Bartholomew's Hospital.
Ryley, James, University College.
Sankey, Herbert Richard Octavius, University College.
Sedgefield, Arthur Robert Wyatt, King's College.
Snell, Edward Arthur, King's College.
Stevenson, Leader Henry, Guy's Hospital.

Royal College of Surgeons of England.—The following gentlemen having passed the required examination, received the diploma of membership, at meetings of the Court of Examiners, on the 13th and 14th inst.:—

Beard, Spencer, F., L.S.A, Hayward's Heath.
Bellwood, John, L.R.C.P. Ed., Addiscombe.
Bernays, A. C., M.D. Heidelberg, St. Louis, U.S.
Bettrell, James F. H., L.S.A., Hereford.
Claremont, Claude C., Camden Town.
Crallan, George E. J., Hayward's Heath.
Cross, Horatio R. O., L.R.C.P.Ed., Craven Street, W.C.
Davidson, Alexander D., L.S.A., Erith, Kent.
Dickinson, George D., Darlington.
Elam, William H., Mirfield, Lancashire.
Flint, Horace, M.B. Ed. Canterbury.
Fort, Th., L.R.C.P. Ed., Lindeth Tower, Silvervale.
Gabb, J. P., Aldwyne, Bewdley.
Goode, Charles F., L.S.A., Haverfordwest.
Goss, Samuel, Sidmouth.
Greasley, John, L.S.A., Canterbury.
Greasley, Joseph, Melton Mowbray.
Greenwood, Arthur, L.S.A., Chipping Norton.
Hollingsworth, John, Sheffield.
Hornsby, G. Harcourt, L.S.A., Bromsgrove.
Hunt, Robert, Preston.
Lane, William A., Woolwich.
Lighton, H. A. Hamilton, Ross.
Manby, H. Lynsey, East Rudham.
Newmarch, B. James, South Eaton Place.
Orlebar, H. C., M.B., St. Leonard's-on-Sea.
Palm, William S., M.B. Ed., Rotterdam.
Paulley, J. N. Legge, Weymouth.
Prickett, Marmaduke, Bridlington.
Richards, Thomas, L.S.A., Salisbury.
Steventon, Walker T., L.S.A., Snaith, Yorkshire.
Taylor, Frank, L.S.A., Bristol.
Taylor, R. Stanley, Derby.
Thomas H. William, L.S.A., Beaumaris.
Thomas, William, Anglesea.
Tuchmann, Marc, M.D. Berlin, Haverstock Hill.
Underwood, Arthur S., Bedford Square.
Walker, C. Edward, Darlington.
Whitehead, Heywood R., Harrow.
Wilkinson, Arthur T., Didsbury, Lancashire.

Royal College of Physicians and Surgeons, Edinburgh.—The following gentlemen, at the last meeting of the Court of Examiners, were admitted L.R.C.P. Edin., and L.R.C.S. Edin.:—

James Claudius Pollock Muir, Luton, Beds; Edmond James Lawless, Malta; Robt. Reid Renfoul, co. Antrim; Walter King Loveless, Stockbridge, Hants; Robert Knox Wighton Redpath, Edinburgh; Lewis Eastwood, Halifax; John Swain Scriven, Weymouth; Samuel Kennedy, co. Down; Henry Ebenezer Spencer, Leicestershire; Samuel Rayner Holdsworth, Wakefield; John Alexander M'Mann, Sligo; Abraham Blunden, Kilkenny; Thomas Stewart Traill Smellie, Fergus, Ontario; Joseph Woods Moody, Newry; Arthur Harry Norman, Colchester; William Alexander M'Kee, Cromlin; Edwin Addison Marsh, London; Frank Augustus Coward, Cape of Good Hope: Alfred Henry Miller, Portsmouth: John Richard Culliman, co. Wexford; Edwd. Alexander Doyle, Lancashire; David Brown Warden, Ayrshire: Edward Arthur Whiteley, Wakefield; John Gill, Leadhills; Andrianaly, Madagascar; Alexander Gunn, Caithness-shire; Reginald Archfield Fergusson, New Granada, South America; Edwin Moses Ford, Mansfield, Notts; Geo. Taylor Goggin, co. Clare.

Hypodermic Employment of Colchicin in Chronic Rheumatism.

Dr. O. Heyfelder, of St. Petersburgh, states in the Berlin *Klin. Woch.*, that, he having seen, in the Spanish journals, an account of the advantage which Dr. Badia derived from the hypodermic use of colchicin in a case of chronic rheumatism, was induced to try its effects in seven cases, two milligrammes in a gramme of water being employed. Upon the whole, the effects have been remarkable; and Dr. Heyfelder regards it as an efficient and speedy means of treating chronic rheumatism of the joints and rheumatic neuralgia, and well deserving of notice. Wherever febrile action prevails and in parts exhibiting local inflammatory action, it is contra-indicated. Its first application sometimes induced a moderate, and in one case considerable, local irritation. This irritation, in different degrees, was produced in nine out of the twenty-eight injections that were made in the seven cases. In persons with very sensitive skins the dose might probably be diminished. Where, also, there is local inflammation, the injections should be made at a distance; and the vicinity of large lymphatic vessels should be avoided.

On Aphonic Pectoriloquy.

Dr. Hermet, in his *Thèse de Paris*, has studied the new indication, given first by Baccelli, then by Gueneau de Mussy, for the diagnoses of the nature of pleural effusions, and has proved its presence in pulmonary affections. The *resumé of*

this memoir is as follows :—Aphonic pectoriloquy is the clear distinction of the voice, when the patient auscultated speaks in a low voice. It exists in all the pulmonary affections associated with induration; induration is the condition *sine quâ non* of its production. Thus we hear it in the first stage of pulmonary phthisis, in the second stage of pneumonia, if, in the latter case, the *souffle* persist. It is also heard in the excavation stage of pulmonary phthisis, but with a peculiar sound. In the first stage of phthisis, when it can only be suspected by antecedents and certain functional troubles, aphonic pectoriloquy may possess a real diagnostic value. It is also heard in pleural effusions, and pneumothorax. Compression of the pulmonary tissue by effusion, in the case of pleurisy, and by air, or the liquid, or both together, in the case of pneumothorax, may, perhaps, explain the mechanism of its production. Finally, as MM. Baccelli and Gueneau de Mussy have proved, it helps in making the diagnosis of the nature of pleural effusions; when aphonic pectoriloquy exists, the effusion is serous; where it is wanting, the effusion is purulent.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mistakes as to "drunk or dying," although far too common with the police, are not confined to that body, says the *Pall Mall Gazette*, and the *Bangalore Spectator* gives an account of one that occurred during the cholera epidemic which lately visited Bangalore. A gentleman holding a high position in that city was one morning informed that his horsekeeper had been seized with the dreaded disease. He at once sent post-haste for the doctor, who on his arrival found the patient in a state of coma, and pronounced the case to be desperate. Disinfectants were profusely sprinkled throughout the house, and every precaution which science could suggest was taken to prevent the spread of the disease to the other inmates of the dwelling. The unfortunate man was himself tenderly removed to Bowdon Hospital, where the usual remedies were applied without producing any favourable effect, for the patient still remained insensible. At last, his situation appearing hopeless, it was thought better and more humane to let him alone, and desist from further attempts to rekindle the faint spark of life that was rapidly dwindling. Late in the night, however, to the surprise of the hospital attendants, the patient suddenly recovered consciousness, and in strong voice and language demanded to know "where he was." He was informed that he had been ill with cholera and was now in hospital, and was implored to remain perfectly quiet as his best and only chance of recovery. "Ill with cholera!" he shouted indignantly, "I have only been drunk;" and, to the consternation of the doctor and his employer, who had given him up for lost, this statement turned out to be perfectly true.

Dr. W. J. Pilcher is thanked. Our correspondent referred, we find, to Boston, United States.

F.R.C.S., Dublin.—We hope to obtain the returns you ask for.

Mr. J. H. Leather, Manchester.—We are obliged for paragraph.

Mr. White.—See tables. Mr. Spencer Wells used] ether in 1847, it was also used about the same time in America.

Mr. Shepherd.—We shall consider the question.

Dr. T. Smith.—The literature of hydrophobia is very large. The French have paid particular attention to it.

Supervisor.—Your suggestion is a good one, and shall receive our consideration.

Dr. S. T.—You may feel certain the present Government are disposed to look after the lives and welfare of the community. The conservation of human life is naturally of interest to conservative leaders. Any suggestion, if valuable, will receive due attention. Our views on the best method of preventing mistakes in diagnosis, and our suggestions as regards treatment, are at present under the consideration of the Secretary of State.

Mr. Shirley Murphy is thanked. He will find the report in another column.

Meat for the Million.—According to *The Meat and Provision Trades' Review*, beef can be bought in Belgrade, Servia, at one penny per pound, and forwarded to London by express trains in six days, or less, at a cost of three farthings a pound. Fat pigs can be bought for 2½d. per lb., and lambs at £1 per score. Here is a chance for someone to make a fortune—that is, if the statement is correct, and the meat such as Britishers will eat. It is said that American beef will soon be sold in our markets at 4½d. per lb.; but, according to the above statement, Servian beef can be sold here with a profit at 2½d.

Medicus and James A. Baird.—Your communications will receive attention in our next.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Quarantine in Reference to Cholera and Yellow Fever. By J. M. Woodworth, M.D.

The Safety of Ships. By J. M. Woodworth, M.D.

Shorthand for General Use. By J. D. Everett, M.A.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. XVI. London: Sampson, Low, & Co.

Nathan the Wise. By Lessing. Translated by Andrew Wood, M.D. Edinburgh: Wm. Nimmo.

The Natural History of Pulmonary Consumption. By A. B. Shepherd, M.D. London: Smith, Elder, and Co.

Gunshot Injuries, their History, Characteristic Features, &c. By Surgeon-General Longmore, C.B., F.R.C.S. London: Longmans, Green, & Co.

Annual Report of the Broadmoor State Lunatic Asylum.

Proceedings of the North Western Association of Medical Officers of Health for 1876.

Report of Dental Conference held in Edinburgh, October, 1877.

Seventy-fourth Annual Report of the Society for Suppression of Vice.

Idiopathic or Progressive Pernicious Anæmia. By Byrom Bramwell, M.D.

Colds and Coughs. By E. Symes Thompson, M.D. London: J. & A. Churchill.

Vivisection Viewed under the Light of Divine Revelation. By M. U. London: Ridgway.

Fistula in Ano. By C. F. Maunder, F.R.C.S. London: J. & A. Churchill.

VACANCIES.

Birmingham General Hospital.—Obstetric Surgeon, Honorary. Ophthalmic Surgeon, Honorary. Resident Medical Officer. Salary, £130, with board. And a Resident Registrar and Pathologist. Salary, £130, with board. Applications to the Committee, under cover, to the House Governor.

Birmingham, Parish of.—Dispenser to District Medical Officer. Salary, £100. Applicants must address the Clerk to the Guardians, Paradise Street, Birmingham.

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board and lodging. Testimonials to the Chairman of the Committee before the 29th inst.

Clifden Union, Renvyle Dispensary. Medical Officer. Salary, £120. Election, Dec. 7.

St. Saviour's Union, Southwark.—Medical Officer for the Infirmary. Salary, £400, with unfurnished house. Also an Assistant Medical Officer and Dispenser. Salary, £130, with board and furnished apartments. Applications to the Clerk of the Union, John Street West, Blackfriars, London, S.E.

Addenbrooke's Hospital, Cambridge.—House Surgeon. Salary, £65, with board. Applications, under cover, to the Secretary before Dec. 17.

Ardwick Dispensary, Manchester.—Senior House Surgeon. Salary, £200, with residence and extras. Full particulars of Mr. A. Forrest, Heaton Moor, Manchester.

Dunfanaghy Union, Falcarragh Dispensary.—Medical Officer. Salary, £100. Election, Nov. 28.

Dublin Union, Tullagh Dispensary.—Medical Officer. Salary, £125. Election, Nov. 26.

APPOINTMENTS.

Brown, J., L.R.C.P.L., Medical Officer of Health for the Bacup Urban Sanitary District.

Burrell, A. M., M.B., C.M., Medical Officer and Public Vaccinator for the Parish of Morven, Argyllshire.

Loughnan, Dr. M., Medical Officer, &c., for the Rathmullen Dispensary District of the Milford Union, co. Donegal.

Moore, R., M.D., C.M., Resident Surgeon to the Worksop Dispensary, and Medical Officer to the Worksop Hospital.

Rainsford, R., B.A., M.B, Oculist to the National Institution and Molyneaux Asylum for the Blind, Dublin.

Semple, Dr. C. E. Armand, fourth Physician to the North Eastern Hospital for Children, Hackney Road.

Wanklyn, Mr. J. A., Public Analyst for the Borough of Shrewsbury.

Whitty, P. J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Ullid Dispensary District of the Waterford Union.

Wright, W. McD. A., M.D. Dub. Univ., Medical Officer to the Killiney Dispensary, Rathdown Union.

Births.

Elliot.—Nov. 14th, at the Lawn Bodenham, Leinster, the wife of John Eliott, of a son.

Field.—On the 9th inst., at Lower Seymour Street, Portman Square, W. the wife of George P. Field, M.R.C.S., of a daughter.

Hayes.—Nov. 13th, at Rathkeale, co. Limerick, the wife of Thomas Hayes, M.D., of a daughter.

Marriages.

Barry—Havart.—Nov. 15th, at St. Peter's Church, Tunbridge Wells, J. W. Barry, L.R.C.P., M.R.C.S., of Ramsgate, to Mary Louisa, daughter of the late Rev. W. J. Havart, M.A., Vicar of St. Ives, Cornwall.

Marshall—Craven.—Nov. 6th, at Dublin, Robert Somers Marshall, M.D., to Dora Helen, youngest daughter of late Arthur Craven, Barlow, Esq., Mount Anna, co. Wexford.

Deaths.

Baker.—On the 6th inst., at Howden, Yorkshire, Dr. William Keyworth Baker, aged 90.

Brock.—On the 2nd inst., at Hove, Sussex, Frederick George Brock, Surgeon, aged 80.

Connolly.—On Nov. 13th, at Waterford, Pierce Rogers Connolly, M.D. Resident Medical Superintendent District Lunatic Asylum.

Darker.—On the 9th inst., at Edith Road, Peckham, Frederick William Darker, M.R.C.S.E., aged 24.

Knox.—On Nov. 9, at Strandtown, Belfast, Alexander Knox, M.D., late Medical and Poor-law Inspector, aged 75.

IRISH POOR-LAW INTELLIGENCE.

FEES TO CORONERS' MEDICAL WITNESSES IN DUBLIN.

A VERY important judgment affecting the interests of Irish, and especially Dublin medical practitioners, was delivered on Monday last by the full Court of Queen's Bench. It will be recollected that Dr. Jacob, then chairman of the Council of the Irish Medical Association, appeared, in his capacity as a ratepayer, before the Public Auditor, to resist the payment of a fixed salary to one individual medical witness in Dublin, in lieu of the separate witnesses who should have been called to give evidence in the separate cases of which they had personal cognisance. On behalf of the Association Dr. Jacob urged that the payment of a salary to an individual was distinctly contrary to the terms of the Act, and that no one person could be employed as medical witness, inasmuch as the Act ordered that "a duly-qualified medical practitioner being at the time in actual practice at or near the place" of death should be called as witness. Notwithstanding these representations, the auditor allowed the payment of salary, and the Association now appealed to the Court of Queen's Bench against such allowance.

The Association was represented by Mr. Purcell, Q.C., and Mr. Robert O'B. Furlong, instructed by Mr. Clifford Lloyd; the Corporation by Mr. Waters, Q.C.; Dr. Egan (the coroners' witness) by Mr. O'Brien, Q.C.; and the Public Auditor by Mr. Walker, Q.C., and Mr. Fitzgerald.

After lengthened arguments, which occupied two days, and which we hope to give in full in our next number, the Lord Chief Justice (May) delivered the judgment of the Court.

His lordship said: In this case it does not appear that any corruption is charged, nor does it appear that any corruption took place. It appears, in fact, that the ratepayers have rather gained by the arrangement that has been entered into, considering that the objection made is rather a technical and legal one, the court are, on the whole, of opinion that it is not desirable the *certiorari* should go. The result of our granting the *certiorari* would be that we should disallow the amount that has been already allowed by the auditor, and we should thereby deprive Dr. Egan of the amount which has been paid to him. He would lose that amount, and furthermore, but for this arrangement, an increase sum would have to be paid at the expense of the ratepayers. On the whole, the Court, in the exercise of their discretion, do not think that the *certioravi* should go, but at the same time we do not mean to say that we approve in point of law of this arrangement, which has been in existence so far back as the time of Surgeon Porter, and which has been more recently sanctioned by the appointment of Mr. White and Dr Egan as medical witnesses. We do not mean to fetter the discretion of the coroner in the selection of the medical witnesses, whom he may consider most proper, but we are of opinion that the medical witness ought not to be a standing witness. He ought to be such a witness as the circumstances connected with the case may render necessary. Although it is the proper function of the Corporation to make the payments of witnesses attending inquests, and that it appears to us by the present arrangement some expense is spared to ratepayers, we yet consider there is something objectionable in the arrangement. Under that arrangement almost a new office is constituted, that of standing medical witness, and the payment made to him in the way in this case is objectionable, inasmuch as the discretion of the coroner is fettered in a way in which it ought not to be. We, however, consider that under the peculiar circumstances of the case, that the writ should not go, and that we should not disallow the payment which has been allowed by the auditor, but we think it right to intimate the opinion I have already expressed, namely, that, as to the original infirmity of the transaction itself. The result will be that the writ will not issue, and that each party shall abide their own costs, but the public auditor must be allowed his costs out of the rates.

Mr. Waters, Q.C.—Don't you think, my lords, that the auditor should put his costs against the prosecutor?

The Chief Justice said he could get them out of the rates. His lordship repeated that the arrangement in question was, in his opinion, contrary to the policy of the law.

Mr. Justice Fitzgerald observed that notwithstanding the result, they were of opinion that the arrangement was contrary to the policy of the law.

DISQUALIFICATION OF IRISH POOR-LAW VOTERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue a letter from the Local Government Board appears, in which it is stated—"That no defection in the qualification, election, or appointment of any person acting as a guardian, shall vitiate or make void any proceedings of such board." And on this foundation recognises the vote of a bankrupt elector.

Now, Sir, sometime ago I was a candidate for an Irish dispensary, and although I obtained a clear majority of properly qualified voters I was declared beaten, and the *Chairman* of the committee, whose name appeared on the list hanging up in the board-room, and from which I took the list of voters, and who voted for me, declared unqualified to vote because he had left the district a short time before. This gentleman never had any intimation that he had ceased to be an elector, and came on from England, at great personal inconvenience, to vote. A gentleman at, or rather, after a meeting of the guardians a day or so before (he having first promised to support the other candidate), was shuffled on the committee. This was sanctioned by the Local Government Board, who declared the chairman unqualified and the makeshift qualified. How does this tally with Mr. Banks' present reading of the law? Local government law is not that of the Medes and Persians.

Yours faithfully,

Oct. 22, 1877. AN EX-DISPENSARY DOCTOR.

SANITARY STATE OF LONDONDERRY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention is drawn to a report headed "Sanitary," quoted into the *Northern Standard*, of 20th inst. from the MED. PRESS AND CIRCULAR, in which it is stated that "a pailful of the water (Pump Entry) had been submitted to me for analysis.' Please to allow me to state that such never was the case.

What did occur was, at a meeting of the Town Commissioners, to which body I have the honour to belong, a question was raised as to the sanitary condition of the well and the premises adjacent, I said that "the water was unfit for use;" it was asked, "Had I analysed it?" I said "I had not, it was not necessary, the smell was sufficient. I had had to order a jug off my dinner table one evening recently, and upon making, next morning, inquiry as to its source, my own, and my neighbour's, servants assured me it was the water from the well or pump in question." This was my statement at the Board, but a sample never was submitted to me for analysis.

Yours, &c.,

Monaghan, Oct. 22nd. JAS. WHITLA, Public Analyst.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to mention that a report which appeared in your last issue concerning the water supply in Pump Entry, is incorrect. The water never was submitted to the county analyst for analysis, and I think the report so worded as to make the reader believe that I neglected my duty, and rendered it necessary for the Town Commissioners to interfere.

To show that such was not the case, I enclose four reports written by me on the subject.

By my first report, dated 20th January, 1875, you will see I condemned this water more than a year before the water closet mentioned in your paper was erected.

My third report was made 19th April, 1876, immediately after the water closet in question was built, and I had to say it was well constructed.

Within the last few days an examination of the sewers in Pump Entry was made. No accumulation of sewage was found in the water closet I had approved of, nor in the pipes leading into the main sewer of lane, but in the main sewer, 2 ft. from the well, there was a great accumulation of sewage, proving I was right in condemning it three years ago, and in asking for a new sewer.

I trespass thus on your space in order that it may be seen sanitary officers are not such drones as interested persons try to make them appear.

Yours, &c.,

Monaghan, Oct. 23rd. W. WOODS, Sanitary Off.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY FOR IRELAND—BELFAST BRANCH—MEETING OF COMMITTEE.

RECENTLY the quarterly meeting of committee was held in the chambers, 33 High Street. There was present—Dr. Drennan, Dr. Browne, J.P. R.N.; Dr. Alderman Whitaker, Dr. Ferguson, Dr. Arnold, Dr. M'Cleery, Dr. M'Gee, Dr. James Moore, H.R.A. In the absence of Dr. T. H. Purdon, permanent president, Dr. M'Gee moved that Dr. Ferguson take the chair. Dr. M'Cleery seconded the resolution, which was carried unanimously. The chairman called upon the hon. secretary, Dr. W. Arnold, who read the minutes of last meeting, which were confirmed. Dr. Browne, hon. treasurer, then submitted the financial statement. It was reported that copies of the annual report for 1877 had been duly furnished to members of the branch. The committee were then engaged in conference as to the best means of extending the society's benevolent operations. Dr. M'Gee considered that personal application was necessary. Several members expressed their concurrence with this opinion. The chairman said that Dr. Purdon or himself had called on every member in their district. Dr. Browne thought that the students attending the Royal Hospital should be addressed, and the claims of the society brought before them. It was important to interest them when young. Dr. Arnold considered this suggestion valuable. Dr. Drennan concurred. It was ultimately (with the view of interesting those who are soon to take their place as members of the profession) moved and seconded, and resolved unanimously—"That Dr. Browne be requested to deliver an address to the medical students in attendance upon the Royal Hospital, and bring before them the claims of the Royal Medical Benevolent Fund Society of Ireland." It was arranged that the annual meeting of this branch be held at Belfast on the first Wednesday of Feb., 1878, at noon. After the transaction of some business relating to a grant which had been sought for by the daughter of a medical gentleman who had died abroad, but who had long resided in Ireland, and the reading of correspondence with the parent society in Dublin, who considered that, under the bye-law, the application was *ultra vires*, Dr. Arnold moved and Dr. James Moore seconded that Dr. Ferguson do leave the chair, and that Dr. Browne take it; and that the best thanks of this meeting be presented to Dr. Ferguson for his proper and dignified conduct in the chair. The chairman put the resolution, which was carried amid applause. Dr. Ferguson acknowledged the compliment, and the meeting separated.

MONAGHAN UNION

DEPORTATION OF PAUPERS.

MR. MITCHELL (the clerk) submitted a certificate and an order from an English workhouse in Worcestershire, for the deportation of a man who had lived in that county for thirty years. He was at length rendered unfit for work, by rheumatism, and having obtained relief there he was sent back to his native parish.

Mr. Doyle (a commissioner from the government who was present) inquired whether the guardians here got no previous notice, to enable them to inquire respecting the chargeability of the man.

Clerk—We never get any such notice.

Did you report about the previous man (a fortnight ago) to the Local Government Board? I did not, because he had broken his residence. He had lived in one parish for twenty years, and then gone to another.

Mr. Doyle—But it is very hard, notwithstanding. You should report this one. It is too bad that men should be sent back from where they have spent the best part of their lives.

Clerk—Every case that comes is equally bad.

LEGAL LIABILITY OF THE RECIPIENT OF A RED TICKET.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The following information may be of use. About twenty years since, a red ticket marked "Urgent," was issued by a Licentiate Apothecary, the late Mr. Ed. M. Barron, of Waterford. The then medical officer of the Waterford City Dispensary District, Dr. R. P. Williams, attended the patient promptly in her confinement. After a few days it transpired that her husband, an artizan, had constant employment at thirty shillings a week. The ticket was cancelled, at the suggestion of the late Dr. Thos. Lewis MacKesy, hon. sec. to the Dispensary Committee. Dr. Williams, sued the husband in the Court of Conscience; the president, William Marchant Esq., Ardagh, gave a decree for the amount, and Dr. Williams was paid his fee in full.

The entire proceedings were fully reported by myself in the local papers, and also written by me in the minute books of the Waterford Dispensary Committee, and anyone interested can look up the case. I give this information for the benefit of those whom it may concern. An idea prevails that no such precedent has been established, and this error has intimidated many dispensary doctors from acting with determination and enforcing payment of fees, from the recipient of a cancelled ticket.

Of course it will be remembered that thirty shillings a week twenty years ago was equivalent to double that amount at this day, considering the present famine price of all the necessaries of life in Ireland.

I am, dear Sir, yours faithfully,

ALEXANDER PHAYRE, Phys. Surgeon, &c.

DONAGHMORE UNION

PAYMENT OF MEDICAL OFFICER'S SUBSTITUTE,

THE resolution passed on the 10th August, refusing payment to officers' substitutes when on leave, was rescinded by a majority of twelve to two; but it was resolved that all officers of the union seeking leave of absence for amusement pay their substitutes while taking such leave.

PAYMENT OF DR WHITE'S SUBSTITUTE.

The Hon. Sec. of the Borris-in-Ossory dispensary committee wrote that it was proposed tnat Dr. White's application for two weeks' leave of absence be acceded to, and his substitute (Dr. Smyth) be paid at the rate of £3 10s, per week, on the understanding that his leave will not be further extended unless he pays his own substitute

In reference to the subject, the Local Government Board wrote directing the attention of the guardians to their former letter in which they stated that, the services of a medical officer should be secured whose entire time could be devoted to the duties of the office.

Dr. Smyth—The committee would not have got a man to attend to Dr. White's district exclusively under a couple of guineas a day. Dr. White is very ill and unable to leave his bed.

Mr. Rudd—The day you met me coming to Borris I saw him sitting at the dispensary window.

Dr. Smith—A man might be sick and sitting at the window.

Dr. Smyth—So far as I am concerned it is a matter of indifference to me what the Local Government Board does, so long as the committee guarantee to pay me.

The Clerk was then directed to inform the Local Government Board that the committee were not aware of their order of he 5th July, and that in addition there was no other medical officer at hand to take Dr. White's place, the emergency being sudden.

NEW CROSS UNION

THE following was read "With reference to the claim of Dr. Mullin for a fee, &c., for attending a case of labour in the Old Ross Dispensary District on the request of the relieving officer in New Ross district, the local Government Board request that they may be informed why the relieving officer of the Old Ross Dispensary District was not applied to for the services of a medical practitioner in the case."

Mr Neill—Dr Boyd was absent attending to his private practice, and if so, I see no reason why the ratepayers should be required to pay a doctor for attending to his duties.

Mr Meehan—I have read of a similar case in Waterford Union, and the Local Government Board refused to sanction payment because the relieving officer of the district was not applied to.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING NOV. 10, 1877.

Total registered deaths in Dublin and suburbs*			149
Ten years average of same week			142
Excess of mortality above average			7
10 weeks ratio of deaths Rathmines	18·3	per	1,000
" " " " Donnybrook†	17·8	"	
" " " " Blackrock	12·3	"	
" " " " Kingstown	21·1	"	
" " Entire Dublin District	24·6	"	
COMPARATIVE RATIOS—London	21·4	"	
" " Glasgow	21·4	"	
" " Edinburgh	19·3	"	

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 31; average number in the corresponding week of the last ten years 29·9. Among the deaths from these diseases recorded last week are 6 from fever (1 typhus, 3 typhoid or enteric, and 2 simple continued fever), 8 from measles and its complications (being 3 less than in the preceding week), 7 from whooping-cough, 5 from scarlet fever, all of which occurred in North Cith District; 1 each from croup, diarrhœa, &c.

Twelve children died from convulsions.

Twenty-three deaths resulted from bronchitis, 7 from pneumonia, 1 from asthma, and 2 from lung disease unspecified; these 31 deaths are 7·5 over the average mortality from diseases of the respiratory organs in the corresponding week of the last ten years.

Heart disease caused 10 deaths, aneurism 2, paralysis 3, apoplexy 2, cephalitis, or inflammation of the brain and 2 its membranes; brain disease unspecified 1, and liver disease, 1.

Fifteen persons died from phthisis, 3 from hydrocephalus, 1 each from mesenteric disease and scrofula, and 6 from cancer.

Three accidental deaths and 1 case of homicide were registered.

BELFAST.—Eight deaths from scarlatina, 5 from fever,

2 from measles, and 1 each from whooping-cough and diarrhœa, were registered during the week.

CORK.—Fifteen deaths from measles, 3 from fever, and 1 from diarrhœa, were registered during the week.

MONAGHAN UNION.

MEDICAL EXAMINATION OF A LUNATIC.

DR. STEWART, of Glasslough, applied for payment of £1 10s for examining and certifying respecting the insanity of a dangerous lunatic named Hazlett. The application was accompanied by a certificate from two magistrates authorising the board to pay the amount.

No order was made.

RENVYLE DISPENSARY.

A LETTER was read from Dr. T. B. Brodie, stating that he had been elected to the Spiddal Dispensary District, and begged to resign his appointment as medical officer of the Renvyle Dispensary. Unanimously resolved—

"That Dr. Brodie having tendered his resignation as medical officer of Renvyle Dispensary, it is resolved same shall be accepted; and the committee take this opportunity of expressing their entire approval of Dr. Brodie's conduct, his kindness and attention to the sick poor since he came to the district, and their regret at his departure from the neighbourhood."

Several members of the Committee expressed their thanks to Dr. Brodie for his attention to the sick poor and their regret at his departure.

KILLINEY DISPENSARY.

THE Killiney and Dalkey Dispensary Committee of the Rathdown Union assembled last week to elect a medical officer, in room of Dr. Mayne, appointed to the vacancy created at the workhouse by the resignation of Dr. Darby. Dr. W. M. A. Wright was unanimously elected. Dr. Wright obtained a gold medal and a medical scholarship in Trinity College.

OUR DRAINS.

THE SONG OF AN IRISH DISPENSARY DOCTOR.

OUR drains! our drains! our foul, leaking drains!
They poison the air of our streets and our lanes,
In city and suburb, in hamlet and town,
'Neath dwellings and workshops where ever laid down
Can reason still fail young and old to convince
That sewer-gas slaughters both peasant and prince?
How can we have health if the blood in our veins
Is poisoned by breathing foul air from the drains

Our drains! our drains! our badly made drains!
That give out their smells ere and after it rains,
Sickening the robust man walking the flags,
Prostrating the half-nourished worker in rags;
Swift-stealing through panels where fashion and rank
Sit proudly on cushions in drives from the Bank.
But headache and faintness, and death boding pains,
Go home in the carriage to tell of the drains.

Our drains! our drains! our death-dealing drains!
Choked up, with no outlet for rotten remains;
Chronic hot-beds of typhoid, full of foul silt,
Reflecting our ignorance, proving our guilt,
And showing that we have been riding rough-shod
O'er Nature, and morals, and maxims of God.
For pure air and water, in cities and plains,
Spell health, if we keep right our dwellings and drains.

STATISTICAL SOCIETY.—The following is the title of the essay to which the Howard Medal, founded by this Society, will be awarded in November, 1878. The essays to be sent in on or before June 30, 1878. "The Effects of Health and Disease on Military and Naval Operations." The Council have decided to grant the sum of £20 to the writer who may gain the Howard Medal, in November, 1878. Candidates will be expected to refer to Howard's experiences in Russia. Further particulars or explanations may be obtained from the Assistant Secretary, at the Office of the Society.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, November* 10*th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, NOV. 10, 1877.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,664	25	178	149	23	28	...	8	5	...	7	6	1	4	4	25
BELFAST . .	20,687	182,082	23	115	81	11	11	...	2	8	...	1	5	1	...	...	7
CORK . .	13,816	91,965	30	35	53	8	13	...	15	..	..	...	3	1	...	...	18
LIMERICK .	8,509	44,209	16	23	14	3	3	...	..	...	...	...	1	...	...	...	3
LONDONDERRY	21,865	30,884	20	18	12	1	2	...	...	...	...	...	...	...	...	1	...
WATERFORD .	17,209	30,626	22	8	13	1	4	...	..	...	..	..	...	2	...	...	9
GALWAY .	21,358	19,692	18	6	7	2	1	..	...	1	...	...	1	...	...	...	2
SLIGO . .	30,835	17,285	21	8	7	...	...	...	...	..	...	...	1	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 28, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Remarks on some Points in Connection with Syphilis. By James R. Lane, F.R.C.S., Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital 441

Remarks on the Pathology, Symptoms, and Treatment of an Overloaded State of the Transverse Colon, including some Observations on Supposititious Lumbago and Incipient Kidney Lesion. By Evan Marlett Boddy, F.R.C.S., &c. 443

On the Indications for the Use of the Trephine derived from Cerebral Localisations and the Relations of the Cranium to the Brain. By Dr. Samuel Pozzi, Professeur d'Anatomie a la Faculté de Medicine; Interne Laureat des Hôpitaux de Paris; Membre de la Société Anatomique et de la Société d'Anthropologie 444

CLINICAL RECORDS.

Mercers's Hospital, Dublin.—Under the Care of Mr. O'Grady 423

PAGE

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—
A Case of Urethral Calculi 448
Urethral Calculus..... 449
A Case of Unilateral (Gunshot) Injury to the Spinal Cord. 449
A Case of Left Hemiplegia and Hemianæsthesia 450
Peculiar Phonation as well as Articulation Associated with Paralysis..... 450
Dublin Obstetrical Society..... 450

SPECIAL REPORT

On the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom. Chapter IV.—Morbid Anatomy and Pathology 451

LEADING ARTICLES.

Infant Mortality in Macclesfield and other Large Towns..... 454

NOTES ON CURRENT TOPICS.

The Registrar-General's Quarterly Return. 456
Gale after his Walk 457
Chloroform Hallucination 457
Hygiene for the Masses 458
The Obligations of the Red Cross Surgeons 458

PAGE

The Professorship of Anatomy in the Galway College..... 458
Hospital Saturday and Sunday in Liverpool 458

NOVELTIES.

Richardson's Hypnopoietic 459

LITERATURE.

Messrs. Smith and Co.'s Visiting List for 1878 459
The Journal of Psychological Medicine .. 459
The Mechanical Dictionary 460
The Countries of the World 460

CORRESPONDENCE.

Curara 460

Pluralism in Hospital Appointments..... 460

MEDICAL NEWS.

Royal College of Surgeons of England 462

NOTICES TO CORRESPONDENTS.

Vacancies..... 462
Appointments 462
Births 462
Deaths 462

Original Communications.

REMARKS ON SOME POINTS IN CONNECTION WITH SYPHILIS.

By JAMES R. LANE, F.R.C.S.,

Surgeon to St. Mary's Hospital, Consulting Surgeon to the London Lock Hospital.

MERCURY AND IODINE AS REMEDIES.

Whether syphilis has existed from remote ages, or made its first appearance towards the end of the fifteenth century, is a question which cannot even yet be said to be finally decided. There can be no doubt, however, that a very serious epidemic of syphilis broke out in 1495 in the French army besieging Naples, and that the disease then assumed a form which attracted an amount of attention never before accorded to it. If it had existed previously, it was probably not till then that the relation of the primary and secondary manifestations to each other, as cause and effect, became fully recognised.

It is remarkable that very shortly after the great outbreak of syphilis in 1495, mercury began to be employed for its cure; and, through evil report and good report, it has held its own to this day as the first among anti-syphilitic remedies. At present its reputation seems to be more firmly and permanently established than ever.

Mercury was not at first administered internally, but was used in the way of inunction or fumigation, but so injudiciously that patients were almost killed by the violent salivation, and the remedy was soon felt to be worse than the disease. In consequence of this, it was succeeded for a time by sudorific decoctions, especially of guaiacum, which was introduced about 1518, and some years after by sarsaparilla. These remedies had a great reputation for a time, but it was not very long before their inefficiency was appreciated, and practitioners began to fall back upon mercurial inunction. The mercurial and the sudorific plans had each their partisans for a long time, but by the middle of the eighteenth century the latter was pretty generally abandoned, and mercury again had the field to itself. In Hunter's time, and long afterwards, it was believed that mercury was the only remedy for syphilis; that syphilis could not get well without it; and that anything which did get well without it could not be syphilis. The same view was held by Bell and by Abernethy. Many of Abernethy's cases of "pseudo-syphilis" were evidently examples of the true disease, but he was misled as to their real nature because they got well without mercury.

The fact, now well established, that syphilis has a strong tendency to get well of itself, accounts for the supposed success of the various non-mercurial methods which have been in vogue at various times: while the gross abuse of mercury formerly, equally accounts for the disrepute into which it has repeatedly fallen, and for the very prevalent belief that many of the later and more serious symptoms resulted from the remedy, and not from the disease. In the first two-and-a-half centuries after its introduction I think there can be no doubt that it did infinitely more harm than good; and, in fact, it is only comparatively recently that the proper limits to its use have come to be understood, and we have learnt to avoid the mischief while obtaining all its strikingly beneficial effects. Hunter and Abernethy, though believing in nothing but mercury, do not appear to have employed it to any injurious extent: but this cannot be said of many of their contemporaries and followers, for we have Sir Astley Cooper stating in his lectures, in 1829, that in the Borough hospitals it was the custom then to salivate patients to the extent of three pints in the twenty-four hours; and even in the advanced stages of the disease the principle followed was, more syphilis more mercury. This was long persisted in in civil practice, although it had been clearly shown by the army surgeons that syphilis, both in its primary and secondary stages, can be safely conducted through its course without any mercurial treatment. The names of Dr. Ferguson, Mr. Guthrie, Mr. Rose, and Dr. Hennen, deserve mention in connection with this experiment, but it was Mr. Rose who specially called attention to it in a paper published in the *Medico-Chirurgical Transactions* in 1817. He was, however,

contented with having demonstrated the fact, and at a later period again resorted to mercury, because he found that by its use in primary sores the proportion of secondary affections was lessened, and that when the latter supervened their course was materially shortened. No distinction was then made between the two kinds of primary sore; and indeed when I first became connected with the Lock Hospital, thirty years ago, it was the custom to give a course of mercury in every case of primary sore, whether indurated or not. This was done with a view to diminish the liability to secondary affections, for it was then generally understood that the healing of the non-indurated sore was in no way accelerated by its use. Since then we have had the demonstration that the soft sore is only exceptionally followed by secondary consequences, and it has therefore become the rule to abstain from giving mercury in such cases. This is, in my opinion, one of the greatest improvements in the treatment of the primary form of the disease which has been introduced in recent times. It has saved the great majority of sufferers from the evils of an unnecessary course of mercury, with no very appreciable damage to the small number in whom secondary affections occur.

With respect to the treatment of the indurated primary sore modern opinion is divided. There are many good authorities who think that it is better to abstain from mercury in this stage, and to wait until the secondary affections present themselves. They argue that secondary disease is certain to occur, and that it is not prevented but only retarded by mercurial treatment. I cannot agree with this view, for, according to my experience, after-consequences may often be prevented altogether by resorting to mercury as soon as the primary induration becomes pronounced, and by persisting in it till it has completely passed away. If we are right in believing that the induration is an indication that the system is already contaminated, which is the view now very generally held, it must be right to attack it at the outset with the most efficient remedy we possess, and it is reasonable to expect that the disease may often be thus prevented from passing beyond its initial stage. All attempts to destroy the primary sore at an early period by cauterisation should be confined to non-indurated sores—in them it will often be successful, and can do no harm; but cauterisation and even free excision is useless after induration has been established. The induration will, after either method, as I have repeatedly seen, return before the wound heals, and the progress of the disease be in no way interrupted.

The value of mercury in the treatment of secondary affections is now hardly disputed. Its efficacy is almost universally admitted in the removal of existing symptoms, in hastening the progress of the disease towards a favourable termination, and where important structures are attacked, as in iritis, in the prompt arrest of morbid processes, which without its aid would often be rapidly destructive. Mercury is pre-eminently the remedy for syphilis in the secondary stage, if used within proper limits, and with the precautions which fortunately are now very generally understood. When the secondary stage has been gone through, and when tertiary symptoms supervene, mercury, as a rule, is no longer beneficial. It was through its persistent use in this stage that it became from time to time discredited, and many were led to ascribe the occurrence of destructive ulceration and bone disease to its malignant influence.

Fortunately, in the compounds of iodine a remedy has been found which is as efficacious in the tertiary stage as mercury is in the secondary. Iodine, in a pure state, in tincture, or in the form of burnt sponge, was used as long ago as 1820 in the treatment of syphilis, but without any striking result. It was in 1831 that the late Dr. Robert Williams first used the iodide of potassium, in St. Thomas's Hospital, in cases of periosteal nodes, in which, as in other forms of bone disease and of destructive ulceration, the unsatisfactory results of mercurial treatment had begun to be generally acknowledged. The result in Dr. Williams's cases was that with which we are now so familiar: complete relief from pain in a few days, and gradual disappearance of the nodes. He soon after used it in rupia and in tertiary ulceration of the throat, which, as we now well know, heal so marvellously and rapidly under its influence. It is not, I think, sufficiently remembered that it is to this distinguished physician we owe the introduction of the iodides in the treatment of syphilis, without doubt one of the greatest improvements which have been effected in this century. Iodide of potassium was soon afterwards taken up by Dr. Wallace, of Dublin, who used it in a large number of cases, and published the results in the *Lancet* for 1836. It was adopted about the same time by Ricord, and its value was soon fully appreciated by the profession.

The beneficial effect of the compounds of iodine (iodide of potassium, sodium, or ammonium) seems to be confined almost entirely to the tertiary stage, I believe that in the earlier secondary period, at all events, it has no influence whatever. The marked difference in the effect of the two remedies in the two stages affords further proof of the striking change which takes place, as the disease progresses, in the constitution of the patient and in the character of the symptoms. It is, I know, a common custom to give the iodides in secondary disease as a substitute for, or in combination with, mercury. I do not think the practice is to be commended; uncombined with mercury it does no good; combined, it is more likely to interfere with the mercurial action than to assist it.

It is held by many good authorities that the beneficial action of the iodides in tertiary syphilis is confined to the removal of existing symptoms and to the restoration of the health of the patient from the cachectic condition into which it had so often fallen, but that it does not cure the disease, mercury being afterwards required for that purpose. What I have seen would not lead me to favour this view; there may be occasionally cases of tertiary disease in its earlier stage in which mercury is beneficial, but in the great majority it is positively injurious. It is in the nature of tertiary syphilis to relapse, and I doubt much whether the relapses are rendered less frequent or less severe by mercury. I have long acted in this stage on the principle of more syphilis more iodide, and in the end, even in the severest cases, perfect and permanent recovery has often been the result. Neither am I disposed to favour the very common practice of giving mercury and the iodides in combination. I think it is better to act on the principle that when one is required the other is likely to be prejudicial, and that when they are used in combination the tendency of each is to counteract the other. The only cases which seem to call for the combination are those which are in the transition period, and in which secondary and tertiary symptoms coexist. Here it seems rational to combine the two remedies or to alternate them according to the rise or fall of either set of symptoms, and this, I think, may often be done with very satisfactory results.

RECENT ATTEMPTS AT PREVENTION.

I wish to allude briefly to the question of the prevention or diminution of venereal disease by legislative measures. If we consider the prevalence of the disease amongst all classes, and the many ways in which the innocent as well as the guilty may become its victims, I think it is not going too far to speak of it as one of the most important of the sanitary questions of the day. In 1864 a preventive Act of a tentative character was passed by Parliament, but was superseded in 1866 by a more efficient one, founded on the recommendations of the medical committee appointed by the Admiralty. Another supplementary Act was passed in 1869. The operation of these Acts was confined to certain naval and military stations, and their main object was to check the prevalence of venereal disease in the army and navy.

In 1867 the Harveian Society appointed a committee, under the presidency of Dr. Pollock, to inquire into the question, and a large mass of evidence was collected from

all parts of the country showing the great prevalence of the disease and the necessity for general restrictive measures for its prevention. The report was published, and has been frequently quoted and referred to. Out of that committee arose an association for the purpose of extending the benefits of the Acts to the general population, which was soon joined by a large number of influential persons. That association failed in its main object of extension, in consequence of the fanatical and unscrupulous opposition which soon afterwards rose up; but it has worked hard to combat that opposition, and to place the matter in its true light before the public and before Parliament. I think it is not too much to say for the association that it has had a large share in saving those Acts from repeal, though it has as yet been impossible to extend them. But we may hope that there is a better time coming; many of the leading agitators against these Acts have lately found congenial occupation in the direction of vivisection and vaccination, and already a movement is commencing in some of the large seaport towns, and notably in Liverpool, under the able and energetic advocacy of Mr. F. W. Lowndes, of the Liverpool Lock Hospital, for some preventive legislation against venereal disease. It is a disgrace to this country that British sailors, especially those belonging to the mercantile marine, who are under no inspection or control, should be regarded by the authorities of foreign ports as the most fertile source of disease, and one of the chief obstacles to the efficiency of their preventive measures. There would be no serious difficulty beyond that of expense in seaport towns, in the east-end of London, in the lower purlieus of London and of all large towns, in subjecting the lower class of prostitutes to police supervision, to medical inspection, and, when diseased, to compulsory detention in hospital till cured. The lower class of prostitutes should be dealt with first, because they are most frequently and seriously diseased, are most easily reached, and are least able to help themselves. More comprehensive measures might follow in due course.

The Contagious Diseases Acts have been strikingly successful at the naval and military stations to which they have been applied, notwithstanding the disadvantages arising from the limited area in which they work. Primary syphilitic sores have been diminished in the army at the protected stations more than one half, although at those which are unprotected there has been a decided increase. Military and naval medical officers have borne unanimous testimony to the great diminution of this form of disease in the men under their charge, and also to its milder character. In the less important complaint, gonorrhœa, the result has not been quite so satisfactory. There has been a diminution, but not to a very marked extent. I do not think this is to be wondered at if we consider the various exciting causes of this complaint and its frequent origin in both sexes independently of direct contagion. I fear that Acts of Parliament will never do very much for the suppression of gonorrhœa. It is a complaint which we must be content to have always with us more or less, until we can contrive to attain a much higher moral elevation than there seems to be any prospect of at present. But it matters comparatively little about gonorrhœa; it is the arrest, or, at least, the diminution, of syphilis which is all important from the sanitary point of view, and the first and most essential step towards this is the prompt seclusion and treatment of all public women who become diseased.

The collateral advantages arising out of legislation of this kind are many and striking. In the towns in which the Contagious Diseases Acts have been in force there is ample testimony in the evidence taken by the Royal Commission in 1872, from influential inhabitants, and from the clergy of all denominations, of the greatly improved outward demeanour of the prostiute class, of the almost complete cessation of riotous disorder, and especially of street solicitation.

But it is the women themselves who have been most strikingly benefited, notwithstanding the gross misrepresentations as to their oppression which have been so persistently put forward. Ten years ago the "wrens of the Curragh," and the outcasts of Aldershot, were left without a roof to cover them, and they would have been so left to this day had they not been rescued from their state of almost bestial degradation by the operation of the Contagious Diseases Acts. The public women in the towns under the Acts have diminished in numbers by more than one half, and although those who remain may not have reached a very high moral standard, they present at least the outward seeming of civilised beings. Great numbers of them, who would never have been approached in the way of kindness but for these Acts, have been induced to resort to reputable modes of life, to enter reformatories, or to return to their friends. Numbers of young girls hovering on the brink of prostitution have been rescued through the agency of the police and persuaded to return home, without coming under the operation of the Acts at all. Private benevolence never has done, and never will do, anything approaching to the good which has been effected in this direction, quietly and unostentatiously, through the agency of these much-maligned Acts of Parliament.

If any real sanitary good is to be done in the way of the diminution of syphilis, it can only be by legislative measures. It is useless to talk of voluntary Lock Hospitals. I have myself assisted in carrying out the voluntary system at the London Lock Hospital for five-and-twenty years, and for ten years I have seen the voluntary and compulsory systems at work side by side in the same institution. From these exceptional opportunities I am convinced that nothing but the compulsory periodical examination of prostitutes, and their compulsory detention in hospital until cured, will have any material effect in diminishing the prevalence of venereal disease among the population; while to the women themselves the advantage of early surgical treatment is incalculable. Voluntary Lock Hospitals on an adequate scale will never be supported by the public, and if they were they would be of little use. These women are far too reckless of consequences to apply for admission, and to seclude themselves for treatment until their disease has reached a stage which renders it impossible for them to pursue their calling any longer, and until they have already done all the mischief of which they are capable. The treatment of them as out-patients, which is done on so large a scale at present, is a positive injury to the public health, by enabling them to practise prostitution with less pain to themselves, and for a longer period than it would otherwise be possible for them to do.

REMARKS ON THE PATHOLOGY, SYMPTOMS, AND TREATMENT OF AN OVERLOADED STATE OF THE TRANSVERSE COLON,

INCLUDING SOME

Observations on Suppositious Lumbago and Incipient Kidney Lesion.

By EVAN MARLETT BODDY, F.R.C.S., &c.

(*Concluded from page* 422.)

I CANNOT speak too emphatically of the great advantages derivable from giving our patients an aperient consisting of calomel and jalap, for the latter precludes the probability of salivation. The calomel produces very little irritation locally, it increases the secretion of bile and intestinal fluids, and clears out the portal circulation; and the jalap produces watery evacuations by acting on the intestinal glands and follicles of the mucous membrane of the whole length of the intestinal canal.

To prevent still further any chance of salivation arising from the calomel, a black draught, or castor oil may succeed the administration of the combination of calomel and jalap, the strength of the patient of course being taken

into consideration. If after purgation, the patient is weakened, quinine and iron will be of advantage, but I have very seldom found it necessary to resort to these two valuable tonics.

The following old-fashioned mixture I have found of great benefit as regards purifying the kidneys and bladder, in cases of an overloaded transverse colon :—

℞ Sp. æth. nit., ℥iij ;
Tinct. hyos.;
Liq. pot., āā ;
Aq. ad ℥vj.

℥ss p.r.n.

In this mixture a decomposition takes place owing to the incompatibility of the hyosciamus and the potash, which is displeasing to the eyes of a chemist, but nevertheless it is a mixture of great value, for the ether, being a diffusible stimulant is an exhilarator, and the hyosciamus and the potash act as a mild sedative and diuretic on the urinary organs and passages.

Having thus sketched briefly the pathology, symptoms, and treatment of an overloaded transverse colon, our attention must now be devoted to the dietary of those who are suffering from its deleterious effects, for I need hardly observe that the course of diet to be followed out, is almost as important as the medical treatment, and in the course of the following few remarks I shall touch upon the advantages derivable from certain dietetics.

Light food cannot be too highly recommended, for we must remember that the stomach is much weakened, and in some cases its powers of digestion are seriously impaired, so that some little time is required for it to recover itself, therefore the diet must consist of the simplest kind possible, and the meals must be regularly taken at stated times of the day, so that the coats of the stomach may be gradually coaxed to resume their functions, for every organ, after being over- and improperly worked, requires rest after its exertions, and I may say the stomach more particularly, for when this organ is exerted beyond its accustomed powers, it cannot possibly regain its healthiness of tone for some time, for if it performs those functions perfunctorily the human frame is necessarily out of gear, consequently the greatest attention must be devoted towards restoring the healthy tone and digestive powers of this important organ.

It would be irrelevant were I to enter into a disquisition concerning diet and the process of digestion, for there are many works on the former which enter fully into the subject, and for the process of digestion the reader can refer to any text-book on physiology.

As the digestive powers are considerably deranged, the question arises, what is the best course to pursue regarding the diet? for, as I have previously remarked, it is almost as important as medicine, for by the ingestion of indigestible food, our patients will suffer from severe attacks of dyspepsia.

Farinaceous and vegetable food, including beef-tea, or mutton broth, must be the diet on which our patients must live as long as is thought necessary; after this, they may take a little solid food, accompanied with weak brandy and water—dry sherry may take the place of brandy, on this matter however, we may let the patients please themselves, but as far as my opinion goes, I think brandy is more efficacious as it is more exhilarating, and not so irritating to the kidneys. Any strong drink, such as port wine, or stout, and others of a similar nature, the patients had better abstain from, for they are apt to occasion attacks of biliousness and headache, which are so distressing to patients when convalescent. Taking bitter ale before a meal to provoke an appetite must be strictly forbidden, for it is very apt to degenerate into a habit; and during convalescence it is very injurious, for as it is taken on an empty stomach it irritates the coats of that organ, and antagonises the action of the gastric juice, and so may originate a state of chronic dyspepsia.

Though the Friedrichshall water is purgative in its action, I think we may with truth, designate it a dietetic, it may be taken occasionally of a morning, combined with hot water, to regulate the bowels and to correct the digestive powers of our patients, which in cases of long standing are apt to be very much impaired.

ON THE INDICATIONS FOR THE USE OF THE TREPHINE

DERIVED FROM CEREBRAL LOCALISATIONS AND THE RELATION OF THE CRANIUM TO THE BRAIN. (a)

By DR. SAMUEL POZZI,
Professeur D'Anatomie a la Faculté de Medicine ; Interne Laureat des Hôpitaux de Paris : Membre de la Société Anatomique et de la Société d'Anthropologie.

THERE is no organ more, if I may use the expression, in the order of the day than the brain, and in the brain no region which has so much actual interest as the convolutions. Anatomists and physiologists have paved the way by their recent descriptions, more methodical and careful than those of their predecessors, of the complicated folds of the external portions of the brain, (b) and by these efforts to demonstrate that these parts, reputed inexcitable, are the seat of true motor centres. (c)

Profiting by the knowledge acquired by experiment, the physician very soon endeavoured to employ it, to clear up the pathogenesis of superficial lesions of the brain, and consequently render his diagnosis more accurate. (d)

The surgeon, meantime, remained almost insensible to this scientific movement, although the first attempt at localisation emanated from his order, but the discovery of M. Broca, relative to the organ of language rapidly became classic and was no longer disputed. In order that new ideas should excite the attention of the surgeon, it is necessary that they should have a practical interest, and this character appeared to be given to these new researches, by the determination of the relations of the cranium to the brain.

The study of the cranio-cerebral topography, undertaken by anthropologists with a view to establish facts of a very different order, furnished surgery with a much required anatomical basis (e) ; affording a striking example of

(a) Translated from *Les Archives Gênérales de Médicine*, 1877, by Thomas M. Dolan, L.R.C.P. Ed., and revised by the Author.

(b) Ecker.—"Die Hirnwindungen des Menschen nach eigenen Untersuchungen." Brunswick, 1869. Translated into English by John Galton. The Convolutions of the Human Brain. London, 1873. Gromier, F.—"The Cerebral Convolution of Man and the Monkey." Thesis, Paris, 1874. Pozzi, Samuel.—"On the Brain of an Imbecile." (Bull. of the Soc. of Anthrop., Dec. 3rd, 1874.) Second Series, t. ix, pp. 772-795. Pozzi, Samuel.—Art. "Cerebral Convolutions." Ency. Dict. of Sc. Med., Paris, 1875.

(c) Fritsch and Hitzig.—Reichert und Du Bois Reymond's Archiv., 1870, p. 300, et seq. Hitzig.—Untersuchungen uber das Gehirn, Berlin, 1874. Ferrier.—West Riding Lunatic Asylum Reports, vol. iii, 1873. This paper has been translated *in extenso* by M. Duret in *Progrès Medical*, 1874. Ferrier.—"Experiments on the Brain of a Monkey." Proceedings of the Royal Society of London, vo'. 23, 1875. Ferrier.—"The Functions of the Brain." London, 1875. Burdon Sanderson.—Proceedings Royal Soc., vol. xxii, p. 368. Carville and Duret.—"On the Functions of the Cerebral Hemispheres." Arch. des Phys., May, July, 1875. Rouget, Lepine. Tridon, Rochefontaine, Dupuy, Bacchi.—Proc. Biological Society, 1875. Passim, Lewes, —"The Functions of the Brain after Ferrier" C. H. Art. in Nature. Trans. in the Rev. Sc. France and abroad, Jan. 28, 1877.

(d) Jackson, Hughlings.—"Clin. and Phys. Researches on the Nervous System." "On the Localisation of Movements in the Brain." London, 1875. Reprint of various papers. The first attempts of this author towards localisation were made with documents exclus vely clinical. Lepine, R.—"On Localisation in Cerebral Maladies." Thesis, 1875. Charcot.—"Lectures on Localisation in Affections of the Brain." Abstracted by Bourneville in *Progrès Medical*, 1876. Landouzy.—"Contributions to the Study of Convulsions and Paralysis allied to Fronto-Parietal Meningo-Encephalitis." Thesis, Paris, 1876.

(e) Gratiolet, P.—"Comparative Anatomy of the Nervous System." Tome ii. p. 115-124. Work commenced by Leuret. Paris, 1857. Broca, P.—"On the Seat of the Faculty of Articulate Language." Bull. Soc. Anat., p. 340, 1861. Broca.—"On Toulousian Deformity of the Brain." Proc. Anthrop. Soc., p. 114, 1871. Bischoff, T.—Die Grosshirnwendungen des Menschen, p. 20, Munich, 1868. Heftler, Ferd.—"The Cerebral

the close connection which exists between all the branches of the study of man, and of the mutual aid they are called on, sooner or later, to lend one another.

Scarcely had these publications appeared to complete our ideas relative to cerebral localisation, when with evident appreciation they were profited by; whilst the medical press still resounds with the attempts made to apply them in practice. (*a*)

From the effect produced by their writings, we cannot doubt that their fortunate authors will have very soon rivals, emulous to be the first to advance in the new way, thus opened out, and clinical documents are bound to be multiplied in a future, more or less distant.

Should I wait for the time, when they are more numerous, to make the principles the subject of this critical study? or ought I not rather popularise them now by a concise exposition of views still novel to a number of educated practitioners? If, paving the way, it was possible to define the terms of the problem, to repress some errors, to moderate some illusions, would not the attempt be particularly opportune with such an object? I have been induced to accept this delicate task, and by it I shall be guided in my efforts at a solution.

If we confine ourselves to the descriptions, contained even in the most recent editions of works that are now classic, we are led to consider the cerebral folds as being formed by a disorderly mass of reliefs, amongst which we can scarcely distinguish two constant fissures on the external face (those of Sylvius and Rolando), and a notable convolution on the internal face (linguiform convolution, gyrus crystatus linguiformis). By an injustice very singular, and very much to be regretted, the country of Foville and Gratiolet has been the last to popularise their admirable works.

The description I am about to give, will be relative only to the external surface of the cerebral hemisphere, as it especially interests the surgeon, and is alone accessible to his skill, and I shall only say a few words on the continuation into the internal face, of the reliefs, which I have mentioned above.

In the midst of the differences, in appearance inextricable, which the human brain presents, when we compare a number of them together, we may with some readiness very soon recognise the marks of a uniform plan, like the sketch of the same design.

There are the general features, insensibly varying, which constitute the morphology of the organ, and which I shall rapidly glance at.

Since Burdach and Arnold, the surface of the cerebrum has been divided into distinct regions or lobes, but Gratiolet was the first to point out that the limit of these lobes, must be sought not on the skull, in the bone which covers them, but on the surface of the brain, above the constant fissures, the typical importance of which comparative anatomy has demonstrated.

Besides these principal fissures or lobes, there are others which I have elsewhere proposed to call gyri, (*a*) which separate the different convolutions of the same lobe from one another; and here again comparative anatomy, powerfully aided by embryo-genesis, has assisted us in fixing their limits. All other sulci, save the preceding, have but an accessory importance; they form a contingent element, varying with the fertility, more or less great, of such or such a brain, I have proposed to reserve for them the name of sillons.

What are the principal fissures which serve as frontiers to the different lobes on the external face?

The *fissure of Sylvius* (Fig. I), separating the tempero-sphenoidal lobe, placed below it, from the frontal and parietal lobes above, is too well known, so that I shall simply content myself by mentioning it; and for the same reason I need not speak of the *fissure of Rolando* (Leuret, Fig. I.), the line of demarcation easy of recognition, between the frontal and parietal lobes.

Behind the latter, at a little distance from its inferior termination, may be seen a deep furrow, traversing obliquely the parietal region, and taking a direction from below upwards, and from before backwards. This is the *interparietal fissure* of Ecker. It terminates in the occipital lobe, where its fine extremity is lost between the first and second divisions of this small region. Its course across the parietal lobe separates two lobules, one situated above—the *superior parietal lobule*—the other below—the *inferior parietal lobule*, or, to call it by a better name, *gyrus curvis*. Some accessory furrows interrupt the continuity of this fissure, rendering its study more complex than that of the preceding ones. The same cause of error, but much more marked, exists with regard to the parieto-occipital fissure, which separates so clearly in the anthropoids, and so indistinctly in man, the two lobes to which it gives its name.

In most brains it is only a short notch. The following method affords us the means of finding it with certainty. It consists in seeking on the internal face for its continuation, which forms on the posterior portion of the hemisphere a deep fissure, a little oblique, from above downwards, and from before backwards, recognisable at first sight, on the fore part of the triangular lobe, which represents on the internal face the occipital region.

By placing the extremity of the finger there, and then running it up on the convex surface of the hemisphere it is naturally conducted into the external *parieto-occipital fissure*.

It is the effective limit in the monkey, the virtual in man, of the parietal and occipital lobes.

Two large convolutions, passing from one of these lobes to the other, have a considerable value in comparative anatomy, but none in the special point of view we are considering. The termination of the inter-parietal fissure separates these two convolutions (Fig. II).

I have only now to mention the parallel temporal fissure, the superior termination of which, limits behind the parietal lobe. It springs from the summit of the tempero-sphenoidal lobe, and rises parallel to the fissure of Sylvius, and hence the name which has been given it by Gratiolet.

Having thus defined the lobes and lobules, I pass on to a description of each lobe in particular.

The frontal lobe presents four convolutions. Three are placed from above downwards, and designated and numbered in order.

The one which excites the most interest is the third, placed *à cheval* on the anterior branch of the bifurcation of the fissure Sylvius.

Underneath it, and on a deeper plain, is the lobule of the *insula*; in front of which it forms a kind of *operculum*.

Convolutions of Man and their Relations with the Skull." Inaugural Address Med. Chir. Acad., St. Petersburg, May 5th, 1873. Translated in Anthrop. Review, t. v, No. 2, 1876. Turner, William.—"On the Relations of the Complications of the Human Cerebrum to the Outer Surface of the Skull and Head." Jour. Anat. and Phys., Second Series, No. 13, p. 142-148, 1873; and No. 14, p. 359-361, May, 1874. Fére, Ch.—"Notes on some Points of Cerebral Topography." Proc. Anat. Soc., Dec. 24, 1875; Arch. Phys., No. 3. p. 247, 1876. Foulhouze de la P., "Researches on the Anatomical Relations of the Brain with the Vault of the Cranium in Children."

(*a*) Paris Ch.—"Indications for the Use of the Trephine derived from Cerebral Localisation." Championnière Just. Lucas—"Cerebral Localisation and the part it should play in the Diagnosis and Treatment of Cerebral Affections." Journ of Pract. Med. and. Surg., Oct., 1876. Proust and Terrillon.—"Contributions to the Study of Cerebral Localisations" Sinking of the left parietal bone, right facial hemiplegia, right facial monoplegia, aphasia, the use of the trephine. Instantaneous diminution of the complications after the operation, subsequent disappearance, recovery. Lecture delivered by M. Proust at the Acad. of Med., Nov. 28, 1876. M. Terrillon presented the same case some days later to the Chirurgical Society. It has been analysed by the principal medical journals. Championnière Just. Lucas.—"Cerebral Localisation: on the Use of Trephine." Paper read at the Acad. of Med, Jan. 9, 1877, and analysed by the medical journals. Championnère Just. Lucas.—"The Use of the Trephine guided by Cerebral Localisation." Jour. of Pract. Med. and Surg., p. 56, Feb. 27, 1877.

(*a*) Art. "Convolutions." Dict. Ency., p. 342.

The two fissures mentioned, the superior and inferior frontal, separate these three convolutions (Fig. I. and II).

The fourth frontal convolution, or ascending, is separated from the others, by a fissure ordinarily broken into two tails ; it is parallel to the fissure of Rolando, with which it is important not to confound it, as is oftentimes done by those commencing this study, and I have proposed to give it the name of *parellel frontal fissure* (Fig. I).

Thus embraced, between two fissures sensibly vertical, the fourth convolution forms a very characteristic ascending prominence.

Behind the fissure of Rolando, the parietal lobe commences. An ascending convolution forms the posterior lip of the Rolandic furrow ; two masses of folds separated by the inter-parietal fissure, viz., above, the superior parietal lobule, below, the lobule, gyrus curvis, or inferior parietal, are the constituent elements of this complicated lobe; its detailed description need not detain us. I confine myself to indicate the method of finding the gyrus curvis.

It is necessary to trace the parallel temporal fissure; its superior extremity is limited by a creak embraced, between this extremity and the inter-parietal fissure ; it is this in-

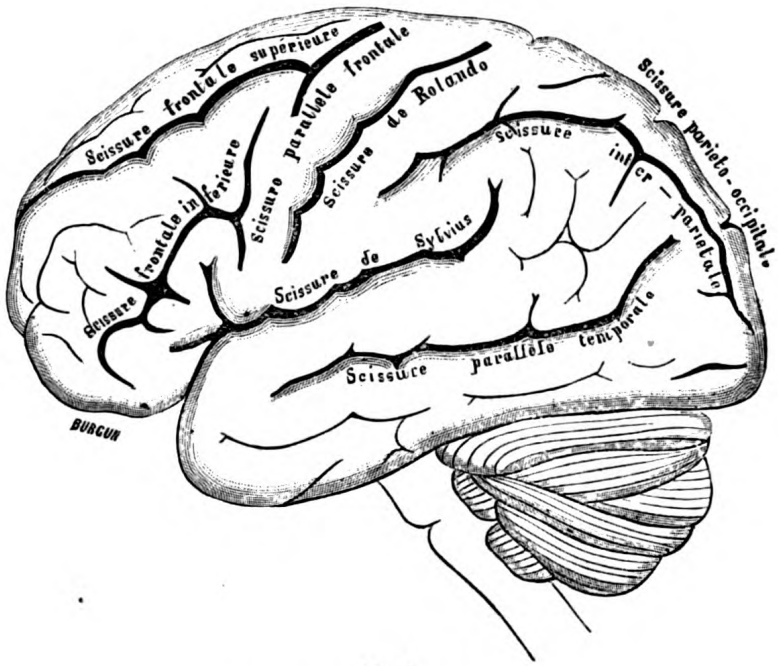

FIG. I.
Fissures on the external face of the brain.

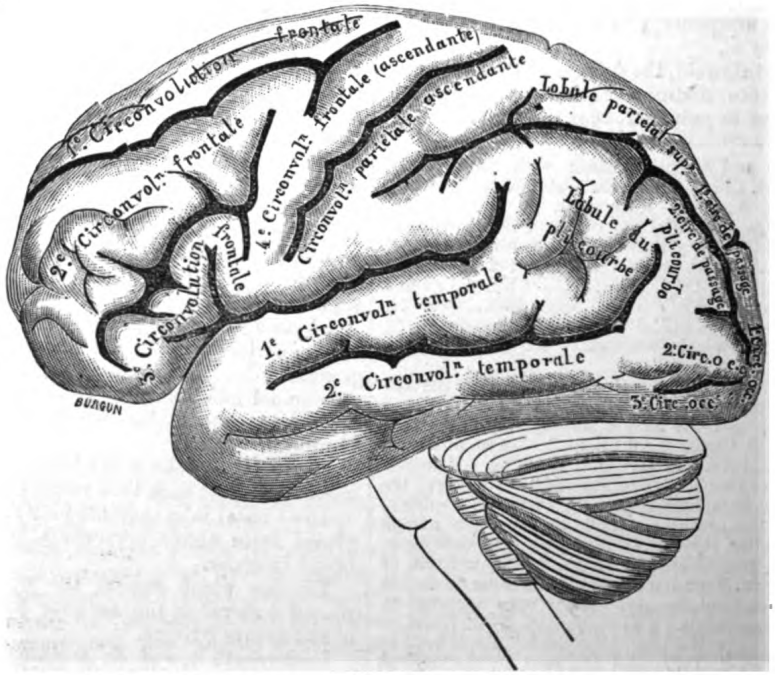

FIG. II.
Convolutions on the external face of the brain

flexed fold, always simple at this point, which essentially constitutes the gyrus curvis in man; the lobule situated in front and below is composed, as I have first shown, by the swelling out of its roots, very simple in the anthropoids.

The posterior termination of the gyrus curvis, mingles with the second convolution *de passage* in the same way as the termination of the superior parietal lobule becomes continuous with the first.

The occipital lobule, formed by three super-imposed convolutions only presents a slight interest, whilst the tempero-sphenoidal lobe is too deeply situated to require speaking about. Its first convolution, the only one which can interest us, forms the superior lip of the Sylvian fissure.

As regards the internal face almost inaccessible, I shall only say one word relative to a small important department situated at the top of the point, where the fissure of Rolando terminates, touching the border of the hemisphere; there may be found a swelling or ovalar lobule as I have called it elsewhere (loc. cit.), a name which appeared to me preferable to that which Betz (*a*), whose works I was then unacquainted with, was about to give it.

He has called it *para-central*, from its relations with the termination of the fissure of Rolando, the sulcus centralis of the Germans.

Now, if we adopt this latter denomination, that which is derived from it loses all reason for existence.

A motor-centre has been placed in these ovalar or para-central lobules, and I am thus obliged to mention them, and am thus led on by a natural transition to enter on the study of localisation.

(*To be continued.*)

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. O'GRADY.

A CASE of globe enucleation presented in a healthy man, aged 29, whose left eye, affected with staphyloma, had long been blind, and latterly become the source of much and constant pain. After the operation there was a good deal of active inflammation, then the parts healed satisfactorily, the patient being discharged from hospital in eleven days.

A sebaceous tumour of some size, rather larger than a walnut, was excised from beneath the right ear of a man æt. 26. On splitting the skin with a sharp knife, the cyst turned out readily; the wound healed in three days. A similar case with like result presented in a woman who had several of these growths on her head; one in the forehead caused disfigurement, the line of the incision being placed so as to lie in one of the natural wrinkles, its course was in a few days indistinguishable.

A case of severe and long standing uterine hæmorrhage, occurred in an unmarried woman 33 years of age, who reluctantly permitted local examination, when a "mucous polypus" as big as a large marble, hanging by a long slender pedicle from the anterior lip was found by the finger; the pedicle was caught in a snare, and twisted off at its attachment, which was touched with nitrate of silver. The woman left the hospital the same day, there was no return of the bleeding, and she rapidly regained health and strength.

The female bladder was the subject of operative interference in two cases, viz., for vesico-vaginal fistula and stone. The fistula occurred in a small woman, aged 40, who had had seven children all dead born. The opening admitted the tip of the index, and was placed with its long axis transverse to that of the vagina. The edges were freely pared and united by silver wire sutures, which were cut out on the 14th day. The cure was perfect.

The subject of the stone was an old woman aged 77; the sound at once recognised the presence of a very large body; the case was operated on the 8th of September. The urethra naturally large and dilated, was readily made to admit the index finger; *this found the bladder adherent to a considerable portion of the upper surface of the stone.* A large quantity of mortary *débris* was in the viscus also. Whilst the concretion was steadied by a fine forceps, the adherent bladder was cautiously separated from it by the finger. The stone itself was first broken, and then the larger blocks reduced by the lithotrite, and the pieces removed. The portions saved would half-fill a coffee cup. A considerable amount of inflammation mainly attacking the vulva followed, and the old woman was in a weak and debilitated state for some days. Complete relief, however, from the bladder-pain had been obtained, and she speedily rehabilitated in a fortnight, being able to sit up, though with considerable incontinence of urine; this lessened, and on the 1st of October she went home, there being still some incontinence, but the power of command over the bladder was improving day by day, and this was reported to have been progressive since she left the hospital. Before her departure she was "sounded," and the viscus found free from any fragments.

Amongst the cases of minor operations was one each of club-foot, fistula in ano, circumcision, and extraction of needle from thigh. The club-foot was equino varus, occurring in a male six months old. Section of the tendo Achilles, followed by subsequent careful dressing, sufficed to get an excellent result. The fistula in ano was in the person of a young man, a clerk, who at the time it was not considered advisable to cut. The external opening was double. The tracts were first injected with tr. iodi, and some days subsequently a drainage tube passed, traversing both orifices. Improvement slowly began, and the patient was soon able to attend the hospital as an extern. In a neighbouring bed was a case of acute abscess in the rectum. It occurred in a barman much given to tippling, and on being opened gave vent to a considerable quantity of very fœtid pus; the abscess rapidly closed from the bottom, all being healed in a week. The patient on whom circumcision was done had also a suppurating ulcer of most unhealthy aspect, resulting from bubo in the right groin. The foreskin was removed for contraction, stated to be congenital, to get at an extensive ulceration behind the glans. Immediately subsequent to the circumcision, both the bubo and the glans took a healthy action, and were healing kindly when the patient left the hospital. The needle was extracted from the left thigh of a ballet-girl, aged 21, who, some weeks previously, finding a rent in her tights whilst on the stage, had hastily inserted a needle to keep the garment together. She thought nothing more of the matter till some days subsequently, when she found herself getting lame. The symptoms simulated those of morbus coxa: a hard substance could be felt deep-seated on the posterior aspect of the left thigh towards the upper and internal region. Through an incision, it was reached and extracted, proving to be an ordinary sewing needle. The wound healed at once, but the symptoms did not begin to be relieved for some days.

Two cases of nerve lesion, the result of injury, were also under observation. In one, a man, aged 28, a ship-carpenter, had, some six months before, received in a fight a severe blow behind the right ear. This was, he said, followed by complete hemiplegia, the symptoms of which, though slowly lessening in severity, were still well marked, as well as a peculiar affection of the speech. Unfortunately, this man could only be retained for a few days under observation. In contrast with his case was that of another man (still remaining under observation), a labourer, 50 years of age, who, six months previously, fell off a load of hay, striking on the "butt" of the neck. There was immediately a complete paralysis of both upper extremities. This has been materially

(*a*) Betz Thirveentre, Centralblatt fur die Medizinishe Wissensch, 1874, No. 37-38.

lessening, but is still well marked, and accompanied by painful sensations of "pins and needles." The treatment consisted in counter-irritation along the lower cervical and upper dorsal spine, and the gentle administration of mercury in association with tonics.

An instructive case of strangulated inguinal (left) hernia presented in a man, aged 30, in whom a small rupture had been down some fifty-four hours. The case occurred in a rural district. Taxis had been unsuccessfully tried, and the symptoms being very urgent, the man was sent to the hospital. He had to take a long journey, on the road he suffered much from severe, persistent stercoraceous vomiting, and on arriving at the hospital was prostrate and collapsed. In this condition, on touching the hernial tumour with the finger, the gut was readily reduced, the symptoms at once amended, and the patient was able to leave the hospital in a few days quite restored.

Amongst different dislocations of shoulder which presented in the extern department, was one with axilla, where exceptional difficulties had been encountered in attempts at reduction. The patient, aged 45, was a very powerful, muscular man. Under chloroform, reduction was effected by the heel in the axilla, aided by prolonged and powerful traction, the scapula being steadied by a long roller, and the head of the humerus drawn outwards by another.

An opportunity of investigating bad cancrum oris was afforded by a female child, 3½ years old. Prior to the child coming under notice, a large slough had separated, leaving still sloughing edges; they were freely treated with concentrated nitric acid, and rapidly took on healthy action. The left side was affected.

Two cases of designedly-produced fracture were inmates of the hospital, and still continue under observation. In the first of them, a healthy-looking girl, 15 years of age, had, as a sequence of scarlatina, contracted anchylosis of both elbows in a nearly straight position, as a result of local bed sore. Much cicatricial tissue occupied the posterior region of the left elbow; the anchylosis, though fibrous, was extremely firm and dense. In preference to a cutting operation, it was determined to forcibly endeavour to flex the joint, or to break the humerus near it. The bone gave way a couple of inches above the joint; the limb was put up so as to place the fracture at an angle; subsequently, firm and persistent pressure being kept on from behind. Good union was obtained, the patient from the improved position of the limb being now able to feed herself, blow her nose, touch the back of the head and neck, and perform various other services for herself, for which, beforehand, the limb was utterly useless. But little visible deformity exists at the seat of fracture. The other case was one of re-fracture of both bones of the right leg in an infant admitted at seven months old, in whom a fracture of both bones, a little below the centre of the leg, had occurred five months previously. This had united with much angular deformity. The re-fracture was effected on the 13th of September by means of the screw clamp, and the parts were gotten into good position. By constant care they were maintained so, but union was long delayed — a circumstance probably dependent on the infant having contracted a severe attack of whooping-cough; of late the fracture has been consolidating.

A fatal case of croup occurred on the 8th inst. (October), the child's parents refusing to allow operative interference. It may here be mentioned that the little girl, on whom bronchotomy had been performed on the 27th of August (*a*), was dismissed from the hospital quite well on the 23rd of September, the prolonged detention being necessitated by the little patient not being able to finally abandon the trachea tube for nearly three weeks after the operation. Of some other cases quoted in the same issue of the journal, it may be stated that the girl with blenorrhagic arthritis of knee continued to improve, and was dismissed at the end of October, free from joint affection other than stiffness. She was commencing to make good use of the limb. The excision of the knee case continued to amend in a way which was scarcely to have been hoped for. The discharge rapidly diminished and ceased, merely two small sinuses remaining on the outer side, from which there is scarcely any discharge. The girl has good command over the leg. For the past few weeks she has been allowed up daily, and now, with the aid of crutches, is able to go about, and lay some weight on the limb, which is still supported and protected by light and suitable surrounding splints.

The boy whose wrist was excised can scarcely be said to have improved further, the little fellow having suffered much from severe and continued whooping-cough. The excision of shoulder case also continues under observation, and has been improving, though the existence of scapular caries renders a somewhat reserved prognosis necessary. In the case of knee disease occurring (*a*) in an hysterical woman the apprehension of extensive disease in both femur and tibia proved to be only too truly verified. Excision of the knee was attempted (October 6th), but had to be abandoned in consequence of the extent to which disease ran up the femur, and the limb was amputated at mid-thigh. The case has since progressed favourably. In an adjoining bed is a most satisfactory and instructive case of Syme's amputation (done 8th October), for extensive caries, of many years' standing, of left foot of a woman thirty years of age. This case, too, has been progressing very favourably, and promises well.

The case of one other patient in the same ward is worthy of special mention. It is that of a girl aged nine years, on whose head on the evening of the 15th of October a flower-pot fell from a height, causing extensive scalp wound, with fracture and depression of upper and posterior part of the left parietal bone. Brain matter was extruding between the fragments of the broken and depressed bone. The child had two severe convulsive fits, and was inclined to be in a state of torpor. The elevation of two trephine "crowns" enabled a large piece which had perforated the dura mater obliquely, as well as several small bits of bone to be got at and removed. With the exception of a fit of convulsive twitchings (which ceased after the exhibition of a smart purgative) on the fifth day, the child has been doing excellently. A "hernia cerebri," which reached the size of a walnut, formed, but was kept in check, and eventually got rid of by the persistent use of graduated lint compresses, whilst the skin flaps were drawn into position and kept supported by strips of adhesive plaster. The wound is steadily cicatrising. There has been persistent partial paralysis of the right upper extremity, at first well marked, but now very much lessened and daily improving.

(*a*) *Vide* MEDICAL PRESS AND CIRCULAR, 25th September.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 9TH, 1877.

A CASE OF URETHRAL CALCULI.

Mr. BELLAMY exhibited two calculi, removed from a sac communicating with the urethra in front of the scrotum. The patient, who was about forty years old, had, when he was aged eleven years, two other small calculi removed from the same part. The two calculi exhibited had been noticed and had steadily increased in size for the last eleven years, until they formed a tumour the size of a pigeon's egg. This was simply inconvenient for its size, but gave rise to no obstruction to the passage of urine or to any other symptom. The man had passed no gravel; nor could a calculus be detected by the sound in either the bladder or urethra. The calculi were removed by a simply longitudinal incision into

(*a*) MEDICAL PRESS AND CIRCULAR, 25th September.

the sac, which was found to communicate with the urethra by a small opening, through which a small probe passed. The wound healed perfectly, and no urethral fistula remained. The calculi together weighed exactly an ounce; were curiously facetted together, their opposed surfaces being highly polished; and, when placed together, they measured 1.7 in. in length, 1.2 in. in breadth, and 1.5 in. in depth. The external surfaces were irregularly mammillated, and exhibited, on section, successive layers of phosphatic deposit. No nucleus was visible at the time of section. Mr. Bellamy thought the calculi were originally in contact, and that the fresh deposits of calcareous matter had only been added to their outer surfaces, whilst their opposing surfaces became polished from friction.

URETHRAL CALCULUS.

Mr. SYDNEY JONES showed a specimen of large urethral calculus, which he had removed by incision from a man aged 60. He had been sent into St. Thomas's Hospital for difficulty of micturition, and was supposed to have stricture; but, on passing an instrument, this impinged upon a calculus, lodged just behind the bulbous part of the urethra. It might be felt in the perinæum; and the forefinger being placed on the rectum and the thumb on the perinæum, the foreign body could be moved to and fro and made to grate on a metallic instrument in the urethra. A catheter might be passed over the calculus into the bladder. The calculus was about the size of a small chestnut. Each time a catheter was passed, there was a rigor, the temperature rising considerably, once to 106.3°, and falling again to normal on the subsequent day. On October 3rd Mr. Sydney Jones cut down upon the calculus and the perinæum, and easily removed it. The wound was closed by two deep and two superficial sutures, and a No. 8 catheter, with drainage-tube attached, was passed into the bladder. At seven p.m. there was a rigor, and the temperature rose to 104°. On the next day the temperature was normal, and remained so. Two sutures were removed three days after the operation, and the remaining two on the fifth day. One catheter was removed on October 9th, six days after the operation. On October 10th and 11th he passed water in a good stream without difficulty or pain; none escaped by the wound, which was not quite healed towards the front part. Except on one doubtful occasion referred to by the patient—viz., on October 15th—no urine passed by the wound after the operation. He was allowed to get up a fortnight after removal of his calculus, and left the hospital a few days afterwards quite well. Mr. C. Stewart, who examined the calculus, which weighed 153 grains, reported that its nucleus was oxalate of lime, around which was fusible calculus with mixed phosphates; the rectum showed dark lines, for the most part made up of oxalate of lime.

Mr. HEATH had removed an urethral calculus, which seemed in development to be connected with a former lithotomy. Mr. Bellamy's case was remarkable for the small communication with the urethra, which gave rise to the question, How had it grown? It might possibly have commenced as a phlebolithe.

Mr. TEEVAN thought the chief importance of the case an absence of fistula after operation.

Mr. BARWELL suggested that the stone had formed in an adventitious cavity, and Mr. SIDNEY JONES that calculus might form in cysts of mucous membrane.

A CASE OF UNILATERAL (GUNSHOT) INJURY TO THE SPINAL CORD.

Dr. GOWERS brought forward this case. The patient, who had been in University College Hospital under the care of Mr. Heath, had fired a pistol into his mouth, and died sixty hours afterwards. The bullet had passed through the body of the second cervical vertebra, and had lodged between the arches of the atlas and axis on the right side. It had not penetrated the dura mater, but had driven a spiculum of bone through the membrane, and had bruised the cord between the second and third cervical nerves, the bruise being confined to the antero-lateral column, the anterior and posterior cornua, and the central part of the grey matter on the right side. All these parts contained many extravasations. The left half of the cord, both grey and white matter, was intact; and the right posterior column was simply swollen, apparently from œdema, there being only a few very minute extravasations in it. The symptoms during life were:—Paralysis of the right arm and leg, complete always in the arm, and at first in the leg; after the first tweny-four hours there was slight power of moving the leg. There was hyperæsthesia or rather hyperalgesia on the paralysed side, below the part supplied by branches from the cervical plexus: in the latter, sensation was normal. On the opposite side, there was no motor weakness; but there was complete, or almost complete, loss of sensibility to pain, and very little change in tactile sensibility. The reflex action was diminished, almost abolished, in the paralysed leg; it was excessive in the opposite leg, in which sensibility to pain was diminished. Temperature on the side of motor paralysis was uniformly higher, one or two degrees, than on the other side; and on the paralysed side there was a peculiar change in the irritability of the muscles and nerves, that of the muscles being a little less, that of the nerves being a little greater than on the other side. The change was the same to each form of electricity. In commenting upon these symptoms, Dr. Gowers observed that the cross sensory and motor paralysis was in accord, though not completely, with the view now generally accepted. The slight recovery of power in the leg might be explained by supposing that some fibres of the antero-lateral column recovered functional power; but, considering how easily the motor impulse was arrested by a slight injury, he thought this explanation improbable, and that the recovery of power afforded support to Vulpian's opinion that the motor path, although crossing chiefly at the decussation of the pyramids, also crossed to a less extent lower down the cord, and that this subsidiary decussation for the leg had escaped, so that, when the shock of the injury was over, there was some return of power over the leg. He pointed out that the slight change in tactile sensibility in the analgesic limbs afforded support to the view that tactile and common sensation traversed different paths in the cord; and the undamaged state of the posterior columns was interesting in connection with the assertion of Schiff, that they conducted tactile impressions. The increased sensitiveness of the paralysed leg, so common in these cases, but associated as it was here with diminished reflex action, could not be ascribed, as it had been, to the withdrawal of an inhibitory influence of the grey matter of the lumbar enlargement. The contrast in this respect between the two legs, in both sensibility and reflex action, seemed significant. In health, reflex action in the legs was restrained by a higher centre, probably in man the optic thalamus. The lesion of the right half of the cord, which divided the sensory path from the left leg, interrupted also this inhibitory influence. Hence it would seem that these two paths corresponded. Might not the opposite condition of the right leg be due to the intensification of the influence of the left optic thalamus? This would account for both the diminished reflex action and the hyperæsthesia, since the thalamus was a sensory centre. Its over-action might be due to the accumulation of the obstructor nerve force in its fellow, acting upon it by means of the commissural fibres. The difference in irritability of nerve and muscle must be interpreted as an abnormal state of the paralysed limbs, and was, although unusual in character, probably due to an irritative influence exerted by the lesion on the grey matter of the lumbar enlargement, and thence on the motor nerves. The persistence of sensibility in the branches of the cervical plexus showed how high up in the cord these fibres decussated.

Dr. ALTHAUS asked if the patient had lost the power of recognising between heat and cold when applied, and also if there had been priapism as it would be useful to ascertain the relation of that condition to injuries of the different parts of the cord. He concurred with Dr. Gowers as regarded the electrical phenomena. He thought the case tended to confirm the views of Schiff, concerning the functions of the spinal cord.

Dr. BROADBENT said that the case seemed to confirm Schiff's views as regards tactile impressions travelling by the posterior columns of the cord, but he should be slow to accept a theory, that pain, temperature, and ordinary sensation, travelled through different channels. Dr. Gower's remarks upon increased reflex action on the opposite side to the lesion, agreed with his own views upon the spinal cord, namely, that the same cells receive impressions, either for reflex action, or for sensation, and that if one channel should be required, a stronger effect would take place through the other, so that in this case sensation being interrupted, reflex action was intensified.

Dr. GOWER replied to Dr. Althaus's question that there was no priapism.

A CASE OF LEFT HEMIPLEGIA AND HEMIANÆSTHESIA WITH GENERAL DIMINUTION OF MOTOR POWER AND OF SENSATION, ASSOCIATED WITH LOSS OF SPEECH, PECULIAR VOICE AND ARTICULATION AND ATAXY OF THE UPPER EXTREMITIES, DUE PROBABLY TO EMBOLISM OF THE BASILAR ARTERY: RECOVERY.

Dr. BROADBENT communicated this case for Dr. J. BURNLEY WALKER. He said that the patient was a woman aged 26, who, four days after the birth of a child, was greatly excited by her husband coming home drunk. A severe rigor came on, and a few hours later, while she was sitting up to take food, she fell back in a swoon. When seen by Dr. Walker she was perfectly unconscious, though she swallowed liquids; her pulse was 48, and scarcely perceptible; the pupils were equal; the face was drawn a little to the right. After the free administration of brandy, she could be roused, and it was seen that the legs, limbs, face, and tongue on the left side were paralysed. Sensation was also greatly diminished on this side, and there was decided impairment of both motor power and of sensibility on the right half of the body as well. As the prostration was recovered from, she was found to be absolutely speechless, and the expression of her face, her laugh, and features were almost idiotic. She gradually gained power, but for a long time had had no proper control over the movements of her limbs. She could not take hold of an object, or guide a spoon to her mouth. She spoke for the first time eleven weeks after the attack, and then in a peculiar loud voice and with uncouth articulation. When seen by Dr. Broadbent, about three months after the attack, she could answer simple questions, but in a peculiar loud whining voice. She said she sould not walk, but did so with the aid of a single finger; the movements of her hands were vague. Her mental condition appeared to be childish, and she smiled idiotically. Further improvement took place, and now (October, 1877) she could walk and carry her child, and attend to her house; but she still fumbled long over buttons and pins, and had only just become able to dress herself. She could not now control a knife so as to cut bread. She conversed fairly well, but not in a natural voice. Dr. Broadbent said the case was interesting as throwing light on reported examples of aphasia with left hemiplegia, or with lesion in the posterior part of the brain. Had the patient died during the eleven weeks in which she was speechless, the case might have been considered one of this class; but the mental condition, the peculiar phonation and articulation, and the mode in which speech was recovered, showed that the derangement of the cerebral operations and the injury to the cerebral mechanism were altogether different from those which were seen in aphasia. The time and mode of the attack pointed to embolism of a cerebral artery as the cause of the symptoms, but these were not such as could be accounted for by blocking up of any one branch of the carotid, or of this vessel itself, or of the posterior cerebral or superior cerebellar, or both. The general impairment of motor power and of sensibility, in addition to the left hemiplegia and the motor ataxy, pointed to the conclusion that the basilar artery was the one plugged, the left branch getting more blood than the right, either by a larger post-communicating artery or by a less perfect occlusion. This would account also for the effect on the heart.

PECULIAR PHONATION AS WELL AS ARTICULATION ASSOCIATED WITH PARALYSIS.

Dr. BROADBENT brought to the Society brief notes of four cases in which, as in that of Dr. Walker, these peculiarities had existed. Case 1 was that of a girl, aged 20, who seven months after the birth of an illegitimate child, was seized, after an emotional shock, with pain in the head, vomiting, and delirium; after which she was completely paralysed on the left side, partially on the right, then speech was said to have been lost; it was probably rather unintelligible. As she recovered, the voice was altered and impaired, and the articulation was indistinct and almost monosyllabic. Case 2 was that of a woman, aged 27, who, during an attack of small-pox, five weeks after the birth of a child, had a fit, after which she could not move a limb or speak a word for some weeks. When she had so far recovered as to be able to walk and feed herself, her intonation was loud and unnatural and articulation imperfect, attended with effort, and monosyllabic. Case 3 was that of a schoolmaster, who, a year after contracting syphilis, became suddenly hemiplegic on the left side. Twelve months later he gradually lost his speech, and for six months he could not speak at all, deglutition, moreover, being affected. He regained speech, and some power in the left limbs, but the voice was squeaky and unnatural, and articulation peculiar and attended with great effort. In Case 4 there was cross paralysis of the left limbs and right face, attended with affection of the voice and articulation. The feature common to these cases and that of Dr. Walker was that, except in the last (which was reported as helping to identify the seat of the lesion and to locate it in the pons), there was for a time speechlessness, which might be taken for aphasia, whereas the subsequent history showed that the damage to the mechanism of speech had occurred at a quite different point.

THE DUBLIN OBSTETRICAL SOCIETY.

THE first meeting of the Session 1877-78 was held on Saturday, November 17th.

Dr. DARBY, President, in the Chair.

There was a very large attendance of visitors and members. The hon. secretary, Dr. J. R. KIRKPATRICK read the minutes of the previous meeting, and also the report of the Council, which gave a narrative of the work of the last session.

Dr. MACAN moved the adoption of the report, and said that one of the most satisfactory acts of the Society during the past session was the election as one of their honorary members of Dr. Marion Sims. On the other hand, they had to deplore the loss of Dr. Robert Lee, of London—one of their honorary members—and also two other distinguished members of the Society.

Dr. HENRY KENNEDY seconded the motion, and, as an old member of the Society, did so with great pleasure. The Society had advanced to a position that was held by no other Society that he knew of. Dublin had taken precedence of, he believed, every other city in the world in the formation of an Obstetrical Society—in the first instance, as distinct from medicine, and, secondly, in the formation of a Pathological Society. As a comparative outsider—for he did not follow midwifery as a speciality—he could not but congratulate the Society upon its general advance, and particularly in the general subject, he would say, of ovariotomy. He thought there was almost nothing since the century began that could compare with the enormous stride which obstetrics had made in connection with that subject alone. It certainly must be alluded to as one of the greatest triumphs of modern surgery. He could not help saying that he thought that one of the things which must contribute largely to the success of the Society was the surroundings which it enjoyed in being permitted to hold its meetings in the College of Physicians.

The motion was adopted, and the report ordered to be entered on the minutes.

The PRESIDENT then delivered his inaugural address, and in it referred to the several important communications which had been made to the Society in the course of the last session, and especially alluded to the fact that at one of the meetings they had had the advantage of hearing from Dr. Robert M'Donnell, F.R.S. (President of the College of Surgeons), a description of his instrument for the tranfusion of blood. Dr. Darby, in the concluding part of his address, dealt with the subject of blood-poisoning at some length.

Dr. M'CLINTOCK moved a vote of thanks to the President for his address, and that it be printed and published in the *Transactions* of the Society. The Society also owed him its thanks for his constant attendance at their meetings, and for the diligence, courtesy, and urbanity with which he had discharged the duties of his office. Dr. Darby had brought before the Society in his address one of the most agitated and important questions of the present day, and for the way he had done so was entitled to their thanks.

Dr. MORE MADDEN seconded the motion, and spoke o the zeal which the President had shown in connection with the interests of the Society.

The motion was carried by acclamation, and Dr. DARBY acknowledged the compliment in suitable terms.

Dr. M'SWINEY moved a vote of thanks to Dr. Roe (treasurer) and Dr. Kirkpatrick (hon. secretary) for the manner in which they had discharged the duties of their offices. Dr. M'Swiney spoke in warm terms of praise of the unceasing efforts which both these officers of the Society had made to promote its welfare, and of their uniform courtesy and kindness.

Dr. LOMBE ATTHILL seconded the motion with much pleasure, and referred to the difficulties with which both Dr. Roe and Dr. Kirkpatrick had to contend in their different departments—the one to keep the Society's financial state in order, and the other to maintain the supply of mental food for the meetings.

The resolution was unanimously adopted.

Dr. ROE and Dr. KIRKPATRICK returned thanks.

Dr. KIDD then moved a vote of thanks to the distinguished visitors who had honoured the Society with their presence. The Society was always fortunate in having distinguished visitors at their opening meeting, and he had no doubt that the President of the College of Physicians had been unavoidably detained away, or he would have been present that evening. The College of Physicians had treated the Society with great hospitality. They had afforded the Society the free use of their magnificent suite of rooms, and the College had added to the Society's importance by receiving it within their walls. He knew that the College of Surgeons would be equally happy, if the Society required it, to do them the same favour. It was, he believed, one of the most important things they could aim at, to maintain their position as an integral portion of the great school of medicine. That had always, in Ireland, been kept prominently before them. The College of Physicians had always had the power of conferring the Licence in Midwifery upon any persons who applied for it, but he believed, with the exception of one or two instances, that College had never given that license to any individual who had not proof of a full and complete medical education. The College of Surgeons obtained their charter at a more recent date, and influenced, perhaps—or, at all events, learning—by the example of the College of Physicians, they in their charter only took power to confer Licence in Midwifery upon their own Licentiates and Fellows. He regarded that as a matter of very great importance indeed for the honour of this special branch of the profession, and any effort to confer the degree in midwifery, as had recently been attempted elsewhere, upon lower terms than those granted by the Colleges of Physicians and Surgeons, was calculated to lower the bodies who granted the degrees, and to injure very materially this department of the profession. Trinity College had recently instituted a degree in the obstetric art; and the authorities there, too, had, he was happy to say, decided that this degree shall only be conferred on those who have taken out their degrees in medicine or surgery. They knew that in another College an attempt to introduce persons upon an inferior education was only frustrated a few years ago by the whole Court of Examiners resigning rather than examine the persons who were presented to them. The presence of the Presidents of the Colleges of Physicians and Surgeons at their meeting was, he took it, a recognition of the status of the members of the Society in the profession, and it afforded the Society on all occasions great satisfaction to be honoured with their presence. The position that the Society aimed at was further illustrated by seeing the President in the chair. They did not confine their presidency to specialists; and the re-election of the President showed that the Society aimed at maintaining its position as an important branch of the profession,—that though most of its members were specialists, yet they considered that midwifery could only be cultivated in connection with medicine and surgery, as long as they did good

Dr. DENHAM seconded the motion, and said he looked upon the Presidents of the Colleges and the Governor of the Apothecaries' Hall as their nursing fathers, and considered it their duty to come and see the working of the Society. Nevertheless, the compliment of their coming was none the less.

The resolution was passed by acclamation.

Dr. ROBERT M'DONNELL (President of the College of Surgeons) returned thanks on behalf of the visitors. He had listened with great satisfaction to the remarks that had fallen from Dr. Kidd, and he (Dr. M'Donnell) was sure every one present would believe him when he said that he would think it an ill day for their great profession when anything should be done to lower the standard of education in that branch to which the members devoted their special attention, and which the Society had been incorporated to nurture and cultivate. There was no part of their profession which required more cultivation, more skill, more fortitude, and more, in fact, of all those qualities which go to make up the great physician or great surgeon. It should be, and he hoped it ever would be, regarded by our great educational bodies in this country as a part of the profession which should never be allowed to fall behind in any respect its brethren, if he might so call it, of the other branches. He desired to ask the Society to do him the honour of proposing him as a member of the Society. He had not hitherto become a member, because, as they all knew, he was not specially engaged in the pursuit of midwifery; but he had been, by the operation which he had taken up so warmly, much brought in contact with his brethren in that walk of the profession, and he thought, if it was for nothing else alone, he ought to have the right of coming there, and, when occasion required it, of doing as a member what had hitherto been accorded to him, a privilege as a visitor. He hoped, also, during the coming session he might have an opportunity of again speaking to them on the subject; for he might say that, within the last few months, he had had the satisfaction, with Dr. Purefoy in one instance, and Dr. M'Clintock in another, of extremely successful cases of transfusion. He hoped to bring those cases before the Society, and that he would have the opportunity of addressing the meeting as a member of the Society.

The following is the result of the ballot:—

President—Dr. Thomas Darby.

Vice-Presidents—Dr. Kirkpatrick, Dr. M'Swiney.

Treasurer—Dr. Cranny.

Secretary—Dr. Roe.

Committee—Dr. Atthill, Dr. Denham, Dr. Johnston, Dr. Kidd, Dr. M'Clintock.

The Society then adjourned.

THE "MEDICAL PRESS." SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER IV.—MORBID ANATOMY AND PATHOLOGY.

ON looking at the *post-mortem* records superficially, certain prominent and almost persistent features, will at once strike the eye—as general vascularity, congestion of various organs, and of the mucous membrane of various parts of the body; appearances found not only in genuine cases of rabies, but also in the simulative affections. The changes especially found in the larynx, pharynx, trachea, and bronchi, led Trolliet to believe, that he had discovered the true pathology of this affection. Trolliet (*a*) has been considered an authority. He devoted considerable attention to rabies, and made numerous *post obit* examinations. The result of his dissections may be thus summed up: extensive mischief in various organs, remotely situated from each other, the chief of which are the changes in the mucous membranes of the trachea and bronchi, and the membranes of the brain, especially the pia mater, all of which were infiltrated with red blood, from inflammatory action. The mucous membrane of the bronchi, and trachea, covered with a frothy material of a peculiar kind, which M. Trolliet supposed to be the seat or vehicle of the specific virus which, in his opinion, was driven forward into the fauces and intermixed with the saliva, by each expiration from the chest. The capillary vessels of the lungs congested, the substance emphysematous, the blood black, uncoagulating, and of an oily appearance; the mucous membrane of the mouth and pharynx of a pale grey, and lubricated by a gentle moisture, containing no saliva or any frothy material. The salivary glands, and the substance which covers them, afforded not the slightest vestige of inflammation, nor of the slightest alteration in volume, colour, or texture. Other observers have noticed

(*a*) "Nouveau traité de la rage." Trolliet.

somewhat similar appearances. Thus, Mayo (*a*) summarises the results of *post-mortems* as follows: A slightly swollen state of the mucous glands at the root of the tongue, and a trifling increase of vascularity, hardly amounting to inflammation, and greater or less in different instances, of the mucous membrane of the epiglottis, particularly at its edge, and of the upper part of the larynx generally. These appearances alone are constant; of those which follow, some are always observed, so that to a certain degree they are alternative. The mucous membrane of the pharynx and of the stomach, one or both, are often inflamed at one or more parts, in patches sometimes of a bright red, generally with less intensity. The membrane lining part of the bronchial tubes often displays a considerable increase of vascularity. There is commonly a slight increase of vascularity, in the brain, and trifling effusion. Sometimes, the inferior aspect of the medulla oblongata, has great capillary vascularity, attended even with ecchymosis. Mr. Mayo believed it was evident that these appearances, occuring with such irregularity, must be considered as effects, as results of the disturbance of the nervous system, evinced by the convulsive symptoms, although not shown by any appreciable alteration visible to the naked eye. He further believed that the pathological view was just, and was rendered probable, by the consideration of cases which approached nearest in their nature to hydrophobia, as varieties of tetanus, and of nervous irritation from poisoned wounds, received in dissection.

Romberg (*b*) tells us the majority of observers agree in testifying to the following changes:—Congestion of the respiratory organs, partial and general reddening of the mucous membrane, extending from the glottis to the finest bronchi; accumulation of frothy mucus fluid, engorgement of the lungs, with dark fluid blood, containing many air-bubbles and lobular emphysema; the cavity of the mouth is generally found to contain much viscid, whitish-yellow mucus. The papillæ of the tongue and the mucous glands of the mouth and pharynx are often much developed and prominent. Some patches of reddening and congestion of the vessels are visible at the pharynx and intestines, and especially in the stomach. Romberg also gives us the *post-mortem* changes in the dog, after Youatt and Hertwig; but as we have a more modern and equally credible witness, we shall use his evidence. Fleming (*c*) says:—The following may be accepted as the principal lesions noted in necroscopical examinations of the bodies of dogs which have died of rabies, some being less frequent and less marked than others, and a few being rarely observed. There is congestion of the brain, particularly at the base, as well as the spinal cord, and sometimes a serous effusion into these organs. The muscular system shows congestion, as well as the cellular tissue, the liver, and the kidneys. The lungs are not unfrequently greatly gorged with blood, as in animals that die of asphyxia. The spleen is also more or less congested, and frequently enlarged. The blood in the vessels is black and pitch-like, and furnishes little or no clots. The mucous membranes exhibit, perhaps, the most constant alterations. These are redness of more or less intensity, extreme congestion of the vessels, thickening of the membrane, and hæmorrhagic effusion to a greater or less extent on its surface. More special details will be found in his work. The later views of Continental observers lead us a step further on in our pathology, and we give a summary of the morbid appearance found in animals, furnished by Fleming:—

From the very excellent and valuable annual report of the cases brought for observation or treatment to the Vienna Imperial Veterinary Institute, and published in the *Oesterreichische Vierteljahresschrift für wissenschaftliche Veterinärkunde* for 1875, we observe that in the session of 1873-4 there were no fewer than 125 dogs admitted as rabid, or suspected of being affected with rabies. Though some of the pathological alterations were so frequent that they could be accurately grouped, yet others were so inconstant that there could not be said to be any certain indication of the presence of the disease.

The following epitome is given of the results of the necroscopical examinations made of these animals:—

a. Alterations in the brain: 1. Hæmorrhage into the subcutaneous tissue of the cranium of a suspected dog; 2. Hæmorrhage into the *dura mater* of 2 rabid and 1 suspected animals; 3. Injection of the *pia mater* and *plexus choroides* in 28 rabid and 2 suspected; 4. Hyperæmia of the brain in 2 rabid; 5. Softening of the brain in various degrees—from mere shining softness (*glänzend-und weicher-sein*) to complete pulpy liquefaction—in 35 rabid and 2 suspected animals (of these the whole brain was generally involved in 3 rabid cases, the cerebellum in 3 rabid and 2 suspected, the upper surface and base of the brain in 1 rabid animal); 6. Distension of the lateral ventricles, through a collection of serum therein, in 10 rabid animals, one of which had the right ventricle unusually dilated, while the left was normal.

b. Alterations in the circulatory apparatus and the blood: 1. Pericarditis in 1 suspected dog; 2. Capillary hæmorrhage into the pericardium in 2 rabid cases; 3. Hæmorrhage beneath the endocardium in 1 rabid case; 4. Alterations in the blood alone in 83 rabid and 28 suspected animals. The blood was of a light-red colour in 13 rabid and 1 suspected, fluid in the heart in 2 rabid, slightly coagulated in 5 rabid, and with a dense whitish fibrinous clot in 6 rabid and 1 suspected dogs. The blood was dark-red to black-red (*schwarzroth*) in 70 rabid and 27 suspected: (*a*) In the heart it was quite fluid in 11 rabid and 4 suspected; (*b*) slightly coagulated in 21 rabid and 11 suspected; (*c*) with a soft fibrinous clot in 9 rabid; and (*d*) it had a dense grey clot in 29 rabid and 7 suspected animals. Bacteria (*stäbchen*) in the blood were in some cases numerous, in others few; in none were they very abundant. Anæmia was present in 4 rabid animals.

c. Alterations in the spleen and mesenteric glands were noted in 68 rabid and 11 suspected animals: 1. Lymphatic nodules in the spleen in 1 rabid creature; 2. Enlargement of the spleen alone in 25 rabid and 3 suspected; 3. Tumefaction of the mesenteric glands alone in 21 rabid and 6 suspected; 4. Enlargement of the spleen and mesenteric glands in 21 rabid and 2 suspected dogs.

d. Alterations in the respiratory apparatus in 86 rabid and 16 suspected animals: 1. Marked pallor of the mucous membrane of the larynx and trachea in 2 rabid and 1 suspected animals; 2. Intense injection of the same in 51 rabid and 8 suspected creatures; 3. General dark discolouration of the pharyngeal, laryngeal and partially of the respiratory mucous membrane in 2 rabid and 1 suspected animals; 4. Capillary hæmorrhage at the entrance to the laynx in 1 rabid; 5. Capillary hæmorrhage in the laryngeal mucous membrane in 1 rabid; 6. Capillary hæmorrhage in the *pleura pulmonalis* in 1 suspected; 7. Bronchial catarrh in 3 rabid; 8. Pulmonary œdema in 11 rabid and 4 suspected; 9. Pneumonia at the border of some lobules, seldom involving entire lobes; and 10. Hæmorrhage into the thoracic cavity from gunshot wounds in two suspected cases.

e. Alterations in the digestive organs: 1. Injuries to the tongue in 1 rabid dog; 2. Foreign bodies in the mouth and throat in 1 rabid and 1 suspected; 3. Stomach empty in 19 rabid and 1 suspected; 4. Foreign matter in the stomach—hair, wood, straw, grass, leaves, soil, cherry-stones (and in one case a living horse-fly attached to the mucous membrane) in 56 rabid and 21 suspected; 5. Foreign matter, besides hair, in intestines in 6 rabid and 3 suspected; 6. Blood in the stomach in 2 rabid; 7. Injection of the serous membrane of the stomach only in 43 rabid and 2 suspected; 8. Injection of the serous membrane of the stomach and intestines in 3 rabid and 3 suspected; 9. Pallor of the gastric mucous membrane in 1 rabid; 10. General redness of the same in 6 rabid; 11. Patchy redness of the same in 2 rabid; 12. Hæmorrhagic erosions and ulcers in the same in 40 rabid; 13. Marked yellowness of the intestinal mucous membrane and con-

(*a*) *Med. Gazette*, vol. xxix, p. 548.
(*b*) Romberg, "Nervous Diseases," vol. ii, p. 337.
(*c*) Fleming, "Rabies and Hydrophobia," p. 282.

tents of same in 4 rabid; 14. General redness, with tumefaction of the intestinal mucous membrane, and tape-worm, in 58 rabid and 17 suspected; 15. Patchy redness of the mucous membrane of the small intestines, particularly involving Peyer's patches, in 27 rabid and 9 suspected; 16. Diverticular formations in 1 rabid animal.

f. Alterations in the urinary and generative organs: 1. Nephritis in 1 rabid and 1 suspected; 2. Cystitis and nephritis in 1 rabid; 3. Pregnancy, about three weeks, in a rabid bitch.

g. Alterations in the locomotory apparatus, probably due to injury to the head, were discovered in 3 rabid and 13 suspected dogs.

In the *Centralblatt für die Medicin Wissenschaften*, Kolesemkoff reports the result of the examination of ten mad dogs, made in Rudneff's pathological laboratory at St. Petersburgh. The parts examined were the *cerebral hemispheres*, the *corpora striata, thalami optici, cornua Ammonis, cerebellum, medulla oblongata, medulla spinalis*, and the sympathetic and spinal ganglia. The changes were always most marked in the ganglia, and were as follows:—1. The vessels were much distended, and filled with red corpuscles. Here and there along their course were seen groups of red corpuscles, and round indifferent elements (probably emigrated white corpuscles) scattered in the perivascular spaces. The walls of the vessels were spotted with hyaloid masses of various forms, sometimes extending into and obstructing the lumen of the vessel like thrombi. Not far from these were collections of white and red corpuscles. 2. There was found to be a collection of round, indifferent elements in general around the nerve-cells, sometimes penetrating into the protoplasm of the cells to the number of five or eight, sometimes in such number as quite to displace the cell-protoplasm. The number of migrated cells produced various changes in the form of the nerve-elements. The nuclei of the cells were sometimes pushed towards the periphery by the intrusive elements. In other cases the nerve-cells seemed entirely replaced by masses of round, indifferent corpusles. These changes were seen even in isolated nerve-cells.

It is interesting to compare the older anatomists, and we shall dwell briefly on them.

Cappivacci, an Italian, was the first anatomist, we believe, who published an account of any dissections of this kind. His observations, with those of Zwingerus Brechtfed, and other writers, were republished in the *Sepulchretum*, and then collected by Boerhaave, and condensed into a single aphorism.

The morbid phenomena discoverable in the body by dissection are generally the organs of deglutition somewhat inflamed, the lungs incredibly distended with blood, the heart full of blood almost dry, the arteries full, the veins empty, blood in the arteries extremely liquid, and scarce coagulating in the air; all the muscles, viscera, brain, and spinal marrow dryer than usual (*Aphor.*, 1140).

Morgagni collected the evidence of his time, and after comparing observations with those of Mead, Plancus, Fabri, Brogiani, &c., came to the conclusion that the seat of the disorder was in the nerves and brain.

As far as the visible appearances can furnish us with data, the notes in the preceding statistics correspond in the main with the general observations of experienced pathologists; and though the medulla oblongata, spinal cord, and its membranes presented no other visible lesion but congestion, yet as the older anatomists did not overlook the possibility of changes—which were not, perhaps, apparent to the unaided vision, but which the microscope might supply—so we may more justly adopt this view. Doctor Aitken, we know, suggested that hypothesis, and before him Dr. Copland (*a*) remarked that the absence of all lesion in these parts has not been satisfactorily shown, and whether the existing lesion be one of an inflammatory character, or one interesting the intimate structure of these parts in such a manner as to escape the detection of our unassisted senses, there are strong reasons for inferring that some changes actually exist in these situations, though it may not be limited to them, but may extend to the related and associated nerves, and even to the parts supplied by these sources and by these nerves.

Dr. Holland, of Cork, consulted 393 monographs besides an immense number of reports in various journals and selected what he believed 120 cases of genuine rabies. From our own experience we can readily believe this. From his notes Dr. Shinkwin published some valuable and interesting lectures in the DUBLIN MEDICAL PRESS of 1865, and we give an analysis of the pathological and anatomical appearances observed in these 120 cases.

The diseased condition which most frequently presented itself was a congestive, highly vascular, or inflamed state of the pharynx, which occurred 19 times or nearly once in every six cases. He included under one head the congestion (probably venous), the state of injection (probably arterial), and the inflammation of the pharynx, as the recorders did not make any distinction between these three states. Next in points of frequency is a similar state of the mucous tract, bronchi, or lungs, taken either separately or collectively, which presented itself in 15 of the 120 cases, and passing from the mucous membranes to the state of the brain and its serous envelopes we find they were congested 13 times, or about once in every 13 cases.

The mucous membranes and œsophagus was highly inflamed, or vascular in 12 cases, or one in every 10, and descending this tract to the intestines, they are reported as having been distended with gas in ten cases, or one in every 12. Congestion of the spinal cord occurred 7 times; unusual fluidity of the blood 7 times; congestion of the membranes of the brain without a similar state of the brain substance 6 times; and *vice versa* 6 times; while the cardiac end of the stomach presented an inflamed appearance in an equal number of cases, about one in every 20. Congestion of the larynx and intestines was noticed 5 times, and all the viscera presented a normal appearance in one out of every 24 cases.

Our tables afford an interesting comparison with these results.

The conclusions the authors arrived at were:—

1. That the pathological changes do not account for the symptoms.

2 That death may ensue in this disease without any trace of morbid change.

3. That all the pathological appearances hitherto recorded, must be considered as secondary or accidental lesions.

4. That the blood is probably the agent through which the nervous system is acted on by the poison.

5. That in all future autopsies attention should be directed to discover the physical, chemical, and microscopical changes occurring in the blood and nervous system.

Judging by the phenomena, and the symptoms, and by analogy, so far back as 1827, (*a*) pathologists formed the hypothesis that a morbid poison was introduced into the body, that its malignant influence was directed to the centre of the nervous system, but *chiefly to the medulla oblongata;* that the first symptoms were those of excessive morbid sensibility and irritability of the various nerves of sense, especially those distributed about the glottis; that in a considerable number of cases inflammation supervened about the base of the brain, the throat, the stomach, and other parts, though the disease sometimes terminated fatally before the marks of inflammation appeared.

The implication of the medulla oblongata is evident, and modern pathologists are only reviving older ideas in searching by means of the microscope for changes in its structure. Dr. Hammond, of New York, a short time ago obtained the credit of a great scientific discovery, and the *New York Tribune* gave a lengthy account of it, with a diagramatic illustration. From this we are supposed to believe that rabies is a disease of the great nerve centres, as sections of the medulla oblongata, were said to have revealed several small spots of different shapes and sizes,

(*a*) Article "Rabies," Copland's "Dict. of Medicine."

(*a*) "Med. Chir. Review," 1827, p. 238.

indicative of extravasated blood, especially in the vicinity of the origin of the spinal accessory and pneumo-gastric nerves.

The possibility of the alteration, foreshadowed as invisible to the naked eye, has been proved, and it would appear that there are some marked and important ones.

CASE LXXXIII.—Joseph A., bitten on the wrist by a dog seemingly healthy.

Result and Time of Attack.—Six weeks after. Fatal, first day.

Post-mortem.—Membranes of brain highly congested, arachnoid and pia mater presented a pink appearance throughout, veins much distended, no fluid in the lateral ventricles, but numerous bloody points on making section of brain. External appearance of spinal sheath congested, arachnoid and pia mater congested the whole length of cord, spinal cord congested in cervical region, left and right lungs congested, stomach and bowels congested. There were no signs of swelling or inflammation in the wrist.

Reference.—Lancet, p. 513. 1874. Drs. Muscroft, Skinner, Gr[illegible]m, Sims, Mr. Kemp.

CASE LXXXIV.—William W., male, æt. 32, scratched on the knuckle by a small healthy puppy, three months old.

Result and Time of Attack.—Six months after. Fatal, third day.

Treatment.—Belladonna, bromide, atropine.

No *post-mortem*.

Reference.—Lancet, p. 514. 1874. Dr. Muscroft, Dr. Gin[illegible]s.

CASE LXXXV.—Henry W., æt. 12, bitten on the right little finger by a dog.

Result and Time of Attack.—Six weeks after. Fatal, third day.

Treatment.—Calomel, belladonna, chloroform, enemas of bromide of potassium, and chloral hydrate.

Post-mortem.—Fifty hours after death, body much decomposed. Results mostly negative, brain congested. On section the grey matter, both external and internal, was unusually distinct and congested, numerous vessels in the white substance. Internal organs congested, tongue congested.

Reference.—Lancet, p. 589. 1875. St. Thomas's Hospital. Mr. Jones.

CASE LXXXVI.—M. H. K., male, æt. 13, bitten on the upper lip and left shoulder. Wound cauterised.

Result and Time of Attack.—Twenty days after. Fatal, third day.

Treatment.—Chloroform.

Post-mortem.—Forty-eight hours after death. General congestion of brain and membranes. The grey substance resembled very much the colour of muscle; this was particularly evident on section of the corpus striatum and optic thalami. The divided vessels were extremely prominent in the white substance of the brain. On examining the spine there was found considerable congestion of the vessels ramifying in the cellular tissue beneath the arches of the vertebræ, especially in the cervical region, and about the position of the fifth cervical spine was a gelatinous mass extending upwards and downwards lying between the dura mater and the arches of the spinal canal.

Reference.—Lancet, vol. ii, p. 85. 1876. Hereford Infirmary.

CASE LXXXVII.—Edward T., æt. 30, bitten on the back of the left hand.

Result and Time of Attack.—Nine months after. Fatal, second day.

Post-mortem examination showed congestion of most of the organs, but perfect absence of organic change. The brain and cord were reserved for more minute examination. This patient was seized with an attack of spasm of the glottis, artificial respiration, electricity, and laryngotomy were resorted to.

Reference.—Lancet, vol. ii, p. 682. 1876. Royal Free Hospital.

CASE LXXXVIII.— — Menard, male, bitten by a dog.

Result and Time of Attack.—Fatal.

Treatment.—Bleeding, injection of warm water into the left radial vein.

Remarks.—This boy was in imminent danger of suffocation, having thrust a piece of cloth into his mouth in one of his hydrophobic paroxysms. M. Caillard, resident physician of the Hôtel Dieu, boldly put his hand into what most men would think an awkward situation, and reserved him for equally certain but more tedious destruction. The boy inflicted a deep bite on M. Caillard's right hand, the wound was immediately cauterised by the hot iron. M. Caillard had been previously bitten by another hydrophobic patient on the finger without experiencing any bad consequences, and in fact seemed to pay no regard to the wounds inflicted by the rabid of his own species upon him. Another circumstance is mentioned in connection with this case which we cannot pass without remark as a warning to amateurs who may be tempted to indulge in experiments. An amateur of experiments had inoculated ten dogs with the hydrophobic virus, and having made them as bad as could be wished, became naturally desirous of getting rid of them. Now most men would have despatched such animals as speedily and as securely as possible, but this philosopher ties them up loosely in a bag and commissions a poor wretch to throw them into the Seine; the man, little dreaming what a cargo he was carrying, stops at an auberge to take some wine, and eases himself for a minute of his load. The dogs escape from the sack, and the experiment is concluded by sixty-four persons being cauterized at the Hôtel Dieu for wounds inflicted by them, and by ten dying in that institution of hydrophobia.

(To be continued.)

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 28, 1877.

INFANT MORTALITY IN MACCLESFIELD AND OTHER LARGE TOWNS.

THE report recently published by the Town Council of Macclesfield has more than a mere local interest. The evidence, as well as the suggestions, contained in the report, are also applicable to other manufacturing towns and densely-populated districts.

In July, 1877, there appeared in the *Macclesfield Courier* a statement by a surgeon, then practising in the town, to the effect that a large amount of indirect child murder took place every year, that scores and scores of children were habitually and purposely neglected, and that although a legal proof could not be got at, he and his medical brethren were simply obliged to pass over cases in which

the people were as guilty almost as if they had cut the children's throats. The coroner (for the above statement was made at an inquest held on the body of a child supposed to have died from wilful neglect) was of the same opinion, and considered there was a frightful amount of immorality and indifference to life among the women of the lower classes.

Macclesfield is a town of considerable importance, famous for its silk and cotton manufactories, and having a population of over 36,000. Such a charge, therefore, against the silk hands, and especially the mothers of Macclesfield, was not likely to go unchallenged; and a special committee was appointed by the Town Council to inquire into the subject, and to confer with the medical practitioners of the borough, the health and sanitary officers of the corporation, &c. Although, fortunately for the credit of the place, no evidence was brought forward in support of the allegation that the excessive infant mortality was due to wilful and criminal neglect, enough was proved to show that the death-rate among infants of a certain age was far above what it should be, that a large amount of this mortality was due to the culpable neglect of parents, and other preventible causes, and that it was high time the legislature stepped in to check the many evils that still prevailed not only in Macclesfield, but also in other large manufacturing towns. After carefully weighing the evidence on the subject the committee came to the conclusion that the high death-rate among the infants of Macclesfield was due *chiefly* to the lack of maternal care of children, arising from mothers returning to their work too soon after childbirth; to improper feeding and exposure; to the too frequent use of narcotics and soothing medicines; to the neglect of parents in not applying for medical relief till it is too late; also, and in exceptional cases, to constitutional and hereditary causes arising from the immorality of parents; to lack of personal cleanliness; and to residence in unhealthy and ill-ventilated houses. That most of these conditions have always been at the bottom of excessive infant mortality in all manufacturing towns has been long known to sanitarians, but some of the evidence upon which the above conclusions were based is well worthy the reader's attention.

With regard to the maternal neglect of children Mr. Somerville's evidence was very much to the point. Very soon after the child is born, he says, it is generally handed over to the nurse in attendance on the case, and is fed in a most peculiar manner—mainly on bread and water; it scarcely ever gets the breast or maternal support. This goes on until the mother goes to work, which is often not more than ten days or a fortnight after the child is born. It is then put out to nurse—generally to an old woman in the neighbourhood, who, perhaps, may take one or two at the most, so far as I can find out. She looks after the child during the day, from six or eight o'clock in the morning until half-past five in the evening, when it is handed over to the mother. During all weathers the child is carried out by the mother in the early morning from her own home to the nurse's, and the same in the evening. It never gets anything but "pobs" or bread—this interferes greatly with the digestive organs, and it is constantly suffering from dyspepsia and other complaints.

It can be easily imagined that infants so deserted would fare badly as regards the food supplied to them; and with respect to the pernicious effect arising from improper feeding, we may refer to the observations of Mr. George Bland, the Medical Officer of Health for the borough of Macclesfield, whose evidence on the whole subject is undoubtedly the most valuable portion of this report. It appears that the deaths among children from diseases of the brain and nervous system are, in this town, exceedingly high, being in excess even of Liverpool; and convulsions is the chief cause of the high proportion of deaths from this class of disease. Now, while in England, of 10,000 live born infants, 300 die from convulsions, and in Macclesfield 368, only 60 die in Scotland. This, as Dr. Stark has pointed out, is no doubt owing to the fact that English children are given spoon food much too early in life, whereas in Scotland 85 per cent. of the children are suckled by their own mothers until they are nine months old. The pernicious practice of feeding children on boiled bread, "bread pobs," is in Mr. Bland's opinion, the most fruitful source of the very heavy mortality from convulsions among the Macclesfield infants. He, however, very justly adds, that the practice is not confined to the working-classes, but permeates all classes of society not in Macclesfield only, but all over England. Over-feeding, under-feeding, or improper feeding is just as possible in the well-trimmed nursery of the rich as in the home of the factory woman or baby farmer.

With regard to the habit of dosing young infants with narcotics, the practice is too old and too widely prevalent to require any comment. A striking example of this habit and its evil effects is given in the report, in which a gentleman's child was nearly lost; and, as the witness remarked, if a nurse will thus treat the child of a man of position, she would probably treat the offspring of a working man with even less consideration.

Another important factor in the causation of excessive infant mortality in all large towns is undoubtedly the gross and almost criminal negligence of the mothers in not calling in medical assistance till it is too late. It frequently happens among the lower classes that a child is seriously ill for several days without medical attendance, and that is often procured at the last moment to save an inquest. A child is allowed to suffer from bronchitis until it is in *articulo mortis*, and then it is taken to a medical man, the parents knowing that the child cannot recover. Certainly, Mr. Allwood can scarcely be blamed for calling such cases instances of "indirect child murder." If one of the "Peculiar People" loses a child through not calling in medical assistance, he is by law responsible for the death of the child; and if a nurse gradually or indirectly starves the infant entrusted to her care, or fails, in case of illness, to have medical advice for it until there is little hope of recovery, she is morally speaking, as much to blame as if she had allowed the disease to take its course from first to last.

Another cause of the great infantile mortality in Macclesfield was the prevalence of diarrhœa, a disease the fatality of which is largely influenced by improper feeding, excessive heat, and defective sanitary conditions.

The remarkable influence of excessive heat in the causation of diarrhœa receiving a striking illustration in the last quarterly returns of the Registrar-General, as will be seen in another part of our columns; but the influence of defective sanitation in raising the death-rate among children is not easily estimated. It is a remarkable fact that whilst in East Macclesfield the diarrhœa mortality is as high as 411, in the west part of the town it is as low as 198. This is, in the opinion of Mr. Bland, mainly owing to the difference in the respective sanitary condition of the two districts, but such an inference leaves altogether out of calculation the operation of those causes which have been shown to be at the root of the great infant mortality in all manufacturing towns, namely, lack of maternal care, and improper feeding. Diarrhœa would naturally be infinitely more fatal among children who were habitually neglected, and whose intestinal mucous membrane was already irritated with crude and indigestible food, and as these children would be chiefly found in the most densely-populated and insanitary districts, defective sanitation might be put down as a great and primary factor in increasing the mortality from this cause, when, after all, it is only a secondary and comparatively insignificant one.

The suggestions which the committee, on the recommendations of Mr. Fernie, Mr. Bland, and other witnesses, have offered with the view of putting a check upon the evils above exposed, are worthy of grave consideration, and might be turned to practical account not only in Macclesfield, but wherever the same conditions have to be dealt with, as those to which we have just drawn attention. These suggestions are: that mothers should be restricted from working for a limited period before and after confinement; that *creches* or nursing homes should be established under medical inspection; that the sale of narcotics and noxious drugs should be limited; that a more rigid inquiry should be made into the cause of all uncertified deaths and medical evidence taken; and that all available means be adopted to enlighten ignorant parents as to their responsibilities and duties. Were these steps taken no doubt the condition of the infant population of all manufacturing towns would be materially ameliorated. We say "all manufacturing towns" advisedly, for while we are writing these lines we hear that a meeting has just been held at Birmingham to consider the present high rate of infant mortality in that town. The Mayor presided, and was supported by Mr. Alderman Chamberlain, M.P., and other gentlemen of position. Resolutions were passed deploring the present rate of infant mortality, a large proportion of which arose from preventible causes. We also agree with Mr. Fernie that it would be well if the above suggestions were incorporated in a memorial to Mr. Cross, so that he might have the opportunity of embodying some of them in the Bill on "Factory Legislation" he is to introduce next session. At any rate something will have to be done; for it is a reflection upon either our immorality or our insanitation to be told that although the general death-rate of the country has been decreasing, there is a higher rate of infant mortality in England at the present time than there was thirty-five years ago.

Of all the suggestions that have been made in connection with this subject there is none of so much importance as that respecting the introduction of *creches* or day nurseries in all manufacturing towns. The fact that "during the first year the mother rarely sees her infant child during the day" is a monstrous evil, and one for which no amount of sanitary improvements will compensate. Take away from an infant suitable food, warmth, cleanliness, and other advantages involved in the maternal care of a child, and the most perfect drainage, the most improved sanitary arrangements of the house and district, and even the most temperate habits on the part of the parents, will be utterly powerless to stem the torrent of mischief and untimely deaths arising from the neglect, we might almost say, slow starving, of infants during the first year of their existence. We would therefore impress upon the authorities at Macclesfield, Birmingham, and other towns of the same description the necessity of making the establishment of these day nurseries their first consideration, and it is to be hoped that the benevolent public and our great philanthropists will assist as much as they can in carrying out so praiseworthy an undertaking.

Notes on Current Topics.

The Registrar-General's Quarterly Return.

THE Registrar-General's Return for the quarter ending September 30th is, on the whole, very satisfactory. The death-rate is extraordinarily low. It is 17·7 per 1,000, and thus approaches, says the Registrar-General that 17 after which the country is aspiring; it is 3·1 below the summer average, 12,000 lives less than in the summer of 1875, 10,000 less than in the summer of 1876, succumbed to diseases or injuries of various kinds. Infants escaped to an unusual extent; and a great part of the gain may be traced to the subsidence of diarrhœa and some other diseases which usually predominate in the heat of summer. Infant mortality was nearly a quarter below the average rate in the seven preceding corresponding quarters, which was equal to 182 per 1,000 births; in other words, nearly 10,000 children under one year of age in England and Wales survived the summer quarter of this year, who must have died had the rate of infant mortality equalled the average rate. In fact, the rate of infant mortality in England has showed a decided decline in recent years, without taking into account the exceptionally low rate above mentioned. There is, however, one place in which this rate has been lamentably high. For while it did not exceed 120 and 136 in Oldham and Bradford, 223 and 225 in Liverpool and Hull, it was 304 in Leicester. Difference of opinion, we are told, still prevails as to the actual causes of this startling sacrifice of infant life in Leicester.

With regard to the mortality from zymotic diseases the low death-rate from diarrhœa is very remarkable, and it is chiefly owing to the absence of the great heat that usually prevails during the summer months. In July and August the temperature was moderate, while in September it was exceptionally low. During the quarter

there were only four days on which the highest reading of the thermometer in the shade touched 80°. Indeed the past summer quarter has been the coldest on record since the memorable cold and wet summer of 1860; the death-rate from diarrhœa was also considerably lower than in any summer since 1860. Cold summers cause low death-rates from diarrhœa, while it is equally certain that hot summers like that of 1868 cause excessive rates from the same disease. This fact would seem to show that the prevalence of diarrhœa is not to be so much imputed to bad drainage and other insanitary conditions as some would have us believe; while it also shows what good effects may be expected from the treatment of this disease, with cold effusion, cold bathing, and other means calculated to reduce the abnormal temperature of the body. Of course, there are other conditions which will make diarrhœa more prevalent or more fatal in one place than in another; and as a rule the fatality of this disease bears a defined relation to the proportion of the population living in urban districts. Nor is it infant mortality from diarrhœa that is alone affected by the temperature of the season; for we learn from this report that the mortality at all ages last quarter, after due allowance for the increase of population, was 13·7 per cent. below the average mortality in the seven preceding summer quarters.

Lastly, the continued steady decline in the mortality from *fever* supplies, says the Registrar-General, a triumphant reply to those who assert that English mortality statistics afford no evidence of sanitary progress. During the three months ending September last, 2,100 deaths were referred to fever, a number which, notwithstanding the increase of population, was considerably below that returned in any quarter for which records are available.

Gale after his Walk.

Two or three days ago Mr. Gant gave us and a few other medical men the opportunity of interviewing this great pedestrian at the Royal Free Hospital, when an examination of his general health and condition after the successful accomplishment of his stupendous task quite convinced us that he had suffered little or nothing from his extraordinary exertions. At all events, his recent feat did not appear to have been attended with those suicidal results which some had predicted. Making allowance for some dissipation in which he had indulged the night previously, he was in a fair state of health. He looked well; presented no jaded appearance; his eyes were clear and bright; and his expression, if not animated, was natural and composed. His pulse was 77, regular, full, and strong; the temperature 98; the respiration 14. The heart sounds, impulse, and area of percussion-dulness were natural, and there were no signs of either incipient dilatation or hypertrophy of that organ. An examination of the lungs was equally satisfactory, not revealing any signs of emphysema, or any other mischief. The urine was rather below its usual sp. gr., but otherwise it was normal, and there was no albumen. His tongue was clean, and his appetite and digestion pretty good.

The general appearance of the man, however, was somewhat remarkable. There was not one feature about him characteristic of the "athlete." If he were placed among any hundred individuals taken at random from the streets, he would be the very last person to be picked out by a stranger as the man who had performed these extraordinary feats of pedestrianism. Short in stature, small in limb, having neither a broad chest, thick neck, or hard and well-developed muscles, he presented a *physique* the very reverse of that which is generally supposed to characterise those who are gifted with extraordinary strength. Nor did his muscles present that hardness and tonicity which any five out of ten ordinary men can boast of. Even the muscles of the calves of his legs were remarkably lax, flaccid, and wanting in tonicity. nor could he by any voluntary effort make them so hard to the feeling as many can who are far inferior to him in power of endurance.

In fact, his general *physique*, coupled with his recent exploits, is a good exemplification of the great difference there is between great muscular strength and the power of undergoing without much fatigue prolonged and extraordinary exertion. As a prizefighter, as a wrestler, as a carrier of heavy weights, he would probably cut no better figure than any one of the thousands who witnessed his remarkable feats at Lillie Bridge or the Agricultural Hall. Great powers of endurance, under the most trying conditions, do not depend so much upon the size of the muscles and the width of the chest as upon a certain strength of constitution, upon a potentiality of nervous force or energy, and, perhaps, even upon an indomitable spirit and force of will, that are quite independent of great muscular strength. Those athletes who have been most remarkable for their great strength, and who most nearly approach the ideal representations of the old painters and sculptors, have been by no means remarkable for strong constitutions. They are generally, as the insurance officers would say, "bad lives," and they seldom get beyond the average span of human existence. Gale's case, therefore, is not only in some respects an instructive one, but somewhat reassuring to those who, because they are not blessed, as they think, with any of the usual characteristics of strength and powers of endurance, have little confidence in themselves, fail to gauge the actual extent of their capabilities, and, from sheer ignorance, allow energies to lie dormant which might be made to answer some useful purpose.

Chloroform Hallucination.

A FORTNIGHT since, at the Northampton Assizes, George Howard, surgeon, was indicted for rape on Fanny Child.

The offence charged was alleged by the prosecution to have been committed while the prosecutrix was so far under the effect of chloroform or chloric ether as to be speechless and motionless, but not unconscious. The defence set up was that the prosecutrix was under the influence of chloroform to such an extent as to have caused her to imagine that to have been done which she described.

For the defence, Dr. B. W. Richardson was called, and stated from the evidence in the presence case he should say that the patient had reached the second stage. The usual symptoms accompanying that stage were loss of consciousness and, in the case of women, development of any hysterical tendencies, any operation being impossible at this stage, the patient resisting and screaming if touched,

It was at this period that the patient was subject to illusions. A person who was deprived of the power of motion by chloroform would, in his judgment, be deprived of the power of sight. He knew from his own personal experience that persons in the second stage were subject to delusions as to what had been done to them during the time. He gave an instance of a lady who, in the presence of himself, her father and mother, and a dentist's assistant, while under the influence of chloroform, brought a charge against the dentist who was operating upon her precisely similar to the one in the present case, and continued firm in the belief that the charge was well founded long after the influence of the chloroform had passed off, and probably still continued in that belief.

The other medical witnesses who were called, and who expressed their concurrence in Dr. Richardson's evidence, were Mr. Mills, administrator of chloroform at St. Bartholomew's, Dr. Hawksley, Dr. Saundly, of Birmingham, and Mr. West, senior surgeon of Queen's College Hospital, Birmingham. It was stated that all the medical witnesses for the defence had come forward to give their evidence entirely gratuitously.

The jury returned a verdict of *Not Guilty*. The judge said that no one could now doubt that the prosecutrix honestly believed that she had been assaulted in the manner she had related, and no one could now doubt that she was mistaken in that belief.

The case was one of extreme importance to the profession, and is eminently suggestive of the risks which medical men run who are so indiscreet as to administer an anæsthetic without the presence of a witness. Although—as in this case—an honourable acquittal may be the upshot of the affair, we all know that accusation is equivalent to condemnation in the minds of malevolent people, and professional ruin is the result. The surgeon on this occasion placed himself—by an indiscretion—in a terrible situation, and we are gratified to observe that he was not deserted by his brethren in his dire emergency.

Hygiene for the Masses.

Since the passing of the Public Health Act many attempts have been made in London and other large cities by means of popular lectures, essays in simple language, and other ways to enlist the interest of the working classes in matters pertaining to public and personal hygiene. These efforts have had the best results, although much yet remains to be done before that great enemy of sanitarians, indifference, is pulled from its pinnacle amongst the masses. The Society of Arts has effected much for London, and now Manchester follows in the wake with a series of five lectures, commencing to-day, under the auspices of the Manchester and Salford Sanitary Association. Few large towns stand in greater need of sanitary reform than Salford, and we hope these lectures may be printed and distributed *ad libitum* amongst the inhabitants of the fever dens of that town. We would welcome a similar course for Dublin, Oldham, and one or two other cities where it is so sadly needed. We append a list of the Manchester lectures :—

Nov. 28. "Pure Air, and its influence upon Health." By Arthur Ransome, M.A., M.D. Dec. 18. "Clothing in relation to Health," By John Haddon, M.A., M.D. Jan. 15. "A Healthy Skin," By W. J. Sinclair, M.A., M.D. Feb. 12. "The Dwelling-house in relation to Health," By Henry Simpson, M.D. Mar. 5. "Why little Children die," By H. H. Vernon, M.D., Medical Officer of Health, Southport. Mar. 26. "Our Food, and how it is Adulterated," By C. Estcourt, F.C.S., Public Analyst for the City of Manchester.

The Obligations of the Red Cross Surgeons.

We trust there is some exaggeration about the statement that Dr. Douglas, immediately he fell into Russian hands, related stories prejudicial to the Turks. The fact has naturally caused a strong feeling at Constantinople against the Red Cross Society; and Dr. Kennet has issued a circular pointing out to the doctors that in the event of their being captured they ought on no account to give any information which could militarily or politically prejudice the army with which they have been serving. We regret that an occasion should have arisen for the issue of such a warning to the surgeons of the Red Cross Society. It is to be hoped that so valuable a society as this is will never be discredited by its surgeons "volunteering" information detrimental to the army with which they are acting. As Englishmen, as gentlemen, and as members of an honourable profession, it is their duty to avoid falling into an error of this kind.

The Professorship of Anatomy in the Galway College.

This office has been conferred on Dr. Pye, Professor of Materia Medica in the College. Dr. Pye, during his studentship, had been a Gold Medallist of the University, and, before his occupation of the Chair of Materia Medica, was a Demonstrator of Anatomy in the College. For the Professorship of Materia Medica, Dr. Rice, of Galway, is a candidate. He is the consulting sanitary officer of the district, and contributed to our pages some time since an interesting article on the "Action of Veratrum Viride."

Hospital Saturday and Sunday in Liverpool.

It was stated that the amounts contributed in the five years were: 1873, £9,821; 1874, £11,185; 1875, £9,716; 1876, £9,946; and 1877, £10,019. The Mayor remarked, at the annual meeting, that he felt justified in assuming that the institution might be depended upon to yield at least £10,000 a year, which, capitalised at 5 per cent., represented the magnificent sum of £200,000.

The annual rates of mortality in foreign cities, according to the most recent weekly official returns were, Calcutta 37, Bombay 46, Madras 100; Paris 22; Geneva 21; Brussels 21; Amsterdam 21, Rotterdam 18, The Hague 19; Copenhagen 23, Stockholm 31; Christiania 16; St. Petersburgh 30; Berlin 22, Hamburg 21, Dresden 25, Breslau 26, Munich 31; Vienna 24; Buda-Pesth 35; Naples 24, Turin 25, Venice 23; Alexandria 40; New York 26, Brooklyn 18, Philadelphia 16, and Boston 21 per 1,000 of the population. Cholera caused 39 deaths in Calcutta, 45 in Madras, and 11 in Bombay.

At the last examinations (Nov. 13, 14, 15), for the

M.R.C.S. Eng., there were 81 candidates, 50 acquitted themselves to the satisfaction of the Court of Examiners and obtained their diplomas, 9 passed in Surgery, and when qualified in Medicine will be admitted Members, and 22 were referred for six months' further professional study.

THE annual death-rate last week from the seven principal zymotic diseases average 3·4 per 1,000 in the large towns of the United Kingdom, and ranged from 1·2 and 1·5 in Oldham and Brighton, to 4·7 and 7·1 in Manchester and Wolverhampton. Scarlet fever caused 6 more deaths in Wolverhampton, and fever (principally enteric) 5 in Salford. In London 14 fatal cases of small-pox were registered; no death from this disease was returned in any of the other large towns.

AN attempt at assassination of medical men was made last week at the public asylum at Cadillac (Gironde). A lunatic who, for ten years had shown no sign of dangerous insanity, struck the chief physician a blow on the right side with a knife, which he had concealed in the kitchen. The wound was however, not severe. He afterwards attempted to stab the resident surgeon, but the blow being parried, wounded a nurse slightly.

DR. STOKES, of Dublin, the distinguished physician, and Regius Professor of Physic in the University of Dublin has, we regret to say, been stricken with apoplexy, and continues in a state which leaves little hope of restoration, even to moderate health. There is pronounced hemiplegia, but the patient is able to converse, and to take a reasonable amount of nourishment.

THE mortality last week in the four principal cities of the United Kingdom per 1,000 of the population was 17 in Edinburgh, 21 in London. 22 in Glasgow, and 28 in Dublin. In the other large towns Oldham had the highest death-rate, 35 per 1,000, and Leicester the lowest, 13 per 1,000.

A PECULIARLY gratifying testimonial has just been presented to Dr. Bury, of Wisbech, consisting of a silver salver and a purse containing £130. The salver was inscribed: "Presented to John C. Bury, M.D. (accompanied by a purse of £130), by numerous sympathising patients and friends, upon his recovery from a long and painful illness."

THE Marquis of Bute has offered to build, at his own expense, and to present to the University of Glasgow, the grand hall of the new buildings, according to designs proposed by Mr. Gilbert Scott, R.A. It is estimated that the building will cost from £70,000 to £80,000.

ANOTHER step towards the civilisation of Africa has been made by this country; the King of Lucalla, a district lying to the south-east of St. Paul de Loanda, having been induced to enter into an engagement to put a stop to all human sacrifices amongst his people.

MISS O'FARRELL has bequeathed the sum of £3,000 for the erection of a monument in memory of her brother, the late Dr. O'Farrell, in Clarendon Street Chapel, and a statue to him in St. Vincent's Hospital, Dublin, together with £5,000 to this institution.

LORD SELBORNE was elected, on Thursday last, to the Lord Rectorship of St. Andrew's University, the polling at the close showing 79 for his lordship and 64 for Mr. Gathorne Hardy.

TRICHINOSIS has become excessively prevalent recently at Leipzic. All classes of the community, even the aristocracy, have been attacked by it, and at Stettin alone there were forty-one cases in one week.

AMSTERDAM is, henceforth, the seat of academic teaching, a new university having been opened there on the 15th of October.

Novelties.

RICHARDSON'S HYPNOPOIETIC.

A NEW solution of opium, bearing the name of Hypnopoietic, has recently been introduced by Messrs. Richardson and Co., manufacturing chemists, of Leicester. It is free of narcotina and the resinous elements, and is made of a strength corresponding to the tincture, so that the dose is the same for both preparations. Like the sedative solution and extract, it is superior to the tincture in that it is not so liable to produce headache and nausea.

Literature.

MESSRS. SMITH & CO.'S VISITING LIST FOR 1878.

THIS little annual has received an additional improvement in the form of a list of drugs and their doses, arranged in classes according to their therapeutical actions, so that the practitioner may readily assist his memory if requiring a variation in the drug of a particular order. On looking over the contents of this valuable little book, we find a vaccination notice, with a terse instruction; an almanack; a summary on the fees claimable by medical men; postal regulations; a calculation table of expenses, income, &c.; the pharmacopœial companion above referred to; an obstetric reckoner, and other important subjects. Notwithstanding the recent improvements, the price remains as before. Without the assistance which this little *brochure* provides, a practitioner in large practice, would scarcely be able to carry out his day's work.

THE JOURNAL OF PSYCHOLOGICAL MEDICINE. (*a*)

THIS number is replete with articles of the deepest interest. Dr. W. A. F. Browne, Ex-Commissioner of Lunacy for Scotland, contributes the second part of his "Religio-Psycho-Medici," which is characterised by the same lofty tone of thought and impartial spirit that have hitherto marked his writings. An article on "Sensational Science," by Dr. Winn, and one on "The Dillwyn Committee," by an anonymous writer, demand particular attention. The latter has treated the evidence of Dr. Lockhart Robertson and other witnesses with well-deserved ridicule. Of this committee, he justly observes, *Ex nihilo nihil fit.* "A

(*a*) "The Journal of Psychological Medicine." Edited by Dr. L. Forbes Winslow. New Series. Vol. iii. Part 2. London: Baillière, Tindall, & Cox.

Death-Blow to Spiritualism" is a capital exposure of one of the most successful forms of charlatanism of the present day. Our space will only permit us to allude to the excellent articles by Drs. Allen, Mann, Semple, Major, Sutherland, Boyd, &c., &c.

THE MECHANICAL DICTIONARY. (a)

This month's number of the "Practical Dictionary of Mechanics" runs from Bol to Box, and comprises very many articles and numerous illustrations. The work is not without interest even to those who are not mechanical in their tastes, for it gives the reader many interesting facts as to the history and antiquity of inventions which we had heretofore believed to be new.

THE COUNTRIES OF THE WORLD. (b)

The interesting narrative of the manners and customs of all nations, which Messrs. Cassell are issuing from the pen of Dr. Robert Brown, is continued this month through the American Continent, and includes the States of Louisiana, Texas, Maryland, and Virginia. The frontispiece is a beautiful toned print of a reach of one of the great inland rivers with a cotton steamer loading its cargo, and the other illustrations are, as usual, numerous and admirably executed.

Correspondence.

CURARA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As curara and its properties as a remedial agent have been of late frequently referred to in your columns, we think that the following account of the drug and of the mode in which we prepare it for the use of the profession may be acceptable to your readers.

Curara is an indefinite substance, the botanical origin of which is still uncertain; it is, however, the juice of some plant solidified or dried with variable quantities of extraneous matter, as earth, &c. The active principle in this drug is an alkaloid obtained by Boussingault as a non-crystalline yellow horny mass, deliquescent, capable of turning red litmus blue, and uniting with acids to form salts, &c.

Although curarine, the alkaloid of curara, possesses some of the characteristics of strychnine, sufficient proof has been obtained that it is totally distinct from the latter, and neither brucine nor strychnine have been found in curara. The later researches of Preyer and Dragendorf have resulted in obtaining crystallised salts of curarine with hydrochloric, sulphuric, and other acids, and the physiological action of curara and curarine has been reported upon by M. Bernard (*Compt Rend.*)

In your last issue you mentioned some hypodermic discs of curara, which were of course made by us. When we first prepared curara discs the strength of each disc was 1-200th of a grain, but we noticed in preparing the solution of curara, that the amount of soluble extract *varied greatly*, and this circumstance induced us to increase the proportions.

Subsequently, we were requested to make for one of the London hospitals discs containing 1-20th and also 1-10th of a grain of curara, and these discs we prepare with the alkaloid curarine in order to ensure uniformity and produce definite physiological results.

A cure of tetanus, treated at one of the London hospitals (by means of these discs) has been already reported by one of your contemporaries, thus proving their reliability in the treatment of violent spasmodic disorders.

It is quite possible that a solution of crude curara may contain irritant and inert matters, and we therefore think that the curarine discs are preferable on account of their absolute certainty as to dosage.

With this we have the pleasure to send for your inspection specimens of other hypodermic discs, such as colchicia, pilocarpine, and eserine, which we have recently brought to the notice of the profession, with most satisfactory results.

We, are, &c.,

Savory and Moore.

New Bond Street, London, W.

PLURALISM IN HOSPITAL APPOINTMENTS.

The King and Queen's College of Physicians in Ireland has been, and may probably continue, to be the arena of a contest which is not only of local interest to the profession, the University of Dublin, and the College itself, but in principle to medical men everywhere. The facts are these:—The School of Physic, most of our readers know, is the Medical School of the University, and it is officered by "University" Professors and by "King's" Professors, the former of whom are nominated by the Board of Trinity College, and the latter by the Fellows of the College of Physicians, each nomination being, however, subject to the approval of the other body. If either institution makes any regulation in reference to the School of Physic, it is bound to forward that regulation to the other body for approval, and, if that approval be not given, an appeal may be made by the dissenting institution to the visitors of the other, who finally decide the dispute. Now, by the School of Physic Act, 40 Geo. III., cap. 84, it is provided that all "King's" Professors shall be, *ipso facto*, physicians to Sir Patrick Dun's Hospital, and no provision is made for any relaxation of this rule. Accordingly, up to the 21st of February, 1868, the Professors, though they might and did hold other hospital appointments, were also physicians and clinical teachers at Sir Patrick Dun's. In 1867, however, an Act to amend the School of Physic Act was passed (30 Vic., cap. 9), and its 4th section provided that, "In case any King's Professor shall neglect to attend said hospital, or deliver clinical lectures, as required by said Act, it shall be lawful for the Presidents and Fellows of the King and Queen's College of Physicians . . . to dispense with his delivery of such lectures, and in such case it shall be lawful for the Presidents and Fellows to appoint a physician or surgeon to attend said hospital and deliver clinical lectures, in place of the Professor so neglecting," and the deputy was to be paid the accruing fees. Immediately upon the passing of this Act, and power being given by it for the first time to appoint a deputy, the following resolution was, on the 21st of February, 1868, submitted to, and adopted by, the College of Physicians:—

"That in future no King's Professor in the School of Physic shall be allowed to hold an appointment as Medical Officer to any Clinical Hospital other than that of Sir Patrick Dun. This rule not to affect existing arrangements."

This regulation, it will be observed, after its confirmation by the Board of Trinity College, bound the Professor to give up his second hospital, and devote all his time to Sir Patrick Dun's, or else to submit to the appointment of a deputy, and lose the clinical fees. It was, in fact, a blow at pluralism in hospitals, and an effort to bring Sir Patrick Dun's to the most efficient standard as a teaching institution. It was, however, unacceptable to the Professors, one of whom resigned his chair, and the other of whom submitted to the appointment of a deputy sooner than resign his second hospital. It will be seen, however, that the direct and immediate effect of such a reso-

(a) "Practical Dictionary of Mechanics." By Ed. H. Knight., Part XI. Pp. 30. London: Cassell and Co.

(b) "Countries of the World." By Robert Brown, M.A. F.R.G.S. Part XV., 4to., pp. 30. London: Cassell and Co.

lution was to close the King's Professorship to every hospital surgeon in Dublin unless he accepted the chair with the penalty of resigning his first hospital—and, *pro tanto*, it made the School of Physic the pocket-borough of Sir Patrick Dun's Hospital. In this view of the matter, the question has now been resuscitated by the younger Fellows of the College of Physicians, who, holding already good hospital appointments, and being unwilling to exchange for the Physiciancy of Sir Patrick Dun's, find themselves shut out from the King's Professorships by the above resolution. Accordingly, a resolution was moved in the College of Physicians, on the 2nd of November last, by Dr. Grimshaw, to the effect that this resolution should be rescinded, the ground for that proposition being that the School of Physic Amendment Act, by giving power to appoint a deputy, recognised a method by which a King's Professor might retain his first hospital appointment, and be disconnected from Sir Patrick Dun's Hospital. After an animated debate, the resolution was carried by the casting-vote of the President. The determination thus arrived at was, however, subject to approval by the Board of Trinity College, and that body refused its *imprimation*, stating their reasons as follows :—

1. They believe that it is impossible for any man to discharge efficiently the duties of Medical Officer in two Clinical Hospitals.

2. They believe that it is essential to the prosperity of the School of Physic that the public lectures of its Professors should be supplemented by their Clinical teaching in a hospital intimately connected with that school, and that the theoretical instruction given in the lecture theatre in medicine, surgery, and midwifery should be illustrated in practice by the Clinical teaching of the same Professors. The great Medical Schools of London and other centres of medical education have either sprung up naturally from hospitals, or, where such an adjunct was wanting, it was found necessary to supply it by building and endowing hospitals for the special use of the schools.

(N.B.—This is well exemplified in the case of both the Colleges of London University, which founded respectively King's College Hospital and University College Hospital.)

3. The complete union between the School of Physic and its proper hospital, which the Provost and Senior Fellows consider essential to the prosperity of the school, did not exist until 1867, when the Amendment Act (School of Physic, Ireland) was passed, remedying the insufficient instruction then given in Sir Patrick Dun's Hospital by introducing into that hospital the practical teaching of surgery and midwifery, in addition to that of medicine. The reform of the hospital teaching of the School of Physic, contemplated by the Amendment Act, 1867, was completed by the joint action of Trinity College and the College of Physicians by the passing of the Resolutions in 1868, which require the University and King's Professors to confine their Clinical teaching to Sir Patrick Dun's Hospital. The proposed rescinding of one of these Resolutions would amount to a reversal of the policy of the Amendment Act, which has greatly benefited both the hospital and school.

Upon the bringing up of the dissent of the Board before the College of Physicians a further discussion ensued, and the College eventually receded from its position and re-enacted the obnoxious rule by a majority of four votes. Thus the matter now stands, and it remains to be seen whether any effort will be made by the Fellows of the College, who feel themselves aggrieved, to reopen the question. Meanwhile, the profession has before it two subjects for its consideration, which arise out of the dispute, firstly, the impropriety of pleuralism in hospital appointments, and secondly, the propriety of free trade in school teaching ; and these questions may be viewed from three standpoints, those of Sir Patrick Dun's Hospital, the University, and the profession at large. As to the undesirability of hospital plurality, there ought to be a consensus of opinion in all parties, for it does not seem to admit of anything being said in its favour, inasmuch as it is bad for the hospital, which is deprived of the first energies of its surgeon, bad for the pupil who receives the benefit of but half his monitor's teaching power, and bad for the surgeon himself, who, in the attempt to cope with two duties, fulfils neither function to his own satisfaction or to the advantage of class or patients. Everyone will, therefore, cordially approve any rule which has for its object to isolate the energies of an hospital medical officer in his own institution. Opinions will differ more widely, however, upon the policy of making a Professorship in the University School the appanage of a particular hospital, and each party interested will, no doubt, take a different view.

Sir Patrick Dun's will naturally give a cordial approval to the arrangement because it ensures a permanent and remunerative following of university students who, as a matter of course, will follow their professors to whatever hospital wards they may be obliged to visit. The King's professors and the connection of Sir Patrick Dun's with the university are, thus, a nice little property for the institution, which it very reasonably desires to retain, and which it accordingly defends by a resolution of its Board which—as it emanates from a conclave of eminently respectable gentlemen looking, in duty, solely to the interests of the hospital—we do not care to print. The Board of Trinity College may, perhaps, be not quite so well satisfied with the rule. They may have doubts that the obligation upon the professors of their school to restrict their practice to an hospital to which they may not care to belong, is beneficial to the school. They may fear that an arrangement which obliges their professor to cut himself off from the institution with which he has acquired a close connection will end in their contenting themselves with professors who have no hospital connection worth losing. Nevertheless, we expect that the Board of Trinity College will accept the arrangement as they find it, and be disposed to re-enact the arrangement which their grandfathers enacted. The profession at large will, however, take a decided and different view of the matter, for, being uninfluenced by the intrinsic interests of Sir Patrick Dun's or the ingrained sentiments of the Board of Trinity College, they will look at the matter simply as a question of free trade.

Protection of special interests in medical teaching is decidedly out of date, and the University gave it its death-blow in Dublin when it dispensed with the Annus Medicus which each Trinity College student was formerly obliged to attend in the School of Physic. It is hardly to be expected that a connection with any particular hospital can be of value to the University School, and it is pretty clear that a restriction upon the competition for its professorships must work disadvantageously. In any case the mind of the profession is decided that the best man should occupy the chair of a King's Professor in the School of Physic, no matter what hospital he visits, and it cannot approve any restriction of this simple theorem.

His Royal Highness the Duke of Connaught has notified to the Hon. Secretary, the Rev. Canon O'Brien, LL.D., his consent to become the Patron of the Cork Ophthalmic and Aural Hospital, accompanying his intimation with a donation of £20 to the funds of the institution.

We regret that we are unable to report any material improvement in the condition of Mr. Corley, Surgeon to the Richmond Hospital, Dublin. He is in a precarious condition. Dr. John Eustace, of Glasnevin, whose illness from typhoid we noted in our last, is, we are gratified to hear, somewhat better.

The Unhealthiness of Dublin.

The latest return of the Irish Registrar-General shows the health of the city of Dublin in even a worse light than any of its predecessors to which we have alluded. The death-rate for the week ending November 17th, was 28·1 per 1,000 of the population. That of the closely populated and badly situated town of Glasgow was only 22·0, that of London 21·2, and that of Edinburgh, the city with which

Dublin might justly be compared, was only 16·9, a difference of nearly 50 per cent., against Dublin. This excess represents an absolute decimation of the inhabitants, considering that there is no epidemic nor any unusual circumstance to justify such mortality, and bearing in mind that it is, in a greater or less degree, the constant condition of the city. Matters have at length reached such a condition that further loss of life cannot be permitted. The deeds of the Public Health Committee of the corporation cry aloud for condign punishment.

Royal College of Surgeons of England.—The following gentlemen passed the required examination for the diploma of Member at a meeting of the Court of Examiners on Nov. 15th. :—

Brindle, R. Francis, Liverpool.
Chapman, H. Frederick, Richmond.
Colquhoun, Daniel, L.S.A., Kennington.
Cressey, G. Henry, Tunbridge Wells.
Dingle, W. Alfred, L.R.C.P. Lond., Southampton.
Duke, G. Amas, L.S.A., Cornwall Road.
Flint, Arthur, Highbury.
Hammond, A. Billing, L.S.A., Queen Street.
Husband, W. Edward, York.
Johnstone, A. J. James, Kensington.
Love, H. Griffiths, Birmingham.
Master, G. Reginald, Norwich.
Parry, G. Hales, L.S.A., Dorking.
Rowe, B. Meredith, Wrexham.
Smith, C. Robert, Wolverhampton.
Teevan, Alfred, Richmond.
Trevan, F. Adolphus, Port Isaac.
Walsh, W. A. Stephenson, L.S.A., Worcester.
Willcocks, Frederick, L.S.A., Kensington.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

In consequence of pressure on our columns we are compelled to hold over several communications, letters, &c.

Dr. C. R. Francis, Sutton, Surrey, is thanked for his interesting communication, which will appear amongst our cases.

The Registrar-General for England.—We regret the trouble we have unavoidably put you to, and have to thank you for the statistical return in reference to hydrophobia you have so kindly and promptly forwarded.

Senex.—Thanks. Nitrite of amyl has been tried and failed.

Dr. Wilson.—We have read the report. In our tables will be found a case said to have been cured by electro-galvanism.

Mr. Tempest.—In our chapter on "The Curiosities of the Medical Literature of Rabies" you will find every remedy, charm, and superstition ever used.

The Registrar-General for Ireland.—Statistical return received, for which our best thanks are due.

Dr. H., Manchester.—We cannot insert the anonymous communication on this point. You can raise this question at the annual meeting; you will be supported. See *Spectator*, 19th inst.

Devon.—We do not know—original research—in what direction? chemical, microscopical, etiological, incubational, historical, bibliographical, geographical, curational, preventional; in fact, *all* researches are now being exhausted. Paper is not, it is cheap at present.

L. W., Birmingham.—Did you ever see "Hamlet" put on the stage with the part of "Hamlet" left out? He is somewhat similar. Of course, his book "On Rabies" can be copied from: that could be done for £5 by a copying clerk.

Army Medical Service.—The next examination for commissions in the British Army will be held at the Univiversity of London on February 11th. Full particulars will be found in our advertisement columns.

Hunterian Society of London.—This evening, at 8 p.m., Mr. C. H. Golding Bird, "On Sayre's Apparatus for Spinal Curvature, and further remarks on the Treatment of Strumous Glands by Electrolysis."

A Subscriber.—There is no such book published; the one nearest answering the title is "Robertson's Physiology and Diseases of Women, and on Practical Midwifery," published in 1851. The author has been dead for some years, and we believe no more modern edition has been published.

The Registrar-General for Scotland.—We are indebted for the very valuable statistical returns, and for your courteous reply to our inquiries.

The Superintendent of Statistics, Scotland.—Mr. W. Robertson is thanked for his official return, which will appear in a few weeks.

Zanthium Spinosum.—See our number June 11th, 1877, we have given there full particulars of this alleged remedy.

Member, British Medical Association.—We shall gladly publish your letter if you will sign your name to it. We have no desire to express an opinion as to the wisdom of spending £100 on proposed inquiry. As far as regards copying our lead we have no objection if it leads to a satisfactory result.

Mr. S. T.—We shall be glad to receive the letter. We have seen the communication to which you refer in the *Standard* of Nov. 22.

Caries.—Is not *Punch* always right? The spirit of *Punch* is powerful, proverbial, palatable, praiseworthy, and, *par excellence*, potent for preventing panic.

Veterinarian, Birmingham.—We have forwarded letter to gentleman named.

Mr. Sims.—By all means buy the preparation if you wish to promote the patient's euthanasia. Could you not kill him more scientifically with chloroform?

We have to thank numerous correspondents for papers sent, but they would save us trouble by marking the passages they desire to bring under our notice.

VACANCIES.

Addenbrooke's Hospital, Cambridge.—House Surgeon. Salary, £55, with board. Applications, under cover, to the Secretary before Dec. 17.

Ardwick Dispensary, Manchester.—Senior House Surgeon. Salary, £200, with residence and extras. Full particulars of Mr. A. Forrest, Heaton Moor, Manchester.

Birmingham General Hospital.—Obstetric Surgeon, Honorary. Ophthalmic Surgeon, Honorary. Resident Medical Officer. Salary, £130, with board. And a Resident Registrar and Pathologist. Salary, £130, with board. Applications to the Committee, under cover, to the House Governor.

Bristol Hospital for Sick Children.—House Surgeon. Salary, £100 per annum. Applications to the Committee, at the Hospital.

Clifden Union, Renvyle Dispensary. Medical Officer. Salary, £120. Election, Dec. 7.

Dunfanaghy Union, Falcarragh Dispensary.—Medical Officer. Salary, £100. Election, Nov. 28.

Galway Union Workouse.—Second Medical Officer. Election, Nov. 30th.

Inverness District Asylum.—Medical Officer. Salary commencing at £80, with board, &c. Apply to Dr. Aitken, at the Asylum.

Kent and Canterbury Hospital.—Surgeon on the Staff. Honorary. Applications to the Board of Management, Canterbury.

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board and lodging. Testimonials to the Chairman of the Committee before the 29th inst

Thurles Union, Moyne Dispensary.—Medical Officer. Salary, £120. Election, Dec. 11th.

Waterford District Lunatic Asylum. Resident Medical Superintendent. Full particulars to be had of the Under Secretary, Dublin Castle. (See Advt.)

APPOINTMENTS.

Clarke, Joseph, L.R.C.S.I., Medical Officer to the Bailieborough Dispensary, Bailieborough Union.

Collingwood, T., M.R.C.S.E., Medical Officer to the new Workhouse of the Rochdale Union.

Emmerson, J. B., M.R.C.S., Medical Officer of Health for the Local Board of Willington Quay.

Harrison, E. M., Assistant Medical Officer to the Charing Cross Hospital.

Leahy, A. W. D., Resident Obstetrical Officer to Charing Cross Hospital.

McKelvth, R., M.D., L.R.C.S.Ed., Medical Officer for the No. 4 or Cromer District of the Erpingham Union, Norfolk.

Pye, Mr. W., Lecturer on Physiology at St. Mary's Hospital Medical School.

Pye, Joseph Patrick, M.D., M Ch., Professor of Anatomy and Physiology at Queen's College, Galway.

Rowbotham, Mr. H. C., Assistant Surgical Officer to Charing Cross Hospital.

Births.

Allen.—Nov. 19, at Merion, Gorey, the wife of John Burgess Allen, M.D., of a son.

Carte.—Nov. 21, at the Military Road, Dublin, the wife of William Carte, L.R.C.S., J.P., of a daughter.

Nixon.—Nov. 19, at 32 Upper Merrion Street, Dublin, the wife of C. I. Nixon, L.K.Q.C.P.I., of a son.

Deaths.

Gimblett.—On Nov. 13, at Weston-super-Mare, John Gimblett, M.D., of Lydney, aged 37.

Hallett.—On Sept. 19, at Buninyong, Victoria, Australia, John J. Hallett, M.D., aged 69 years.

Jones.—On Nov. 4, at Beaumaris, Lewis Jones, L.R.C.P. Ed., aged 37.

Marson.—On Nov. 15, at Worthing, James F. Marson, F.R.C.S., upwards of 40 years Resident Surgeon at the Holloway Small-pox and Vaccination Hospital.

Millen.—On Nov. 16, at Elm Grove, Peckham, Stephen Richard Millen, L.S.A.L., aged 59.

Reid.—On Nov. 13, at Blue Anchor Road, eBrmondsey, Matthew Reid, M.R.C.P. Ed., L.S.A., aged 29.

IRISH POOR-LAW INTELLIGENCE.

THE INVESTIGATION AT MILTOWN-MALBAY.

A FORTNIGHT since we reported very fully the proceedings of an inquiry held at Miltown-Malbay, in reference to certain charges made against Dr. Hill, who had been lately appointed to the dispensary of that district, but whose appointment the Local Government Board refused to ratify in consequence of these charges. Upon the production of evidence at the inquiry, it turned out that the charges of drunkenness and other impropriety rested almost wholly upon the testimony of a woman of very doubtful character, and her evidence being discredited, the accusations totally broke down. Since then, the Local Government Board has expressed itself satisfied, and confirmed the election, and thereupon an extraordinary scene ensued, which is reported as follows in the *Clare Journal* :—

At 10 o'clock a.m., a rumour went abroad that a letter from the Local Government Board had been at the post office waiting for Dr. Hill, and crowds gathered to the door each anxiously inquiring of the other, "What is the result?" In a few minutes a messenger was dispatched for the doctor, who arrived in a short time. In a few minutes the envelope was torn off, when Dr. Hill with unchangeable countenance cried out "the appointment." No sooner had the words escaped from his lips, when three cheers for Dr. Hill, and the remainder of the committee who supported him, rang through the air. At 6.30 p.m., crowds gathered to the street, when all the windows were lighted; the band paraded through the principal streets, 150 able-bodied men marched four deep, with lighted torches, while to the front was a lighted tar barrel, mixed with paraffin oil, the blaze some twenty feet high. Some 2,000 people accompanied the procession, and the occasion was taken for the presentation of an address to the member of the committee who most actively sustained Dr. Hill.

The entire proceedings were, if prompted only by regard for Dr. Hill, and joy at his triumph, a most extraordinary demonstration of sympathy in which we heartily join. Such enthusiasm is, however, almost incomprehensible to us unless, indeed, the whole affair was one of the politico-religious rows which are the disgrace of Irish dispensary electioneering. We have no knowledge or concern as to the religious or political creed of Dr. Hill or his supporters, and we speak therefore, not in reference to them, but in our pardonable incredulity as to the magnanimity of the population of Dr. Hill's district, a disbelief derived from the experience of hundreds of sectarian contests fought over the person of dispensary medical candidates.

FEES OF MEDICAL WITNESSES ATTENDING CORONERS' INQUESTS.

IMPORTANT CASE.

COURT OF QUEEN'S BENCH, DUBLIN, Nov. 17th, 1877.

(Before the LORD CHIEF JUSTICE, Mr. JUSTICE O'BRIEN, Mr. JUSTICE FITZGERALD, and Mr. JUSTICE BARRY.)

THE QUEEN *at the Prosecution of* ARCHIBALD HAMILTON JACOB, M.D. *against* GEORGE WM. FINLAY, *Auditor of Accounts for the Local Government Board.*

MR. PURCELL, Q.C., with whom was Mr Furlong, instructed by Mr. Clifford Lloyd. applied in this case to have a conditional order for a *certiorari* made absolute to bring up for review all orders of allowance and all allowances made by the auditor in his audit of the public accounts of the borough of Dublin for the year ending 26th August, 1876, in respect of certain payments in the nature of fixed salaries, amounting to the sum of £150, made by the corporation of the city of Dublin, to the medical witnesses employed by the respective coroners for the city during the year ending at the date above named, on the grounds that such payments were made contrary to law, especially in this respect; that they were made by way of fixed salaries each to a single medical practitioner employed by each coroner respectively as medical witness at all inquests held by the coroner within his district, without regard to the locality where the death occurred, instead of by way of fees as occasion required, to a legally qualified medical practitioner, being at the time in actual practice at or near the place where each death happened; and also the payment by way of salariy is contrary to public policy and to the letter, spirit, and intention of the statutory provision in that behalf.

Mr. Purcell Q.C. said: I appear for Dr. Jacob, a ratepayer of the city of Dublin, but in reality the case is substantially brought forward by the Irish Medical Association, in order to have the opinion of the Court on the construction of the Act of Parliament. Formally the case is, "The Queen at the relation of Dr. Jacob *v.* Public Auditor." The *certiorari* was granted for the

purpose of bringing up the decision of Mr. Finlay, the Public Auditor, allowing certain payments made by the corporation. I want to have these payments disallowed. It is not the usual application made in this Court by Mr. Finlay; it is an application to have disallowed certain payments made by the corporation, for the attendance of medical witnesses before the coroner during the financial year, ending the 26th August, 1876. The question turns upon the construction of certain sections of the Coroners' Act, 9th and 10th, cap. 37. I think the more convenient course to adopt, would be to call your Lordship's attention to the provisions contained in these sections before I come to the acts on which we rely.

The Chief Justice—How is the Irish Medical Association prejudiced?

Mr. Purcell—The parties really moving in the matter are the Irish Medical Association, but the case is brought forward in accordance with law by Dr. Jacob, who is a ratepayer of the city of Dublin. He objects to these payments being allowed.

Mr. Justice O'Brien—What is the interest of the Irish Medical Association in the matter?

Mr. Purcell, Q.C.—We complain that a permanent medical witness has been appointed, whereas the Act contemplates that the medical evidence shall be taken from the particular practitioner who saw the deceased person, and not be confined to an individual; secondly, that the witnesses shall be paid by fees and not by a fixed salary given to a permanent medical witness. The 33rd section of the Act is as follows:—"And be it enacted that from and after the passing of this Act, in all cases where any coroner shall hold an inquest upon any dead body, and shall deem the attendance of some medical witness to be necessary at such inquest, he shall summon as such witness any legally qualified medical practitioner, being at the time in actual practice at or near the place where such death happened; and it shall be lawful for the coroner, at any time between the issuing of such summons, and the termination of such inquest, to direct the performance of a *post-mortem* examination by such medical witness, provided that if any person shall state upon oath before the coroner, that in his or her belief the death of the deceased individual was caused partly or entirely by the improper or negligent treatment of any medical practitioner or other person, such medical practitioner or other person shall not be allowed to perform or assist at the *post-mortem* examination of the deceased." The 28th sec. provides: "And be it enacted that it shall and may be lawful for any coroner who shall hold any inquest to pay any medical or other witness who, having been summoned by him, shall attend and be examined at such inquest, or to any other person who shall do or perform any matter or thing relating to such inquest in pursuance of the order of such coroner, or to the owner or occupier of any private house (not being related to or connected with the deceased) who shall afford the accommodation necessary for the deposit of such body or for the holding of such inquest, any sum or sums of money, not exceeding the sum contained in the schedule (C) hereunto annexed, as to such coroner shall seem just and reasonable, upon obtaining from such witness or other person a receipt duly signed for such payment; and the said coroner shall deliver all such receipts, together with the abstract and accounts of such inquest, to the secretary of the grand jury, acting in and for the county, riding, or division, county of a city, county of a town, or borough, as the case may be, for which or for any district of which he is a coroner." Then by the 29th sec., it provides that the grand juries to present for such sum or sums of money as they shall deem necessary for the expenses of inquests and payment of medical witnesses. The fiscal powers of the grand jury were by the 12th and 13th Vic., cap. 39, sec. 41 (the Dublin Improvement Act) transferred to the corporation of Dublin, and they have now the payment of the expenses which under the Coroner's Act were formerly paid by the grand juries.

Mr. Justice O'Brien—What has Mr. Finlay done in this case

Mr. Purcell, Q.C.—The corporation made certain payments, and in the month of March last, Mr. Finlay in the discharge of his public duty as public auditor, audited the corporation accounts. Dr. Jacob instructed Mr. Lloyd, his attorney, to attend the audit to make certain objections to the accounts of the corporation in respect of certain payments made to Dr. Egan for attending inquests that year as a medical witness. I will now call your attention to the grounds on which Mr. Finlay was called on to disallow those payments. Counsel then read the affidavit made by Dr. Jacob, on which he obtained the conditional order. It stated in the sixth paragraph, that at present one and the same medical practitioner was employed to attend all inquests held in Dublin without regard to the locality in which the death might occur. That such medical officer was paid £150 per annum, in quarterly payments instead of the statutable fee of £1 1s. for attending each inquest as provided by the statute. Counsel resumed—Since the passing of the last Coroner's Act, one coroner has been appointed for the whole of the city of Dublin. At the time Mr. Finlay audited the accounts, there were two coroner's and two medical witnesses. The medical witnesses received £75 each by half yearly payments, and these are the payments that were objected to by Dr. Jacob. He objected to the payment of medical witnesses by fixed salaries on the following grounds: and first, because of the 31st sec. of the 37th Vic., which provides that it shall be lawful for any coroner who shall consider any analysis of any matter or thing of or concerning any dead body necessary, to order and direct that such analysis be made by such legally qualified medical practitioner as he and the majority of the jury sworn upon any inquest, shall appoint; and he shall annex to the abstract and accounts of such inquest a certificate, to be signed by him, of such his opinion, and of the facts relating to such analysis, which certificate, together with the said abstract and accounts, shall be laid before the grand jury, &c., and it shall be lawful for the said grand jury to present to and for their treasurer, any sum of money not exceeding the sum of five guineas for the loss of time, labour, and expense incurred by such medical practitioner in consequence of making such analysis, as to them shall seem fit, &c. And then the coroner shall summon "any legally qualified practitioner being at the time in actual practice at or near the place where such death happened." The coroner is not authorised to summon the same medical practitioner at all inquests held in Dublin without regard to the particular locality; and we say that such a course of procedure is contrary to the provisions of the statute. Secondly, we say that inasmuch as the 28th sec. provides for the payment of medical witness by any sum or sums not exceeding the sum contained in the schedule (C), which schedule sets forth £1 1s. that therefore payment by a fixed salary is not legal. Mr. Finlay was of opinion that he ought to allow the payments, and he has given a certificate.

Chief Justice—It appears that Dr. Egan attended 101 inquests, and if he were to be paid £1 1s. for each, he should have been paid 101 guineas insted of £75.

Mr. Purcell—There is no controversy, my lord, about the number of his attendances.

Mr. Justice Barry—It comes to this, that it may be a very beneficial arrangement for the city, but the question is whether it is a legal one.

Mr. Purcell, Q.C.—Just so. The corporation have no power to pay 6d. except under the authority of the Act of Parliament, and if they make payments they must make them in accordance with the provisions of the Act. It is contrary to the terms as well as being against the policy of the statute, that the corporation should enter into an agreement for the payment of medical witnesses by fixed salary. In this case the corporation recognises the establishment of a standing permanent medical witness. The creation of that office is not provided for by Act of Parliament. On the contrary, witnesses shall be summoned *pro hoc vice*. The legislature did not contemplate the creation of such an office as that of a standing medical witness. The legis-

lature knows how to express its intention, and the intention was this, that the coroner should select each witness, the most proper in each particular case, and that he should pay him at a certain rate. The corporation says, "you shall appoint a permanent witness and not a movable witness, and though the legislature says the witness shall be paid at a certain rate, we shall only pay him so much, a fixed salary."

Mr. Justice Barry referred to the case of Hayes *v.* Corporation of Dublin.

Mr. Purcell—The principal is involved in that case as well as in the case of Wright *v.* the Liverpool Corporation. In Liverpool, the town clerk was, by Act of Parliament, entitled to receive certain fees as the remuneration of his office. He entered into a contract with the corporation, and instead of taking fees, which by virtue of his office he was entitled to take, he agreed with the corporation to accept a certain sum annually, and no more; and that he should bring the surplus into the Borough Fund. I don't see much difference between that case and this.

Mr. Justice Fitzgerald said he believed it was held in that case to amount to a sale of the office.

Mr Purcell repeated that the coroner had no power of appointment under the statute. We could not appoint any medical officer as a permanent witness. Power was given to the coroner to hold inquests, and to call in the assistance of a medical practitioner, one residing "at or near" the place where the death should have happened. Counsel urged that the appointment permanently by the coroner of any particular gentleman to act invariably and constantly as medical witness at all inquests, was an usurpation by the coroner, for he had no authority to appoint under the statute.

Mr. Justice Fitzgerald—Is he to call in the nearest medical witness, or a witness who is capable of making an analysis? The nearest medical witness might not be the most competent so make an analysis.

Mr. Purcell—There is power given to the coroner to to call in additional evidence.

Mr. Justice Fitzgerald—Must he first call in an ignorant witness because he is nearest?

The Chief Justice—In the country it might be a different thing, but I don't see that the same thing would apply to the city of Dublin.

Mr. Purcell—That is one of the questions I will ask your lordships to decide. I know that the contention on the other side will be that in the city of Dublin, the medical witness is at or near where the death happened, but I say that there is nothing in any of the sections giving power to the coroner to appoint a permanent medical witness. On the contrary, there is everything to show that it was not intended that a permanent medical witness should be appointed. We contend that it is injurious to the public interests that the coroner should bind himself to a particular medical witness. That individual may enter into a contract to take less than a reasonable remuneration for such services. I don't mean to make the slightest imputation on any gentleman concerned, but I submit that such an arrangement is calculated to produce this result—that if the medical witness is to take less than he is entitled to, it will lead to a very perfunctory discharge of his duty. I am now dealing with the payments made down to Aug. 1876. Up to that time there were two permanent medical witnesses, each paid £75 a year by the Corporation, no matter how many inquests they attended. Since then, under the recent Coroner's Act, there is only one coroner for the whole of the city of Dublin, and Dr. Egan, the sole medical witness, gets £150 per annum.

Mr. Justice O'Brien—What number of inquests were there?

Mr. Purcell—Mr. Finlay found in this case that there was a considerably larger number of inquests than would have earned each of the coroners £75; but what we complain of is, that as soon as each attended the number to entitle them to £75, that no motive remained to induce them to discharge their duties at the remaining inquests with care and attention. They had earned their salaries.

The Chief Justice—The case is similar to that of a gentleman of the Bar undertaking to do a certain amount of business at a fixed salary, and thereby depriving others of the chance of getting that business, and being paid for it by fees?

Mr. Purcell said that would be a similar case.

Mr. Justice Barry—Does it appear that the corporation were parties to this? Did Mr. Finlay assign any reason for it?

Mr. Purcell—He did assign a reason; he said that Baron Dowse, when he was at the Bar, gave an opinion on the matter to the effect that it was sufficient that the medical witness resided at any place in the city of Dublin; and, secondly, Mr. Finlay held that he should allow the payments, inasmuch as inquests to the number of 75 and more had been attended by the medical witnesses. Mr. Finlay has done us one very considerable service in bringing the matter before the Court, and clearing it from all ambiguity as to facts.

Mr. Justice Barry—Mr. Finlay in substance says this: "I have nothing to do with how you arrange the matter. Here are over 100 inquests attended, and only £75 is paid for the attendance of medical witnesses at them."

Mr. Purcell—We don't quarrel with the discretion exercised by Mr. Finlay. The only way in which we could have the opinion of the Court on the propriety of the matter is by traversing the conclusion arrived at by Mr. Finlay.

Mr. Justice O'Brien—The coroner appointed this gentleman *pro hoc vice*.

Mr. Purcell—I will show by a document that a special agreement was entered into with this gentlemen. I will show that from the statement of Dr. White himself, that document put by Mr. Finlay in his affidavit is a report made by the town clerk to the corporation, pursuant to the orders of the committee, as to the arrangement between the corporation and medical witnesses as to payment. It bears date 20th January, 1877. It is a report of No. 3 committee. Council read the report, which stated that in obedience to the orders of the committee that he should report on the position of the medical witnesses attending coroners' inquests, he had the honour to state that heretofore coroners appointed medical witnesses promiscuously under themselves, and that the sum presented annually in respect of the attendance of medical witnesses at inquests was so large that it was considered expedient to make some arrangement to curtail the expenditure; that a proposition was then made that a medical man should be specially retained, who would agree to attend for a fixed salary. An arrangement was then entered into between the corporation and the coroners, under which Surgeon Porter was appointed medical witness at £150 per annum, that Surgeon Porter undertook to make all *post-mortem* examinations, chemical analyses being excluded. Mr. Porter held the office for several years, and on his resignation the coroners rescinded their assent to the existing system. Each coroner then presented his own nominee to attend as a medical witness. Dr. Mapother did the duty for some time. No. 3 committee accepted the services of the gentlemen so nominated, and they divide equally between them the salary of £150 per annum, formerly paid to Dr. Porter, each doing duty alternately with the coroner. On the death of the late Dr. Kirwan, one of the city coroners, Dr. White was appointed, and Dr. Egan accepted the salary of £75 for six months' duty with him. In June, 1876, Dr. Wm. White died. Then Dr. N. C. Whyte was appointed sole coroner, and Dr. Egan was appointed sole medical witness. Council then said: I apprehend that under these circumstances there can be no controversy that it is by agreement between the corporation, the coroner, and the medical witness, that this permanent appointment has been made at this fixed salary. There is an affidavit made by the present coroner, and it comes substantially to the same thing.

Mr. Justice Fitzgerald—I believe there is an arrangement that if the inquests would not amount, at £1 1s. for attendance at each, to £150, that the amount should be reduced.

Mr. Purcell—There is no such arrangement.

Mr. Justice Fitzgerald—We may take it for granted that when Mr. Finlay comes to deal with it he will know nothing about the fees.

Mr. Purcell, Q.C.—We ask your lordships to rule on the construction of the Act—first, whether the coroner has any power or authority to appoint any permanent medical witness; and next, whether there is any power on the part of the coroner or the corporation to pay a fixed annual sum in respect of the attendance of medical witnesses?

The Lord Chief Justice—There was an old arrangement with Dr. Porter to that effect.

Mr. Purcell, Q.C.—I will read what Dr. Egan says. Counsel then read from the affidavit made by Dr. Egan that in the year in question he attended as medical witness at inquests held by Dr. N. C. Whyte, and that he attended in all 116 inquests; that he made *post-mortem* examinations; that in 1867, there being then two coroners, an arrangement was made by which the medical witnesses should receive £150 per annum. The office was previously held by Surgeon Porter. The two medical witnesses who then attended were paid the same amount, divided equally between them. Dr. Egan then said that when Dr. N. C. Whyte was appointed, he selected him to act in accordance with that arrangement. There was no arrangement as to his fees except that he was to accept the same as his predecessor, and in accordance with that understanding he accepted, from 1868 to the month of August, 1876, the sum of £75 yearly in lieu of all his fees. Dr. Egan took on with the arrangement, and the coroner agreed to be bound by it. He took whatever arrangement was in Dr. Porter's case, and under these circumstances it is not open to him now to say that there was no contract. The medical profession, or, at least, Dr. Jacob and the medical association, object to this as being calculated to dissever the public interest. In the first instance the legislature did not think it was best calculated to serve the public interest that there should be a standing medical witness.

Mr. Justice O'Brien—How is the money presented for?

Mr. Purcell—It is presented for expenses generally. The cheques are all made payable to particular individuals, and a cheque is made payable to Dr. Egan, and in the accounts the payments are made to Dr. Egan and not through the coroner. The cheques are made payable directly to the medical witness. Counsel then stated that Dr. Dudley White was paid £18 15s. each quarter, and Dr. R. Egan was paid £37 10s. each half-year. Within the year thirteen guineas were paid to nine independent medical witnesses, four of whom had made *post-mortem* examinations. He referred to this for the purpose of showing that the stipulated payment was made directly from the corporation to the medical witnesses. Whether the coroner gave a receipt for it or not he did know, but the Act of Parliament required that the receipt should be taken for each attendance and lodged with the corporation. The profession objected to an arrangement of this kind as being calculated to deserve the public interest. There was an obvious reason why the legislature should require that the medical witnesses should be resident in the place where the death occurred. He was for the most part conversant with the facts of the case.

Mr. Justice Fitzgerald—Assuming that the opinion of Baron Dowse, adopted by Mr. Finlay, is correct, is there anything in the act leaving the discretion to the coroner? May not the coroner always call in the same man?

Mr. Justice O'Brien observed that the coroner might consider that this gentleman was a very proper person to act as medical witness.

Mr. Waters, Q.C.—He swears he is.

Mr. Purcell—I am not instructed to question Dr. Egan's qualifications or competency. This case must be viewed with regard to possible evils, and having regard to the language of the Act. Why were the words "at or near" introduced into the section? A medical man residing in the locality, would, in all probability, be acquainted with the previous history of the case, and be able to throw light on the inquiry as to the cause of death. I don't think it follows that because there is some limitation or restriction as to the medical witnesses that the coroner must select a bad man. I believe there are few portions of Dublin in which a competent man cannot always be found. Counsel then referred to the Local Government Act, 34th and 45th Vic., cap. 109, sec. 12. He read the section which related to the duties of the auditor with regard to the passing of accounts. Counsel then said that his clients quarrelled with his decision in allowing the payment of the medical witnesses under the circumstances already stated, and the present motion for a *certiorari* to have it quashed. Now with reference to the appointment of a permanent medical witness, of course there was no danger as long as they had a coroner like the present coroner, or a medical witness like the present witness, but it was possible that a corrupt coroner and a corrupt medical witness might act corruptly. There had been a coroner in the city of Dublin named Paiseley, who had made a return of inquests which he never held. The present arrangement would facilitate a proceeding of that kind. If the medical witnesses were variable, they would go to the inquests and discharge their duties in perfect independence of the coroner, and the Act of Parliament would give them their guinea each.

Mr. Justice O'Brien observed that the medical witness was summoned by the coroner.

Mr. Purcell—But the coroner should select a medical witness residing in the locality where the death occurred.

Mr. Justice O'Brien—You are supposing the case of a corrupt coroner?

Mr. Purcell—A corrupt coroner may appoint a corrupt witness, and what occurred once may occur again. It is not impossible that such a thing may occur after the present men have ceased to fill their offices.

Mr. Justice O'Brien—It appears to me that the reason would exist in the one case as in the other.

Mr. Purcell—No coroner could have all the medical men in Dublin in his pocket.

Mr. Justice O'Brien—What is there to prevent the coroner each time from summoning the same party?

Mr. Purcell—I respectfully submit that the words "at or near" involve more than that.

The Chief Justice—Supposing that the coroner summons a medical witness to each inquest, might it not be said when the question as to the payment of the medical witnesses came before the grand jury that such and such a witness was not the nearest doctor to the place where the death occurred?

Mr. Purcell—If the grand jury had proof of it before them I think it would be their duty not to pay, but at present I think we are not to discuss it on the assumption that the corporation were ignorant.

The Chief Justice—In the present case the coroner requests Dr. Egan to attend the inquests, and Dr. Egan accordingly attends, and thus a contract or understanding is come to between the coroner and Dr. Egan that the latter should attend them all.

Mr. Purcell—The corporation is a party to it. I read for your lordships Dr. Egan's own statement that he had accepted office on the express terms.

The Chief Justice—He accepted it on the understanding that he should be paid in the same way as Mr. Porter was paid, but it did not appear that the corporation had any voice in the matter.

Mr. Purcell—That is not necessary. My objection is that the corporation, which had a voice in the payment, allowed a payment to be made in a form which was contrary to the Act of Parliament.

Mr. Justice Barry—Is the coroner bound to get the approval of the corporation?

Mr. Waters, Q.C.—No, my lord.

(To be continued.)

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 5, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Notes of a Case in which Death Occurred Four and a-half Hours after Delivery, with some Remarks upon It. By J. Ashburton Thompson, M.D., Fellow and Councillor of the Obstetrical Society of London; Member of the Harveian Society; Surgeon-Accoucheur to the Royal Maternity Charity; Surgeon at King's Cross to the Great Northern Railway Company 463

Case of Inflammation of the Os Calcis—Death of the Bone—Its Removal, Recovery, with Useful Limb. By W. M. Whitaker, M.B., T.C.D., L.R.C.S., Medical Officer, Valentia Dispensary District. 465

On the Indications for the Use of the Trephine derived from Cerebral Localisations and the Relations of the Cranium to the Brain. By Dr. Samuel Pozzi, Professeur d'Anatomie a la Faculté de Medicine; Interne Laureat des Hôpitaux de Paris; Membre de la Société Anatomique et de la Société d'Anthropologie 466

CLINICAL RECORDS.

Newry Fever Hospital.—Pus in Abdominal Cavity.—Under the Care of Dr. B. S. Booth 468

North-West London Free Dispensary for Sick Children.—Lesions of the Osseous and Muscular Systems in an Infant.—Under the Care of Mr. H. Cripps Lawrence 468

SPECIAL REPORT

On the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom. Chapter IV.—Morbid Anatomy and Pathology 469

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—

Cases of Branchial Fistulæ in the External Ears 472

LEADING ARTICLES.

The Prognosis in Valvular Disease of the Heart 473

The Seaman's Hospital at Greenwich.. 474

NOTES ON CURRENT TOPICS.

Medical Students and Infirmary Practice .. 475

Insanity in America 475

The Puff Oblique 475

PAGE

Baby-Doctors 476

Alcohol Dressings in Wounds of the Scalp 476

Explosion while Preparing Oxygen 476

Test-Paper for Wines 476

Counter-Doctoring 477

Renewal of Prescriptions 477

Disreputable Advertising 477

Ovariotomy in Dublin 477

Vaccination among the Chinese 478

Bogus Degrees in Germany 478

CORRESPONDENCE.

Results of the Contagious Diseases Acts .. 479

The Queen's University Degrees 480

The Queen's University in Ireland 480

Sayre's Spinal Extensor 481

A Modest Proposal 481

LITERATURE.

Scientific Materialism 481

The Question of Rest for Women during Menstruation 482

Traite d'Hygiene Navale 482

A Statistical Digest of Mortality Arising from Enteric Fever, &c., &c., in the Borough of Halifax from 1865 to 1875 .. 482

The Surgery of the Rectum 482

Stone in Women 483

Notices to Correspondents, &c. 484

Original Communications.

NOTES OF A CASE IN WHICH DEATH OCCURRED FOUR AND A-HALF HOURS AFTER DELIVERY; WITH SOME REMARKS UPON IT. (a)

By J. ASHBURTON THOMPSON, M.D.,

Fellow and Councillor of the Obstetrical Society of London; Member of the Harveian Society; Surgeon-Accoucheur to the Royal Maternity Charity; Surgeon at King's Cross to the Great Northern Railway Company.

The patient was a primipara, aged twenty-five years. She was of middle height, robust, rosy, and strong. She had never been ill in her life, and her pregnancy had been singularly free from discomfort. Her mother and her mother's sister had each of them been several times in danger of their lives from *post-partum* hæmorrhage. She was married towards the end of August, 1876, and at midnight on the 26th of April, 1877, she was roused by uterine pain, which continued to recur with regularity until delivery was effected. At the

9th hour, when I was first summoned, I found the os uteri about three-fifths dilated, and quite soft and dilatable; the pelvis normal or even roomy; the head presenting in the left oblique diameter of the pelvis, or more nearly transversely, the forehead being to the right; the pains, of fair force, recurring regularly about every five minutes; and the membranes unruptured. She had made a good breakfast and had not vomited. At the

11th hour, finding matters still as just described I ruptured the membranes. At the

14th hour, finding that the head could still scarcely be said to occupy the brim, and therefore still lay much in the position already indicated, I applied the forceps and brought it without difficulty into the cavity of the pelvis, the os at this time being either quite, or very nearly quite, dilated; so that it drew over the head easily. I was then able to ascertain that although the perinæum was in a normal and favourable condition, the ostium vaginæ was so small that to have proceeded with the delivery immediately must have inevitably ruptured the perinæum: but the patient's condition was satisfactory, and the pains (not now apparently differing from what they were before the forceps were used) effective. I therefore removed the forceps and allowed her to terminate the labour by her own efforts. At

15¼ hours, a living female child of average size was born. It was vigorous and survived. Its head did not appear to be unusual in size, nor abnormal in shape; but its ossification was advanced, and it was quite unmoulded by the pelvis. Notwithstanding all the care used, the perinæum was ruptured up to the sphincter ani. Now, reckoning the times from delivery, at

2 minutes the pulse stood at 120; a dose of ergot was given in cold water. At

5 minutes, pulse 120. Up to this time there had been no hæmorrhage. I then applied my hand to the uterus and found it firm; but immediately it began to relax and fill. I therefore proceeded at once to extrude the placenta after the Dublin method, as it is called; and at

7½ minutes, it issued from the vagina entire, together with a large bright-coloured clot. The total loss was subsequently measured, and this part of it amounted to thirty ounces. The uterus contracted fairly, but at

10 minutes, the pulse had risen to 132. There was no cause for alarm at this time; yet, bearing in mind the patient's family history, I prepared a solution of the perchloride of iron and the necessary apparatus; be it clearly understood, however, only as a necessary and usual precaution, and without the slightest intention of using it in the patient's then condition. During the next few minutes the uterus contracted fairly well; but from time to time I squeezed out a few dark clots, which altogether amounted to about seven more ounces. The pulse still stood at 132, but was of no unusual character. The patient's condition seemed satisfactory, when at

14 minutes I observed her to have fainted. Although from experience I was able to be quite certain that the total loss up to this time was not serious (for it had not then been measured), yet I could attribute the sudden syncope to nothing else; I was compelled to suppose

(a) Read before the Harveian Society of London.

that this loss, although comparatively small, was, in fact, more than this patient could bear; and I therefore felt it necessary to make sure that she should sustain no further loss. I therefore introduced my hand to the uterus (and I may observe that it entered with ease), and washed out with cold water so much more clot as brought the total loss up to forty-three ounces, and then injected the perchloride of iron. Contraction of the uterus, which proved permanent, immediately ensued. So far as further hæmorrhage was concerned, I now felt perfectly easy, and I was at liberty to turn my attention to the general condition of the patient.

Her pulse stood at 140, and was scarcely perceptible at the wrist; but the heart beat regularly; the second sound being good, the first very faint; there was not then, or at at any time, any bruit. I gave her fifty drops of laudanum and rather less than four ounces of brandy, and applied a mustard poultice to the præcordium. She swallowed well. At

30 *minutes* she was quite sensible, objecting to so much brandy, and inquiring whether her husband (who was expected about that time) had come indoors yet. Her respirations were regular. At

1 *hour*, pulse 160-170; respirations 35 and regular. I noticed at this time that she showed none of the usual symptoms of hæmorrhage; her eyes were bright, her head clear and free from pain; her lips of good colour; only her tongue was pale. There was no restlessness, no sighing, and no vomiting. She took a little egg and brandy, and a hot bottle was put to her feet. At

1½ *hours*, she began to complain of her head and of being tired; she got cold and restless, and became a little confused, asking what had been done to her, and so forth. The pulse and respiration were as last noted, but she was rapidly collapsing. I now sought the assistance of my friend Dr. Chalmers, who administered some carbonate of ammonia in milk. Subsequently, I threw about fifteen minims of strong ammonia diluted with as much water into one of the veins of the forearm; but no effect appeared to follow from either application. I then left the patient in Dr. Chalmer's care, while I sought Dr. Aveling. We returned at

3 *hours* 50 *minutes*, when we found the patient collapsed. The pulse was at 160, the respiration 36. The heart sounds were regular, the second still being better than the first; and the respiration was regular and unembarrassed, only occasionally it was blowing, for she was quite insensible. There had been some vomiting. Her colour was still fairly good. In consideration of the following facts, viz.:—that the hæmorrhage was actually small, that the pulse and respiration although quickened were regular; that the patient's general health and strength had been good, that it did not appear possible that her labour, of average duration, could have made any unusual call upon her resources; and, lastly, that she might possibly be to some extent influenced by the brandy and laudanum which had been given, although she had not had a large quantity of either; Dr. Aveling at that time considered it possible that she might rally. From this opinion, thus founded, it was impossible to dissent; only, it could not be overlooked that without obvious cause she had steadily gone from bad to worse. Dr. Aveling recommended auto-transfusion and partial inversion of the patient's body. At

4 *hours* 5 *minutes*, I had bandaged both lower extremities. I then raised the pelvis just enough to allow of the chemise, already slit up, being pulled above the waist. In case of her subsequent recovery, I took this opportunity of putting a couple of stitches in the perinæum; and this and other necessary measures occupied about ten minutes. I then inspected her, and found her apparently in every respect as before. However, while cutting open one of her sleves in order to bandage the arm, she began to show signs of sinking rapidly; and after breathing at long intervals during three or four minutes, at

4 *hours* 25 *minutes* she died. There had been no further hæmorrhage; death was accompanied by relaxation of the sphincter of the bladder. A *post-mortem* examination was not allowed.

There are many points in this case upon which much might be said, but they deal chiefly with matters of general interest. Upon this occasion, therefore, I shall pass them over, and discuss only the cause of the patient's death.

First of all as to the hæmorrhage, to which attention was very naturally directed in the first place, and which must still be adverted to. I wish it to be distinctly understood that *the amount* stated to have been lost is not arrived at by estimation but by actual measurement. To it a little, but not much, must be added as having escaped measurement. Now forty-three ounces of blood is certainly a large quantity, and if anyone here were to lose so much in a short time and at the end of a hard day's work, no doubt he would faint; but he would not die. Such a loss, however, would produce a different degree of effect upon different individuals; and, although in the case of men a fair opportunity of estimating the uncomplicated effects of loss of blood on different individuals does not often offer now-a-days, yet obstetricians have frequent opportunities of watching such an experiment in the case of women, and they will agree that forty-three ounces is comparatively speaking a small, and not a large, quantity. In few cases of what is justly called *flooding* is less lost, and most often the quantity is vastly greater—nearly twice as much, even in cases which come to a favourable termination. Was this quantity then too much for this individual to lose? For the reasons just alluded to there seems no good ground for thinking so; and besides, she happened to be a strong person in good health. *The rate* at which it was lost, again, nearly two-thirds of it, that is to say, at once, might account for syncope; but scarcely, I imagine, for delayed collapse. *In colour* the chief part of it was florid: did it flow from a laceration or from the placental site? Well, in the first place florid blood does flow from the placental site; in the second the uterus did relax, and did not contract very well, as the ease with which I introduced my hand proves; in the third, such subsequent bleeding as there was was dark in colour. In any case hæmorrhage, as a cause of death, must be excluded.

Of the other possible causes, which seem to me to be embolism, rupture of the bladder, penetration of the perchloride to the peritonæum, and laceration of the uterus, I believe it is only necessary to discuss the last. Against embolism (or even apoplexy) I set the regularity of respiration and the ascertained absence of paralysis: against rupture of the bladder, the fact that that organ had been frequently emptied during labour, and that it discharged a considerable quantity of urine at death; and against penetration of the perchloride to the peritonæum, the entire absence of abdominal pain. I have referred to accounts of several cases in which death was attributed to such penetration; and, although death was not necessarily very speedy, acute pain seems always to have been felt immediately.

Well, then, was the uterus ruptured? I think it will be well to recollect, first of all, that the patient's delivery by her own efforts continued during an hour and a-quarter, the entire absence of symptoms until some minutes after delivery, her recovery from syncope and subsequent collapse, the absence of violent or painful throes, and the absence of pain at all times, do *not* militate against a theory which assigns rupture of the uterus as the cause of death. Very careful consideration leads me to conclude that against this theory only two things can be urged. First, that being on the look-out for any abnormal condition, but not, I admit, especially seeking a laceration, I introduced my hand into the uterus deliberately, washed the latter out and injected it, without observing any laceration. Secondly, that if a laceration existed, the perchloride would probably have penetrated to the peritonæum and at once have caused symptoms. But the same argument bears against both of these suggestions. Had the uterus

been ruptured in such a case as this, I think there is no doubt (in the absence of the least evidence of disease of the body of the uterus) that it must have happened in one of two ways. Either that very rare accident, rupture of the peritoneal coat alone, must have happened, or, what is much more likely, a small laceration near the cervix must have taken place. In the last case the laceration might easily have escaped detection by the hand, while, with a relaxed uterus, and consequently a free exit for the perchloride, there does not seem any necessity for the passage of the latter through it.

What, next, is there in favour of laceration? In the first place the patient, although constitutionally strong, had a uterus which did not contract well, and which she seemed to have inherited. That may be allowed to show some kind of deterioration of the muscular fibre; but I do not think this want of contractile power was the cause of delay in labour, although the throes were not of the most powerful kind. No doubt the cause of delay was inflexibility of the fœtal skull-bones. That is a sufficient cause of such delay as I have described, and the state in which I found the patient at successive periods of labour was such as to warrant a diagnosis of some disproportion between the head and the pelvis; which was, indeed, the ground upon which I applied the forceps. That this was not due to the pelvis, could be ascertained during labour; but it was only after delivery that it could be demonstrated to be due to the head. Although this was not above the normal size, it was inflexible and consequently unmoulded; and if the head be unmoulded, it is disproportioned to the diameters through which it has to pass. But it is precisely in the lower degrees of disproportion that laceration of the cervix is most likely to occur. The reason is that the uterus rarely bursts itself (as it were) by violent efforts to discharge its contents; but that the lowest zone gets caught between the fœtal head and the sacrum or some accidentally prominent part of the pelvis; and so, at each contraction, instead of pulling upon the circle of the os, which stretches and gives and passes out of the way, it pulls from this fixed point upon itself, and tears.

There are some points then about this case distinctly favourable to a diagnosis of laceration. They are, a uterus prone to relax after delivery; and therefore (it may be argued) of weak muscular fibre, yet strong enough to give throes of fair force during labour; and a position of the head, maintained during several hours, such as is known to conduce to rupture in the manner I have described. On the other hand I find a difficulty, out of which you may be able to assist me, in assigning any other cause of death unless it be found in simple failure of the heart's action. I ask you to consider whether that be a sufficient cause, or whether laceration or some other cause be more probable.

Of course, I do not forget that if I am willing to admit the existence of such an injury, I give an opportunity for asking why the forceps were not earlier used. That would involve considerations too numerous to entertain on this occasion, because the kind of disproportion which existed is one which can be diagnosed only with the aid of judgment and time, and which cannot be diagnosed by mere mechanical skill. The question "when were the indications for using the forceps clearly declared?" must in every such case remained unanswered; the event can only show that they were recognised in time or too late. I think that if I just mention this point, and say that I am prepared to defend the practice pursued in this case and under the circumstances described, that you, too, will be content to pass it over for the present, rather than that I should longer detain you.

THE mortality from all causes in the four principal cities of the United Kingdom last week was 20 per 1,000 in Edinburgh, 21 in Glasgow, 23 in London, and 26 in Dublin. Of the large towns in the second category, Liverpool and Sunderland reached the same death-rate as Dublin.

CASE OF INFLAMMATION OF THE OS CALCIS. DEATH OF THE BONE. ITS REMOVAL. RECOVERY, WITH USEFUL LIMB.

By W. M. WHITAKER, M.B. T.C.D., L.R.C.S.,
Medical Officer, Valentia Dispensary District.

THE following case which occurred recently in my practice here, may prove of interest to readers of your journal, excision of the *entire* os calcis being of comparatively rare occurrence, although removals of portion of the bone are common enough.

On the 26th of last July, I was requested to visit a little girl, Annie S., æt. 6, said to be suffering from a severe attack of *erysipelas* in the foot and leg. Accordingly, I saw her during the day, then received the following account of her illness and its reputed cause, from her mother. A few days before, the child, whilst at play with a companion fell, and immediately afterwards complained that her foot was hurt; she returned to her home, and her father and mother carefully examined the limb and joint, but could not detect anything amiss, and concluded it was merely a slight sprain, and treated it by the application of cold water and vinegar; this was continued for two or three days, but during the night of the third day after the accident, the child complained of violent pain in the *heel* and foot, which next morning was found red, swollen, and very much inflamed; along with this there was a good deal of constitutional disturbance and great pain and tenderness. Upon the development of these symptoms, the child's parents considered it to be a case of erysipelas, and treated it with fomentations, &c. A swelling formed over the posterior portion of the heel, which rapidly increased in size, became soft, and finally burst, giving vent to quantity of pus. At this stage of the illness I was sent for. The child, as already mentioned, is six years of age, rather strumous-looking, but without any history of struma in the family; her father, mother, and other relatives being healthy and exhibiting no constitutional delicacy; she was a good deal pulled down by all the pain and constitutional disturbance through which she had passed, but was pretty free from irritative fever.

The foot was very much swelled and boggy, there were two or three bullæ on the dorsum and an abscess pointing close to the tip of the internal malleolus, the swelling did not extend higher than the ankle; over the spur of the calcis there was an irregular opening, freely discharging pus, and on passing a probe through the sinus the bone was found denuded and evidently diseased.

The treatment at the time consisted in opening the abscess at the inner malleolus, making a free incision in dorsum to relieve tension, &c., and perfect rest was enjoined, the foot to be fomented and poulticed twice a day, and the strength to be supported by wine, milk, and broths.

Next day I found the swelling in the foot a good deal abated, pain and tension less, but as there was a tendency of the matter to burrow about the inner ankle, I enlarged the wound there, and introduced a drainage-tube. The discharge from the wound and also from the sinus at the heel was very free. I put her on cod-liver oil, and continued the treatment as before.

On my next visit I found her much better, swelling in foot almost gone, wound at inner ankle granulating. I enlarged the sinus at the heel and continued same treatment.

A day or so after this, I had the advantage of a consultation with Dr. Head, who happened to be on a visit in the vicinity, and who most kindly visited the patient with me; he concurred in the opinion already formed and suggested a thorough exploration of the diseased part. Accordingly next day, and having, with his assistance, chloroformed the patient, I introduced a director through the sinus and freely slit it up; I found the bone (os calcis) extensively diseased and laid bare, there was pretty free hæmorrhage, which however, was controlled by plugging the wound with lint saturated with turpentine, and light bandaging over all.

Next morning I removed the dressings, there was no hæmorrhage, and therefore resumed the poultices; ordered plenty of nourishment, and to have her carried out into the fresh air daily. For some time after this there was not much of interest to report, she continued to improve in health and the discharge from wound was free. Early in September I examined the foot again, and found part of the bone presenting through the wound and slightly loose, but still having a good many deep-seated attachments. On the 17th of September I determined to remove the bone, and with the assistance of a young medical friend, staying with me at the time (Mr. C. Tench), having chloroformed the patient and enlarged the wound sufficiently, I caught hold of the bone, and having freed its attachment as much as possible, with a little twisting and a final wrench removed the entire os calcis. There was a good deal of dripping of blood after the operation, but I controlled it by plugging the wound and tight bandaging. Next morning (18th), I visited her and removed the dressings. As there was a tendency to fresh hæmorrhage, I reapplied pad and bandage.

The patient did well after the operation and did not complain of much pain, and convalescence continued uninterruptedly, the wound filling rapidly. At the date of writing this paper, Oct. 18th, I am glad to be able to report most favourably of the case, there being little or no deformity of the foot, and movements perfect, the wound almost completely filled up and scarcely any discharge present, the child being able to move about with the help of two sticks which will I trust soon be discarded altogether.

The bone was much diseased and eroded in parts, and extremely light compared with its size.

ON THE INDICATIONS FOR THE USE OF THE TREPHINE

DERIVED FROM CEREBRAL LOCALISATION AND THE RELATION OF THE CRANIUM TO THE BRAIN. (a)

By DR. SAMUEL POZZI,
Professeur D'Anatomie a la Faculté de Medicine; Interne Laureat des Hôpitaux de Paris: Membre de la Société Anatomique et de la Société d'Anthropologie.

(*Continued from page* 447.)

It hardly falls within my province, to discuss the results which have been more or less arrived at by physiological experiments, or to estimate their signification, but I may endeavour to give a *résumé* of the conclusions, of the most authorised works that have been presented to us.

At the onset, I must admit that their value has not yet been definitely fixed. I may even say that their basis has been disputed by more than one *savant*, as, for instance, it appears proved that the experiments made by the aid of electricity ought to be submitted to a complete revision. (a)

The experiments, made by abrasion of the grey substance, have alone preserved all their bearing, but there does not exist perfect agreement on the signification of the results.

From the primitive notion of psycho-motor centres, we have arrived at that of sensitive centres, the privileged seat of motor reflex actions (b); whilst an eminent physiologist is induced to consider them, as simple *places of passage* for the motor influence of the different points of the whole grey matter, and to admit some special connection of this region, with the trunks of the white fibres, which almost alone places this matter in relation with the members. (a)

I may observe, *en passant*, this last hypothesis appears best to correspond with observed facts.

However it may be, I have no hesitation in saying this question is not less interesting to the clinician than we would believe at first sight. What in effect is it important to know before all and above all? It is this—

Are there on the surface of the brain, fixed regions, injury, to which by any kind of mechanism, produces special phenomena, either of mobility, sensibility, or intelligence; and when these phenomena appear, can we by legitimate induction, point out the seat of the lesion which has produced them?

The answer to this question is very certain, for one region: the third left frontal convolution, the seat of the faculty of articulate language. The answer is yet doubtful, relative to the other *motor centres* recently established by physiological experiment; yet a certain number of pathological facts, due especially to M. Charcot and his pupils, (b) seem to lend support of indisputable force, to the results obtained in the laboratories.

It is then indispensable for every pathologist to have a precise notion of the latter, in order to use them in need, and in every case to endeavour to submit them to the sovereign control of clinical observation.

The situation of the motor centres is indicated in a matter a little different by Hitzig and Ferrier.

According to the first of these authors, they are all situated exclusively on the ascending frontal convolution, that is to say in front of the fissure of Rolando.

By going from above downwards we shall find:—

1. The centre of the lower extremity.
2. Of the superior extremity.
3. Towards the middle, the centre of the muscles of the face.
4. On the lower part, the centres of the muscles of the mouth, the tongue and the jaws.

These experiments have been made on dogs, the cerebral morphology of whom is entirely different from that of man; thus in spite of the attempts made with this object by Pansch (c), it seems to me rather adventurous to assume a hypothetical homology, and to transpose the same centres from dog to man.

The results obtained in the *magot* by Ferrier, have a particular value, on account of the identity of the cerebral type, in the superior Primates.

Such appears to be the opinion of Prof. Vulpian, who does not hesitate even to say "there can be no doubt experiments will afford in man results very analogous to those observed in the monkey." (*Loc. cit*).

Let us examine the topography indicated by Ferrier. I have reproduced it on a schema of the human brain seen on its lateral face, Fig. iii., and on its superior face, Fig. iv.

1. The centres, of the different voluntary movements of the superior and inferior extremities, probably occupy the whole superior parietal lobule, the two superior thirds of the ascending parietal convolution, and also the superior third of the fourth frontal or ascending convolution; the centres affecting the superior, being situated in advance of those affecting, the inferior extremities.

2. The centres of voluntary motion of the neck and head, are on the posterior part of the first frontal convolution, at its union with the fourth.

3. The muscles of the face and eyelids, probably have their centres, on the second frontal convolution at its union with the fourth.

(a) Onimus: Proceedings Bio. Soc., 1876. Hermann: Researches on Electrical Irritation of the Cerebral Convolutions, made by Hermann, in concert with Dr. Borosnyai, Luchsinger, Steger, Pestalozzi, (Pflügers Arch., Bd. x, Heft 2-3, p. 77.) Bochefontaine: On some Phenomena determined by Faradisation on the Grey Substance of the Brain (Proc. Acad. of Science, July 17th, 1876.) Bochefontaine: On some Peculiarities of the Reflex Motions determined by Mechanical Excitement of the Cranial Dura mater (Proc. of the Acad. of Science, May 17th, 1876.)

(b) Schiff: Lezoni di fisiologia sperimentale sul sisterna nervaso encephalico. Firenze, 1874.

(a) Vulpian: Excitability of the Grey Matter of the Brain. (Extract from Jour. School of Medicine, p. 8-9, current year.)

(b) See specially the Memoire in course of publication by M. Charcot and Pitres: Contribution to the Study of Localisation (Monthly Review of Medicine and Surgery).

(c) Pansch: On the Comparative Anatomy of Carnivora and Primates. Ueber gleisch gleischwertige, Regioner grosshirn der Carnivoren und der Primaten. (*Centralblatt f. Wissenschaft Med.*, No. 38, 1873.

4. The centres of the movements of the tongue, jaws, and lips are on the third frontal convolution according to English authors—the convolution of Broca; in effect this author has pointed out the left, as the organ of articulate language in man.

5. The centres for certain motions of the eyes must be sought on the *gyrus curvis*.

6. The first tempero-sphenoidal convolution is probably in relation with the organ of hearing.

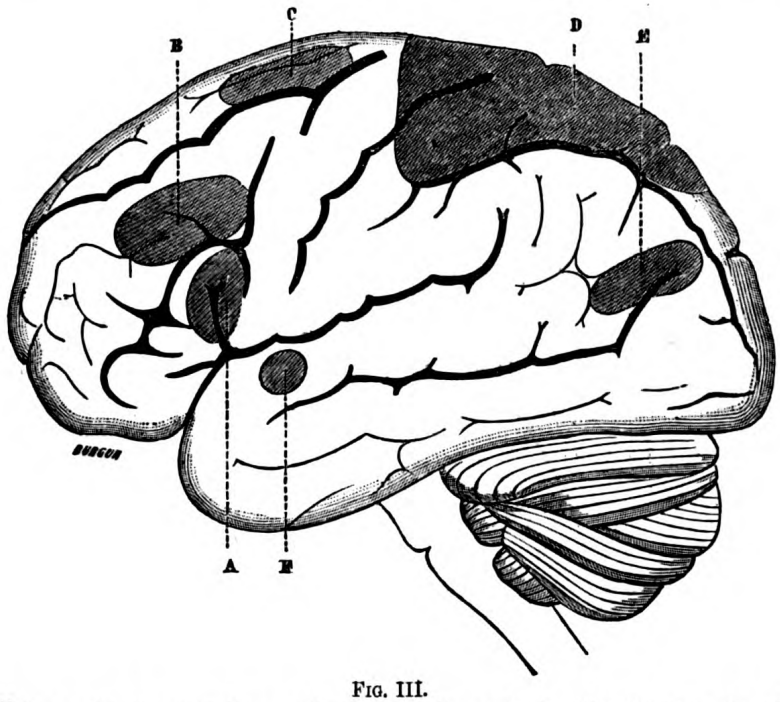

FIG. III.

Motor centres transposed on a *schema* of the human brain, after the researches of Ferrier on the Baboon. (Lateral face of Hemisphere.)

A. Articulate language (Broca), movements of the tongue, jaws, and lips. B. Movements of muscles of face and eyelids. C. Movements of rotation of the head and neck. D. Voluntary movements of the superior and inferior members. E. Certain movements of the eyes, vision. F. Movements of the ears, hearing.

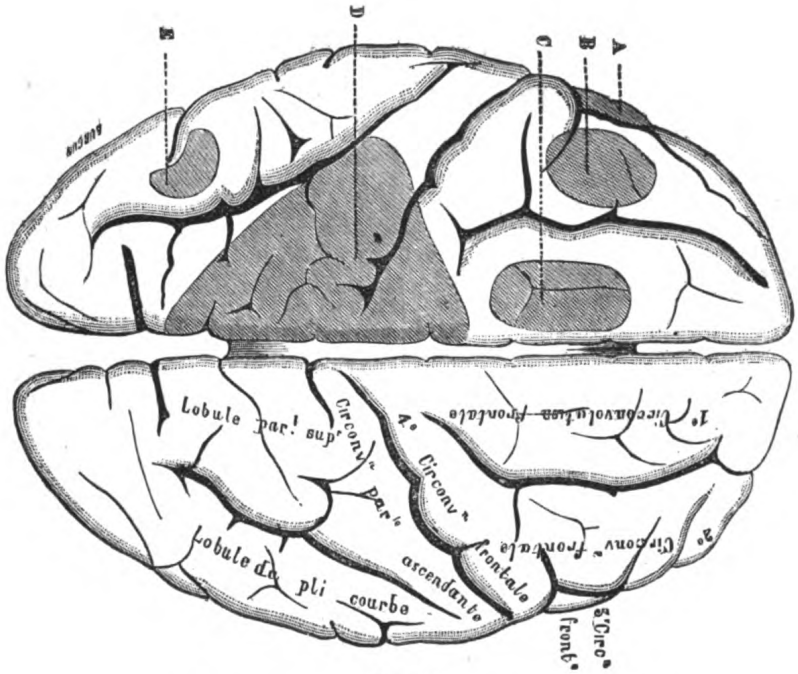

FIG. IV.

Superior face of hemispheres (same explanation as fig. iii).

Clinical Records.

NEWRY FEVER HOSPITAL.

Pus in Abdominal Cavity.

Under the care of Dr. B. S. Booth.

J. B., æt. 24, of very intemperate habits, and of strumous family history, having had *two* brothers who died of phthisis. One month previous to my seeing him in consultation with Dr. Waddell, he had a very long debauch, being constantly drunk for several days at a time, and during this time he was exposed to heavy rain, and frequently sleeping day and night in his wet clothes, he being in a state of delirium tremens. Shortly after this he was attacked with rigors, fever, and a short hacking cough, difficult and painful breathing, with dark-coloured sputa, and with icterus hue of skin and conjunctiva.

Examination of chest and abdomen revealed extensive consolidation of right lung, it being dull almost from apex to base, no crepitus to be heard at any point, but well-marked bronchophony, with bronchial respiration, was present. Liver enlarged downwards and tender; this tenderness extended all over the abdomen to the extent of general peritonitis. Urine containing a large quantity of chlorides. Pulse 108, therm. 100°. Ordered generous diet and wine. Tonic treatment and counter-irritation of chest. Hot applications to abdomen. In sixteen days from my first visit I was again asked to see him in consultation with my friend, Dr. Waddell, and found him much emaciated, suffering from hectic, frequent rigors, profuse sweating, feet œdematous, pulse 112, therm. 102°, right chest still dull, no increase in this side, no fullness of infra-clavicular region, no depression of shoulder of affected side, in fact, no sign of pleuritic affusion, except that the apex of heart beat was somewhat to right of sternum (but this is not uncommon in cases of pneumonia). The abdomen at once showed that there was a large quantity of fluid in it, and which was seriously interfering with his breathing, preventing him from lying down, and he was daily growing weaker. Tapping now became imperative. The linea alba, on a level with the umbilicus, was punctured with a medium-sized trocar, and 12 quarts of good creamy pus drawn off, free from fœtor, slightly green, and without air or flakes. This gave great relief; the right chest still remained dull, and heart's position unaltered. No enlargement of liver could now be detected. His health for a short time improved, hectic and sweating leaving, pulse falling to 94, and therm. to 99°, but in 14 days all his former bad symptoms returned, abdomen being refilled, so that it become necessary to draw off the pus again to the extent of 5 quarts of the same character as before, and with the same amount of relief. In 19 days the sac had refilled, and 5 quarts again removed. He is now much weaker than he has ever been, and very desponding. Skin covered with a cold clammy sweat, emaciation very great, feet much swollen. Heart and lung as before, pulse 126, therm. 104°. For a fortnight he improved considerably, but in 21 days from my last visit I was again requested to see him. There was now a very marked change for the worse, feet, legs, face, and scrotum much swollen, also abdomen very full, breathing much embarrassed, pulse 120, small and difficult to count, therm. 103°. Pus to the amount of 11 quarts was now taken away, and a drainage tube of about 9 inches placed in the sac and retained there for six weeks, being twice daily syringed through with solution of carbolic acid, one to 20 of water; for the first three weeks the discharge through the tube was very great; it then began to change in thickness, becoming thinner, and gradually getting less and less, until at the end of six weeks not more than half an ounce of thin watery pus would come away in the 24 hours. The tube was now removed, and puncture at once healed up. His general state was now very much improved, all fever, sweating, and œdema, having left him, and his appetite returned. Pulse 82, therm. 98, and at the end of four months, from his first illness, he was almost quite convalescent, and able to take a short walk in the open air. It is now nearly two years since I last attended him, and for the past eighteen months his health has been better than it has been for years, and he is daily in active business, having given up his dissipated mode of living. It is a subject of much interest in this case to determine two points, first, as to the cause of such a collection of pus and secondly where was this pus contained. The patient's own history, as well as that of his family, would, I think, point to a scrofulous state of mesenteric glands, as the probable source. The situation of the pus, I should be inclined to think, was within the peritoneal sac. It is further of interest that such a quantity of pus, and for such a long time, could be retained in the living body, and not the slightest symptom of pyæmia arise.

NORTH-WEST LONDON FREE DISPENSARY FOR SICK CHILDREN.

Lesions of the Osseous and Muscular Systems in an Infant.

(Under the care of Mr. H. Cripps Lawrence.)

W. H. H., a male infant, aged two weeks, came to the Dispensary on July 28, 1877.

The following conditions were then noted:—The distal end of the first phalanges of the right fore and middle fingers respectively were considerably swollen, the integument over and around the joints being somewhat tense, and of a bluish hue. A similar condition affected the first phalanx of the third right toe. Brawny induration and swelling, the size of a small chestnut, was evident in the left pectoralis major muscle. The sternal end of the right clavicle was enlarged. The skin, with the above exceptions, the cranial bones and ribs, appeared healthy; no eruption evident. Purulent ophthalmia existed in each eye. Iodide of potasssium dissolved in glycerine was applied to the affected joints.

On August 1, 1877, a fresh swelling, soft, elastic, neither tender nor inflamed, was evident in the substance of the left biceps-humeri muscle, about the size of a filbert nut. No appreciable alteration in the other lesions, except that swelling in the left pectoral muscle had somewhat increased. Iodide of potassium with Cinchona were now administered, with gr. i. of hydrargyrum c creta and gr. i. pulv. ipecac. comp. in addition each night and morning.

On August 11th evident improvement had commenced, all the swellings, especially those in the muscles, had diminished. The same treatment was continued until early in September. The infant ceased to attend until October 10th, 1877, when the improvement in the symptoms had continued and increased. Now there were only slight enlargement of the right forefinger and left pectoral muscle, and very slight thickening over the first phalanx of the third right toe. The other lesions had disappeared.

On October 10, 1877, a troublesome diarrhœa, which had greatly exhausted the infant, yielded to a few doses of castor-oil and opium, and ℥v. of pale brandy in a tablespoonful of half milk and half lime-water every two or three hours. On October 22nd obstinate sickness commenced, for which soda, bismuth, and ammonia were prescribed with benefit. October 24th no traces left of swellings beyond one, the size of a small pea, in left pectoral muscle. There is slight ophthalmia in the left eye.

Family History.—This was doubtful. No evidence of syphilis could be obtained from the mother, but two points suggest the possibility and probability of its being an etiological factor in the case. Firstly, the mother had suffered from marked defluvium capilli during her last pregnancy; secondly, the mother stated she was married and had a child five years old—her husband was at sea; subsequent inquiry from her relations elicited that she was not married, and that the infant under observation owned a separate paternity.

Remarks.—The concurrence of several various lesions of the bones and muscles in so young an infant, born apparently healthy, and in a few days exhibiting such a constitutional state; these, coupled with the immediate and continuous benefit derived from anti-syphilitic treatment are highly suggestive of the presence of syphilis. The researches of Dr. R. W. Taylor on "Bone Syphilis in Children," (a) and the ex-

(a) "Bone Syphilis in Children." By R. W. Taylor, M.D. New York. 1875.

istence of gummata in muscles, as recorded by various observers,(a) tend to explain the occurrence of such phenomena when existing in infancy, as being in a highly probable degree due to syphilis.

The late M. Victor de Méric and M. Ricord emphasised as the result of long and extensive experience the necessity of prolonged mercurial treatment in syphilis. Dr. R. W. Taylor advocates a prolonged use of the combined treatment in these cases of hereditary infantile syphilis, employing the bichloride of mercury with iodide of potassium. The "objective" symptoms of syphilis may depart rapidly by means of iodide of potassium alone, and the materies morbi yet remain latent in the system; hence, though undoubtedly a most useful auxiliary, the iodide should ever hold a subsidiary place to the mercurial element in the treatment. Mercury in infantile syphilis, is all-important to the future welfare of the patient, combined with tonics.

THE "MEDICAL PRESS," SPECIAL REPORT ON THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

Chapter IV.—Morbid Anatomy and Pathology.

Continued from page 454.

At a meeting of the Pathological Society of London, Jan. 7, 1872, Dr. Clifford Allbutt exhibited a series of microscopic sections frem the cerebro-spinal centres of the two persons, Nos. 12 and 13, who died from this malady in Leeds. The specimens were taken from the cerebral convolutions, from the central ganglia, the medulla oblongata, and the spinal cord. Throughout all these centres were found the same morbid conditions, but in different degrees, and these were as follows:—

1. Evidences of great vascular congestion, with transudations into the surrounding tissues. In all the grey centres the vessels were seen in various degrees of distension, their walls, in many cases being obviously thickened, and here and there were seen patches of nuclear proliferations. There was a diminished consistence of some of the parts, particularly of the medulla. This seemed to be due to serous infiltration and soddening, as has been observed in the dog.

2. Hæmorrhages of various size. In many places a refracting material was visible, outside the vessels, due, apparently, to coagulated fibrinous exudate.

3. Little gaps, caused by the disappearance of nerve strands, which had passed through the granular disintegration of Clarke.

In addition to these appearances in the nerve centres, an enlarged spleen had been found. In both cases the parts appeared to be affected in the following order, as regards severity:—1. Medulla; 2. The spinal cord; 3. The cerebral convolutions; 4. The central ganglia.

This was in aceordance with the symptoms presented during life, viz.:—

1. Reflex irritability in the region of the medulla, with no tetanic spasms.

2. Increasing irritability, throughout the cord, with semi-tetanus.

3. Delirium.

Whether Dr. Allbutt has struck the key-note, others have followed in his footsteps, and confirmed the accuracy of his observations, and we must regard his discovery as an important era in the history of the pathology of rabies, for he has fixed, what was before considered only a possibility, and removed from the domain of speculation into the region of facts, the hypothesis suggested by the older pathologists. Dr. Coates has described the microscopical appearance in two of the cases which occurred at Glasgow. The coarse examination of the principal organs of the nervous system showed that the veins of the encephalon were distended with blood, that the surfaces of the arachnoid were smeared with blood-tinged fluid over the hemisphere, and that there were a few drachms of similar fluid in the ventricles. Microscopical examination of the cicatrix of the original wound showed that the skin and subcutaneous fat were infiltrated with round cells, the blood-vessels presented on their internal wall transparent globular bodies, like drops of an exuded fluid. In many parts of the cord and medulla oblongata accumulations of round cells were found in the peri-vascular spaces of the medium-sized vessels, and similar cells were also found around the ganglion cells. In all parts of the system there were numerous amyloid bodies, but only one hæmorrhage was discovered.

Professor Maurice Benedikt has claimed in the *Lancet*, 1877, a prior and somewhat similar account of the pathological appearances. His memoir was published in the *Archives* of Virchow. Professor Benedikt had the opportunity of studying the pathology of the disease in many cases of dogs, and in one case in man, and he attributes our imperfect information in respect to the morbid changes, which occur in rabies, to the circumstance that these changes are of a miliary character. He first notices, that in sections of the brain clear or bright spots may be seen in which lie a few ganglion cells and certain nuclei, the origin of which is unknown. When examined with a high power the bright spaces seem to be filled with a finely granular material. He objects to the application of the term, "granular disintegration" to this condition, since it would be only giving an obscure appellation to a plain matter of fact. He regards the clear spots as being formed by the fine molecular basement tissue of the cerebral substance, from which the morphological elements properly belonging to it have been, so to speak, macerated out. He has also noticed, and depicted in a plate appended to his paper, hyaloid masses in the substance of the walls of the vessels, which as they enlarge trench upon and constrict the lumen of the tube, and at the same time burst outwards through the adventitia. Careful examination enabled him to satisfy himself that these hyaloid masses originate from the corpuscles of the blood, and chiefly from the red corpuscles which lose their pigment, enlarge, undergo alteration in form, and become confluent, after which they are transformed into diaphanous masses, that constitute the transparent bodies, looking like drops of an exuded fluid, discovered by Dr. Coates. Still following in the same track, on May 15th, 1877, Dr. Gowers exhibited before the Pathological Society of London an extensive series of microscopical sections, illustrating the changes in the medulla oblongata and spinal cord in four cases of rabies. For two of these, which occurred at Sheffield and Hertford, he was indebted to Lockhart Clarke, and for the other two, to Dr. Wickham Legg.

The changes found resembled in the main those which have been described by Benedikt, as occurring in the convolutions in the dog, and by Dr. Coates in the lower centres in man. In all four cases, the vessels of the grey matter were greatly distended, the distention being greater in the medulla, near the grey nuclei in the lowest part of the fourth ventricle. In three of the cases the larger veins in this position presented aggregations of small cells within the perivascular lymphatic sheath. These were in some cases as a single layer, in other cases densely packed, so as to compress the vessels they surrounded. In a few places these cells extended beyond the limits of the sheath. In most parts, similar cells were scattered through the tissue, among the nerve elements, and in some places chiefly in and near the hypoglossal nuclei, there were dense collections of these cells, constituting in fact miliary abscesses. Similar smaller collections were seen among the fibres of origin of the hypo-glossal and glosso-pharygeal nerves; adjacent to

(a) See Art. "Holmes's System of Surgery" (1862). "Diseases of the Muscles," by T. Tatum, F.R.C.S., page 525.

many vessels, were areas of "granular degeneration." In two cases many of the larger vessels, chiefly veins, contained clots, parts of which were evidently of ante-mortem formation, portions of the clot being different from the rest, darker, granular, or spongy in aspect. By some of these the appearance of embolism was closely simulated. Attention was drawn to the indications of formations *in situ* afforded by the gradation between the normal and the altered clot, and by the curved lines of pressure to which the clot had been exposed immediately after its formation. One specimen presented thickening of the inner coat of a vein, opposite the older part of a clot, and the clot was reduced in size correspondingly, as if formed secondarily to the change in the inner coat of the vein. In this vessel there were round cells, in the perivascular sheath, and leucocytes within, accumulated in the old clot and within the substance of the swollen inner coat, affording strong evidence that the cells outside were also migrated corpuscles. The nerve-cells presented comparatively slight changes, being merely slightly swollen and granular in some places, and surrounded with granular degeneration here and there. These changes were most intense in and about the hypo-glossal, pneumogastric, and glosso-pharyngeal nuclei, slighter in the nuclei of the auditory facial and fifth nerves, slighter also in the cord, and still slighter in the upper part of the pores. Dr. Clifford Allbutt has also found still less definite changes, most distinct in the medulla.

In Dr. Gowers' cases the change reached its maximum in the region of the "respiratory centre" in the medulla, which includes that prolongation downwards of the facial nucleus, which subserves the movements of the lips.

The paroxysms of spasm of hydrophobia are paroxysms of respiratory spasm. In the case in which the change in the respiratory centre was most intense, the paroxysms consisted of spasm of the diaphragm, and an inspiratory effort in which the clavicles almost touched the lower jaw, and the lips were pressed against the teeth. Further evidence of the over-action of the hypo-glossal nucleus, in which the changes were so marked, was afforded by one case in which a noise as of the tongue being smacked against the roof of the mouth occurred at the commencement of each spasm. Dr. Gowers concluded by alluding to the difficult question, of whether these vascular changes are the initial lesion in the nerve centres, or are secondary to the irritation of the nerve elements by the blood poison. It was certain that embolism played no part in the process, the coagulation in vessels was also not essential, while in one case the absence of cell infiltration showed that dilatation might be the only morbid state of the vessels. On the other hand, the changes in some of the clots, in cases in which the symptoms lasted only three days, showed that considerable vascular changes must have occurred very early in the disease. Though we have acquired new and important data by these observations, and are progressing in we believe the right direction to a more complete knowledge of the true pathology of rabies, still we cannot affirm positively that we have found a characteristic lesion pathognomonic of it.

There are many difficulties in the way, and especially incubation, the period of which varies so much and about which there are so many theories. Dr. Barry (*a*) rejects the notion that the hydrophobic poison is taken up and mixed with the blood after the manner of other substances similarly circumstanced, and that it does not produce its peculiar effects until after it has wandered through the *penetralia* during 40 days or longer, as directly opposed to all analogy.

Some theorists (*b*) suggested, that the virus which was afterwards to contaminate the circulation, is generated in the wounded part, from the germ first deposited there by the tooth of the dog, just as we see take place in variola vaccinia and syphilis, the period of assimilation from the inoculated part being different in all these. But as soon as absorption of this assimilated nature commences, the symptoms of the disease begin to show themselves. Reasoning from analogy, it is said that when a poison, whether mineral, vegetable, or animal, is applied to a wound, the animal is not affected, until absorption has taken place; for if an exhaustive cupping glass be placed over the poisoned part, but one minute before the expiration of the time, at which the poison is known invariably to produce its effects, the animal exhibits no symptoms whatever. This view, at first sight, seems supported by those cases where, when premonitory symptoms have appeared sometime after the bite, the wound has been angry, inflamed, or again opened, but unfortunately, as we see from our statistics, such an occurrence has been rare, and the *post-mortem* appearances have not revealed any distinguishing features either in the nerves or other parts at the seat of injury. We may say one word in reference to the pustules and vesicles, that were asserted were found in the immediate vicinity of the wound, and under the tongue in the arch and sub-maxillary glands, between the third and ninth days after the injury. English observers have not established them. Romberg said that these hydrophobic vesicles turned out to be a hoax practised by a peasant of the Ukraine. This is not correct, but we believe that appearances of the kind have been found, and may be observed in health. The existence of these "lyssi" after death has not been met with, for as Fleming says, Marochetti only asserted that they were to be searched for during the incubation of the malady. The *modus operandi* of the poison in the wound is our greatest difficulty, in the same way as there is a difficulty about explaining the intermediate action of other poisons, before the development of symptoms. Nevertheless, the excess of reflex action, and the exalted state of the spinal cord, justify us in placing it in the category of tetanic affections, whilst the symptoms, as they manifest themselves in the organs of respiration and deglutition, unmistakeably point to some structural alteration in the medulla oblongata.

Doctor Dyce Duckworth's remarks in his comments, on the case reported by Mr. Russel Steele, are very interesting and we therefore abstract them. He says, there is some discrepancy of opinion respecting the exact nature of the spasms. The commoner, and certainly the popular view, explains the difficulty as arising from a dysphagia, due to instability, or inco-ordinate action of the facial, and pharyngeal muscles.

But however this may be, there is also violent implication of the respiratory muscles. In the patient under notice, the efforts to swallow were attended with inspiratory spasms, not unlike those witnessed when a cold shower-bath is administered. These were clearly reflex in character and set up by superficial afferent impressions, passing through the respiratory centre in the medulla oblongata, on to the ordinary and extraordinary muscles of respiration. Attempts at swallowing in rabies seem to excite, the peculiar inspiratory spasms and other peripheral irritations also. He also grants that it seems less difficult now than formerly to co-relate the various phenomena owing to those recent researches we have just enumerated; and when it is remembered that the medulla oblongata is the centre both for the acts of swallowing and respiration, any trophical change of an acute character, such as is apparently induced by the venom of rabies, will fairly explain the phenomena of hydrophobic spasm. He adds, that according to Ferrier, the *mechanism* of the co-ordinating centres of the medulla has not yet been explained, but that the nuclei, of the fifth, seventh, glosso-pharyngeal vagus, accessory vagus of the eighth and hypo-glossal nerves, are all found within the structure, is now succinctly taught in the best anatomical writings.

Had we not reason to say that some light would be thrown on the disease even by comparison with other affections with which it has been confounded? In fact they mutually throw light on one another. As we have said, the *post-mortem* appearances, in what, for want of a better term, we may call similative affections, are nearly

(*a*) "Experimental Researches," p. 151. Barry.
(*b*) *Lancet*, vol. xi, p. 809, 1827.

the same. Structural alterations from other causes may arise in the medulla oblongata, and as Dr. D. Duckworth says, the origin of certain nerves being admitted in that locality, we have necessarily disordered functions in the parts supplied by those nerves, and we have reflex excitability, convulsibility, respiratory spasm, and dyskataposis, misnamed hydrophobia, or dread of water.

Though there are many *lacunæ* yet to be filled up, though there are some missing links in the pathological chain, yet the progress made since 1870 offers us the greatest inducement to persevere in our efforts in still further elucidating the points in doubt and mystery. We cannot fairly say there is no pathology for this affection, as has been said—that it is useless to make autopsies, for all is known that will be known. Every physician who reflects, and who has the interest of his profession at heart, will agree with us, that we have a pathology, capable of improvement no doubt, but still far superior, to that of many other diseases; and they will acknowledge the necessity of still further enriching our *post-mortem* records by careful anatomical notes, specially assisted by the microscope, should they have the opportunity of making an autopsy.

We may then fearlessly propound the following provisional conclusions:—

1st. That the phenomena of rabies, as evinced by morbid anatomy, depend on structural alterations in the medulla oblongata and spinal cord, influenced by a specific virus, the *modus operandi* of which is yet involved in obscurity.

2nd. That the special morbid appearances found are quite in accordance with that belief or fact.

3rd. That the absence of some of the special appearances do not invalidate this assertion.

4th. That this view is supported by analogy from those diseases, with which rabies has been confounded.

5th. That further careful and accurate *post-mortem* notes are necessary, to fill up the lacunæ or missing links.

We must look to the microscope to throw more light on these morbid changes, and for the further prosecution of research, in the direction pointed out. Owing to the position of the general practitioner, the constant calls on his time, and the laborious nature of his work, we can hardly ask him to spend so many hours, or days, over microscopical work, but we may impress the importance of a careful and accurate general examination, with notes taken at the time, and not filled up, from guesswork. Further, he will assist in the elucidation of the problem, by careful extraction of the brain; and, in some cases, he may be able to send, untouched, both brain and spinal cord, to one of those medical men who have made a special study of pathology, and whom we cannot mention, without invidious comparison. There are, at present, a number to select from.

Some special precautions are necessary in transmitting specimens, both to avoid injury, *post-mortem* changes, and thus to simplify the microscopist's work, by presenting him with a specimen, in as perfect a condition as possible.

6th. That as the microscope has confirmed the accuracy of the hypotheses, and thrown a flood of light on the nature of the structural alterations foreshadowed by the older pathologists, so we may reasonably hope that treatment will proportionately advance, and that, guided by the light of a more advanced pathology, we may at last be able to place rabies in the category of curable complaints.

Modern medicine has lifted mania, epilepsy, phthisis, and other diseases, from the sloughs of empiricism into the clearer region of science.

Rabies must follow.

CASE LXXXIX.— ——, male. æt. 48.

Remarks.—He had never been bitten by any animal, yet he suffered from horror of fluids, delirium, convulsions, &c. He died on the fifth day from the first symptom.

Post-mortem.—*The cerebellum was as soft as jelly*, the annular protuberances and rachidian bulbs *also softened*, and the membranes of the brain slightly injected.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XC.— ——, male.

Remarks.—This young man, in a moment of intense passion, while entreating his former mistress to allow him to renew his intimacy with her, bit himself on the middle finger. Convulsions ensued directly, with horror of water. He died on the fourth day.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCI.———, female, æt. 21.

Remarks.—Dr. Hirz reported this case. His patient was quickly cured of the itch by red precipitate ointment. Horror of water came on. The author considering it to be caused by the eruption being driven back on the membranes of the cord, blistered the entire of the spine. Calomel, strychnia, and sulphur were administered internally. She recovered in three days. A similar case is recorded by Dr. Jeitelles, the patient being cured of itch by cold baths.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCII.———, a boy, æt. 17.

Remarks.—Some cold water was poured on him by his fellow servants while he was sleeping. Convulsions followed, and for three weeks he had slight dread of water, which finally became so prominent a symptom that he was admitted into hospital. He became worse. On obliging him to drink he became convulsed. He died in fifty-four hours after his admission. The autopsy revealed inflammation of the brain and its membranes with the entire spinal cord.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCIII.— ——, male.

Remarks.—A confirmed brandy drinker, who had never been bitten, to his friends' or his own knowledge, died with all the symptoms of hydrophobia. Some years before his death after taking an unusual quantity of drink, he had similar symptoms, which passed off in three hours.

Reference.—Dr. Holland's Notes and Dr. Shinkwin's Lectures.

CASE XCIV.— ——, male.

Remarks.—Boerhaave gives this case. The man drank a large quantity of brandy, and sat with his head uncovered in the sun. He died on the third day.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCV.— ——, male, a soldier.

Remarks.—This man drank at a draught a pint of gin. Death ensued.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCVI.— ——, male, æt. 34.

Remarks.—After a furious fit of passion, this patient was seized with feverishness, vomiting, delirium, horror of fluids, and inability to drink. Death soon followed.

Post-mortem.—The membranes of the brain were congested. A thin layer of extravasated blood lay on the dura mater, at the posterior part of the left hemisphere, with many small plastic exudations scattered over the surface of the pia mater. Many bloody points on the cut surface of the brain; a small amount of bloody serum in the ventricles.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCVII.— ——, female.

Remarks.—This is the well known case of a woman who, during many months of each pregnancy, was so terrified at the sight of water, that she could with difficulty be induced to cross a bridge.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCVIII.— ——, male.

Remarks.—This young man, affected with syphilis, was ordered Plummer's pills, which caused feverishness and pain in the chest. When the mercury was discontinued and the ulcers healed, the pain returned with priapism, horror of liquids, inability to swallow fluids, extreme anxiety caused by currents of air, and convulsions, in one of which he died.

Reference.—Dr. Holland and Dr. Shinkwin's Lectures.

CASE XCIX.—James Hacket, bitten by a cat on leg and thumb.

Result and Time of Attack.—Seven weeks after. Fatal, in twenty-seven hours.

Treatment.—Calomel.

Reference.—*Dublin Medical Press*, p. 350. 1840. Mr. Duigan.

CASE C.—Catherine King, æt. 18. There is no direct history of the bite, but it was supposed she had been bitten ten years previously. Mr. Macintire examined the left arm and hand in which she had pain, and on the third finger found a small cicatrix, the edges of which were inflamed.

Result and Time of Attack.—Fatal, second day.

Treatment.—Opium assafœtida, enemas, baths.

Remarks.—Mr. Macintire asks some very perplexing questions. He says "There was a family quarrel in the house by which she was much excited. Could the attack have been produced by this excitement acting on a constitution predisposed to hydrophobia? There are well authenticated cases of the virus of a rabid animal remaining dormant a number of months after the wound had been inflicted, but only one that I am aware of at all approaching to the length of time mentioned here. Can the virus remain dormant till roused by some exciting cause?"

Reference.—Dublin Medical Press, p. 307. 1842.

CASE CI.— —— (Communicated by Surgeon-General C. R. FRANCIS, M.B., Sutton, Surrey, Nov., 1877.) Some years ago the child of a well-known medical officer in India was scratched on one side of her hand with a pin. Before the wound had healed a favourite little dog—a house pet—licked it. Within a month the child became ill with hydrophobia, and died. Shortly afterwards the dog, who up to that time had *appeared* quite well, also showed symptoms of the disease; and soon succumbed to it. Dr. Prall, of West Malling, in Kent, recently recorded in the *Times* a case where a youth who, having not long before been bitten by an *apparently* healthy dog, died with nervous symptoms resembling those which characterise hydrophobia. Unwisely, I think, this dog has since been destroyed. Doubtless, rabies would have displayed itself; but it would have been important to note the interval between the date of the bite and this development of the disease. The case of the child in India affords another illustration of a fact now well known, viz., that a *bite is not needed to produce rabies*. Enough, if the animal's saliva comes in contact with an abrasion. But, that the disease should be developed in the human subject, after salivary contact with an animal *in whom the malady had not yet appeared*, is, though not altogether unknown, very remarkable; and indicates clearly that great care should *always* be taken to isolate and watch a dog, however apparently healthy, that has inflicted a bite or licked an abrasion—especially when hydrophobia is "about," and *always* to thoroughly cauterise or apply caustic to the part affected.

CASE CII.— —— (Communicated by Dr. JAMES MARTIN, Portlaw, Nov. 1877.) On the 9th Feb., 1869, I was called to see J. Momfrey, æt. 36, suffering from a sense of spasm about the chest, which—knowing that he suffered from rheumatic heart disease—I attributed to that cause, particularly as the morning was frosty. Some slight allusion to pain along his spine, started the idea of hydrophobia in my mind, and inquiry led me to discover that he had been bitten very slightly, the skin being barely raised, on the back of the left thumb, fifty-eight days before; that the dog was for the succeeding week very irritable, and died seven days after having bitten him, as did two other dogs with whom he had been housed; still no idea of mischief had been excited, no precaution taken. I had him removed at once to the Leper Hospital, Waterford, where he was treated with calomel and opium, blistering along the spine, subcutaneous injection of morphia and atropine, but he died forty-eight hours after admission, seventy hours from the first complaint he made of being at all amiss.

(To be continued.)

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the last meeting of this society the paper of the evening was that read by Sir JAMES PAGET on "Cases of Branchial Fistulæ in the External Ears." The occurrence of these fistulæ in the neck was first described by Dzondi, in 1829, who believed them to communicate with the trachea. It is probable that the three or four cases on record of congenital tracheal fistula in the middle ring of the neck were due to abscesses opening into the trachea, or to defective closing of the bronchial arches in the median line, analogous to ectopia cordis, vesica, &c. The occurrence of cervical fistulæ opening into the pharynx has been attributed by Heuzinger and others to the incomplete closure of bronchial clefts, and Sir James Paget has himself seen three such instances. These fistulæ present two or three minute orifices on one or both sides of the lower part of the neck, and lead upward to the œsophagus and pharynx. They vary in length from one to one and a-half inches, and barely admit a probe. As a rule they are closed at their distal ends, rarely opening into the pharynx. They have a smooth lining membrane which secretes a clear mucous fluid. Rudiments of cartilage may be occasionally found in them, and may be homologous to cervical nibs. They undergo no change, but may be caused by the galvano-cautery. Of branchial fistulæ on the external ears there is no account in this country, and only six or seven cases are recorded by Heuzinger. The cases now under consideration occurred in the family of a gentleman who has himself a branchial fistula in the neck. His father, a sister, and four of his children had similar malformations. Moreover, the father, sister, and five of his children each presents fistulæ in the helix of one or both ears. These *aural* fistulæ are minute, their orifices small, their canal half-inch in length, producing no secretion, and causing no inconvenience. They are probably due to the incomplete closure of the upper or post-oral fissure, that part of it which does not enter into the formation of the Eustachian tube, tympanum, and external meatus. There is now sufficient evidence of malformations due to incomplete closure of even one of the bronchial fissures, the aural fistulæ being due to defective closure of the first fissure between the mandibular and hyoid arches, the upper cervical fistula to the cleft between the thyroid and hyoid—the lower to the cleft behind the thyro-hyoid arch and the fourth to the last cleft above the thorax. In reference to the association between these cases and those of "supernumary ears," the author showed that they are found only over the lines of former branchial fissures, and may be regarded as cutaneous opercular growths homologous with the natural auricles which guard the first cleft. Mr. Birkett, in the "Pathological Transactions," and Mr. Holmes, in his work "On Surgical Diseases of Children," have given instances of these malformations. Dr. Allen Thomson long ago pointed out that malformations of the external ears were frequently associated with malformations in or near the first or mandibular arch, such as hare-lip, and cleft palate, many of those patients, too, have become deaf, as is well illustrated by the case on which the paper was founded. —The President, Dr. C. WEST, thanked Sir James Paget for his paper, which dealt with most important and recondite questions of development.—Mr. ALBAN DORAN insisted on the difference between the common occurrence of ectopia in the middle line of the body due to non-union of the visceral arches, and the instances related by Sir James Paget, which have a morphological as well as a pathological significance. In the mammal they occur very early in embryonic life, when the cartilaginous segments are undifferentiated, and not divided into the different bones. The small bones of the ear are developed near the root of the post-oral arches, and hence, in connection with them, arise such deep-seated deformities, which persist through life, but which do not lead to such grave effects as the latter arising from ectopiæ.—Mr. CALLENDER was struck by the suggestion that probably ranulæ were examples of similar defects to the bronchial fistulæ, as the same idea had occurred to himself. A partial non-closure of the cleft between the mandibular arch and the lingual arch, might conceivably result in the persistence of a cyst or sinus in the usual situation of ranulæ. With regard to the homology of the portions of cartilage met with in the tracks of these fistulæ, he was inclined to view them as homologous to outgrowths from the basal structure of the skull, rather than as representing cervical rib structures.—Mr. FRANCIS MASON then cited a case in which there was a fistula at the sterno-clavicular articulation, which extended almost to the pharynx.—Dr. ALLEN THOMSON said that the subject had engaged his attention a long time ago, and the drawings he exhibited were illustrations of malformation of the auricles, one of which was the seat of a fistulous opening. In these cases there was also complete occlusion of the external meatus. In two of them there was deformity of the lower jaw, cleft palate, a tendency to hare-lip, and separation of the incisor bones. In two there was deafness almost amounting to muteness. In another case, in which the hearing was fairly good, but in which the meatus was also completely closed, the patient seemed to perceive sound most acutely by the top of the head, which he used to present to the person addressing him. This Dr. Thomson attributed to the impression being conveyed through the angle of the skull to both ears. In all the cases the meatus must have been closed completely by bone, and a section of the temporal bone was shown in which the canal was thus occluded. In all such cases the tympani bone, and all behind the fissure of Glaser is absent, showing the futility of surgical treatment. With regard to the depressions on the auricles being rudiments of the first branchial cleft, *i.e.*, of the cleft which would have

formed the external meatus, he thought this would explain the occurrence of one such depression, but not more than one. He could understand the presence of different fistulæ, as persistent branchial clefts, but could not conceive there being more than one such cleft represented in the pinna, unless the multiple aural fistulæ represented a divided condition of the first passage.—MR. RIVINGTON related the particulars of an interesting case of the same nature as those described by Sir James Paget, and in which there was a minute aperture in the helix admitting a probe for half-an-inch, and secreting a fluid like that of the external meatus. It was bilateral, and was inherited on the maternal side, many members of the family having it.—In replying, SIR JAMES PAGET said, that no doubt cases of this kind were not so rare as is generally supposed, that many others would be observed, and in time would lead to the explanation of the occurrence of diseases in parts already damaged in texture. He thought that the formation of these fistulæ in the external ears was from that part of the first cleft not being utilised in the formation of the exernal meatus and Eustachian tube, and the closure of the cleft might be imperfect at more than one spot. Mr. Rivington's case bore out this view. The explanation of the relics of the cartilage which he had given was made by Heuzinger, but, as Mr. Callender had suggested, they might be the rudiments of the cartilage found in all the branchial arches. It was a remarkable fact that out of the sixty cases of cervical fistula on record more than fifty had been observed in Germany, and not more than five or six in England, and two or three in France. He would venture to hope that having called the attention of pathologists to this condition it might r esult in the collection of a large number of cases out of which something more complete might be arrived at than this paper attempted.—The Society having been informed that at the next meeting a paper would be read on "Tetanus and Hydrophobia," by Dr. Coates, of Glasgow, shortly after adjourned.

The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 5, 1877.

THE PROGNOSIS IN VALVULAR DISEASE OF THE HEART.

IN a previous article (page 384) on the "Prognosis of Disease," the attention of the reader was directed to the subject of Prognosis in general, to the reasons why its advancement has not kept pace with that of other departments of medicine, and to the large scope there is for research in this direction. The observations we then made were suggested by a small monograph which has been recently published by Dr. Peacock on "The Prognosis in Valvular Diseases of the Heart." It is so seldom that the prognosis of any disease receives special consideration, that we may take this little work as an earnest that this department of medicine will soon receive some share of that attention which has hitherto been so liberally bestowed upon pathology, diagnosis, and therapeutics. But to show how difficult it is to restrict the contents of even a few pages to a subject which has been comparatively neglected, it may be remarked that a large portion of Dr. Peacock's monograph is taken up with matters of a purely pathological nature, and facts with which the profession is already pretty familiar.

It is gratifying to know that recent observations have divested heart disease of much of that horror and despair with which it used to be regarded. Even so far back as 1850 Dr. Semple read a paper to the Medical Society of London, in which he pointed out that disease of the heart, even of a decidedly marked character and involving the structure of the valves, is not so dangerous to life as was generally supposed, and that persons may attain even to a very advanced age when labouring under such an infirmity. Although this opinion was corroborated by a number of carefully recorded cases, it met with very few supporters at the time. At present, however, it meets with general acceptance, and indeed the monograph of Dr. Peacock is little more than a repetition of the experience to which Dr. Semple appealed in support of his view. The fact that Dr. Peacock makes very light of the labours of his predecessors is not a good feature in one of the first works that has been recently exclusively devoted to the subject of prognosis.

Obstructive disease of the aortic valves is one of those affections of the heart, the existence of which may be compatible with a long period of tolerable health. "I know," says Dr. Peacock, and "I have heard of many persons who have for years had loud obstructive murmurs without presenting any other serious symptoms. So also patients occasionally come under notice labouring under aggravated symptoms of cardiac disease which have been only of short duration, and soon prove fatal, and after death extreme aortic valvular obstruction, which must have been of long duration, is detected." A case also is mentioned which exhibited the most extreme degree of obstruction the writer ever saw, and in which the patient died at the age of 75, after an operation for strangulated hernia, and without any evidence of cardiac disease having previously presented itself. These facts are both instructive and suggestive. They are in some degree true of the latent character of many other diseases; and they put the prognosis of this class of affections in a more favourable light, inasmuch as the physician will not so much dread the termination of a lesion, the existence of which has been known to be compatible not only with life but with apparently good health.

They also show one of the directions in which we may hope still to improve the science of diagnosis—namely, the detection of incipient or advanced disease in persons who are apparently in a good state of health, or whose symptoms seem to be of a trifling nature.

Dr. Peacock endorses the general opinion entertained with respect to the serious nature of incompetency of the aortic valves. Whether it occurs as the result of acute or chronic disease this form of a valvular disease is a very serious defect. In the more chronic cases Nature endeavours to resist the progress of the disease. The left heart (and afterwards the right heart) becomes greatly hypertrophied and dilated; and it is in these cases that the heart is found to attain its greatest size and weight. Nevertheless, the great danger is of sudden death by syncope from failure of power in the left ventricle. Formerly Dr. Peacock stated that he could not refer to any instance in which patients had lived more than three months, but he has since seen cases in which life was prolonged for several years, in one case five or six years.

The danger which attends mitral obstruction is greater

than that in the similar form of aortic disease. When the right and left ventricles become much dilated or the valves from increasing rigidity, can no longer close the aperture, it is not long before the effects of an embarrassed circulation ensue. The serious complications attending incompetency of the mitral valves are pretty well known. Nevertheless, Dr. Peacock has often known the more serious symptoms of this affection relieved by treatment. He believes that under favourable circumstances patients so affected may survive and enjoy a fair share of health for many years.

Such are the terms and such is the degree of certitude with which an eminent authority speaks of the prognosis of valvular diseases of the heart. Although, however, the facts and opinions to be found in this monograph are neither so novel, positive, or exhaustive as might be expected from a work devoted exclusively to one particular department of prognosis, there is enough to show what advantages might result from making a special study of prognostics. Doubtless, there is even a large number of clinical records lying buried in countless volumes of our periodical literature, which, if ferreted out, would amply repay the trouble of collecting and studying them. Buckle has remarked in his "History of Civilisation" that the amount of medical facts that has been accumulating for years is almost incalculable, and he blames the medical profession for not making more use of them as a foundation for more philosophical generalisations in the theory and practice of medicine, and only a few days ago Dr. West reminded the Fellows of the Medico-Chirurgical Society that a saying of his old friend and master, Dr. Latham, was "that a great deal of medical knowledge runs to waste." There are, however, two reasons why many of the clinical records of our predecessors are not so valuable as they appear to be. In the first place, diagnosis and pathology have made such rapid progress within the last few years that the observations of the past are not always reliable as bases for sound generalisations, and this remark is especially true of such a subject as the prognosis of diseases of the heart. In the second place, a large majority of clinical observations were not made, still less published, with the view of throwing light upon any special question, or upon any particular department of medicine. It, is therefore, more by special investigations, that are conducted with one object alone in view, that we can hope to see the prognosis of heart disease, and indeed of any disease of so precise and positive a character as that to which it may hereafter attain. That a patient will often live for years while suffering from some marked and serious disease of the heart is very generally known, but what is not so generally known, and what is of the highest importance to determine, are the conditions as to temperament, constitution, family history, occupation, habits, age, diet, medical and hygienic treatment, &c., understanding some patients will live long, and even enjoy tolerable health, while subject to a disease which in other patients is speedily fatal. There is one thing which the course of not only disease of the heart, but of many other diseases, is constantly teaching us, and that is it is neither the extent nor the severity of a disease that invariably regulates its progress and termination, or which should therefore rule our opinion with respect to its prognosis. The cases of valvular disease of the heart that have been recorded by Walshe, Peacock, Semple, and others, sufficiently illustrate the truth of this remark, and therefore in all future investigations on the subject such conditions as have just been mentioned should receive especial attention.

THE SEAMAN'S HOSPITAL AT GREENWICH.

In the *Kentish Mercury* for last week, there was an interesting letter from Mr. H. C. Burdett, secretary to this Hospital, in reply to a communication which had appeared in the same paper from a correspondent, who called in question some statements made in a "Special Local Appeal" recently put forward in behalf of the institution.

The Seaman's Hospital is an old and most useful charity, and it is to be regretted there should be any animadversion made as to its management, or any parsimony shown on the part of the inhabitants with respect to its support. In order, says Mr. Burdett, that the object of the appeal above-mentioned may be understood, it may be well to state that the only hospital between Gravesend and London Bridge is the Seaman's Hospital. This institution was founded in the year 1821, and incorporated by special Act of Parliament in 1833 "for the charitable relief of sick and distressed seamen of all nations, and for the providing *them* with medical and surgical aid, lodging, support and clothing until convalescent, and until employment could be again found for them in their meritorious calling." In other words, the Seaman's Hospital is, in no sense, a local institution, its situation at Greenwich being rather accidental than otherwise, and so it should be clearly understood that it is entirely by the courtesy of the Committee, and from their desire to meet a known local want that landsmen have been admitted to treatment at this institution during the last four years. Up to this time none but male accident cases had been admitted to treatment, and even these cases were comparatively few in number.

During the past few years, however, the demand made upon the institution, by the general public, has gradually increased, while at the same time the funds contributed from the same quarter have materially fallen off. In fact, the excess of expenditure over income for the year 1876, is mainly due to the fact that the Committee, from feelings of humanity, admitted landsmen suffering from accidents, instead of confining their work to the limits defined by Act of Parliament. To add to the burden and disadvantages imposed upon this institution, the local authorities commenced to levy an annual rate of £430 in 1874, the very year in which the Committee freely opened their wards to the local cases. When we remember that the Poplar Hospital pays no rates, and that large hospitals, like that for Consumption at Brompton, only pays £64 11s.; the injustice of such a rate is enough, amd it is to be hoped that the authorities will not hesitate to remove it when the new assessment is made in 1880. The fact, too, that the Seaman's Hospital directly contributes towards the commercial prosperity of the Borough, and that a large proportion of the £12,000 annually expended is laid out in encouraging the trade of the community, is certainly worth a little consideration on the part of those who are asked to contribute something towards its support. The

Committee only ask the inhabitants to raise £1,000 to maintain the beds occupied by the local cases under existing arrangements; and surely the inhabitants of Greenwich and its vicinity will be liberal enough to respond to the appeal made to them, and will not allow their minds to be biased by the hypercritical remarks which one or two "correspondents" may think proper to make on the subject. The *Kentish Mercury* finds fault with Mr. Burdett on the ground that he presents the matter in too commercial an aspect, and that he holds out in a somewhat minatory style the suggestion that the Committee have it in their power to close the institution to all local cases. It appears to us, however, that the subject should be divested of all objections of this kind. The manner of the "appeal" may not be so unquestionable as its justice; and perhaps it would be better for the Committee now, and for the future, to "appeal only to the kindly and benevolent feeling of the Greenwich community." Should this "appeal" not be responded to, it will then be clearly the duty of the Committee to exclude the general public from their hospital; a hospital which, according to Act of Parliament, was specially established for the benefit of sick seamen.

Notes on Current Topics.

Medical Students and Infirmary Practice.

At the last meeting of the Colchester Board of Guardians, a question arose in which medical students cannot fail to be interested. It appears that the medical officer of the Colchester Infirmary had allowed a pupil of his to occasionally attend a case of midwifery. One of the members of the board strongly protested against the practice, and has given notice that at their next meeting he would propose the following resolution:—"That in the opinion of this board the medical officer of the union house has no authority to introduce medical students into the infirmary to assist in cases of midwifery, without first having the permission of the patient to be present." There can be no doubt of the propriety of a pupil attending such cases under the supervision of the principal. As the medical officer pointed out to the board, it was invariably the rule that the medical officer of unions should be permitted to take their pupils into the house, and in fact, apprentices went to medical men for the additional advantages to be obtained thereby. The Medical Council had also made a rule that any young man passing an apprenticeship with a surgeon to an union should be exempted from one year's hospital work in London, or, at least, that the time so spent should be counted in the four years medical study required by the Council. In fact, the board must see that, looking at the question from a social and utilitarian point of view, the public are indirectly the gainers by such a practice. The knowledge which a medical student of 2 or 3 years' standing obtains by living as pupil and assistant with a medical man engaged in large practice, is very great indeed, and such an apprenticeship is one of the best ways of his becoming well and practically acquainted with the exigencies of general practice. But it is equally evident that the advantages usually attached to a situation of this kind, must be considerably curtailed if the pupil is not to be allowed to attend to an union midwifery case without the express permission of the patient herself; and that, moreover, the public would ultimately suffer, if, instead of becoming practically acquainted with his subject by such legitimate means as that we are now referring to, he is permitted to enter upon practice on his own account with little knowledge besides what he has picked up from books.

It is to be hoped, therefore, that when the Colchester Board of Guardians come to discuss the resolution above mentioned, they will take a liberal view of the matter; and that while making any regulations they like to secure the welfare of the female inmates of the infirmary, they will not allow the opportunities of medical tuition afforded at these institutions to depend upon the likings and dislikings of the patients.

Insanity in America.

Dr. E. C. Mann, of New York, has an interesting article on this subject in the current number of the *Journal of Pyschological Medicine*. He observes that insanity is in the middle states, as in other states, increasing disproportionately to the increase of population; and it also seems to be appearing at an earlier age than formerly. This latter fact is probably due to hereditary influences which have gradually become intensified by violations of physical laws in early life, want of proper training, or too high pressure in education. Next to hereditary predisposition as a cause, comes the great mental activity and strain upon the nervous system, inseparable from the feverish haste and unrest which characterise the American people; while the undue predominance of the nervous temperament, and the want of proper recreation and sleep, tend to a rapid decay of the nervous system, and to insanity, as a necessary consequence. It also appears that intemperance is operating more and more every year as a cause of insanity. Indeed, 25 per cent. of all cases admitted into the asylums of the middle states, is due to this cause. Nor does the evil stop here, "for the offspring of intemperate parents are growing up in our midst with weakened, if not actually diseased, nervous systems, and will inevitably in time become insane, diseased, or idiots."

The census returns for 1876, of the United States, showed an increase of insanity of 55 per cent., while the increase of the general population has been only 22 per cent. In comparing the proportion of insane to sane population in America and in other countries, Dr. Mann states that in America there is one insane person in every 953 of the whole population. In France one to every 600, in England one to every 403; and in Scotland and Ireland one to every 336, and 302 of the population. In the States, California, owing to local causes, exhibits the greatest proportion of insane, there being one in every 484.

The Puff Oblique.

The *World* administers a severe and well-deserved rebuke to some of our Court doctors who allow their attendance on great, or would-be-great, people to be used for unworthy puffing. "I wish," says the *World*, "to draw

attention to what appears to me a grave breach of professional confidence. I read in the *Times* of Nov. 16th that Lord Stratford de Redcliffe has been cured of an attack of gout—full particulars of which are given—by a certain London practitioner, who, it is added, has had a long acquaintance with the peculiarities of his lordship's disorder, and who has now returned to town. I read in the *Pall Mall Gazette*, Nov. 15th, quoting from the *Medical Examiner*, that another practitioner is still in constant attendance on Miss Knollys, whom, however, he hopes to be able to allow to come to London next week. While one is glad to hear that the health, both of Miss Knollys and Lord Stratford de Redcliffe has improved, one can hardly be blind to the fact that the chief *motif* of these announcements is to advertise the merits of the medicoes respectively engaged. The leading members of the medical profession, as I understand, discountenance this system of professional puffing, on the ground that it involves a breach of professional confidence. What would be said if a similar practice existed in the legal profession? 'We are informed that the Earl of A. has been in a state of great mental depression, consequent on the fact that he has outrun the constable, or that Lady A. has disappeared. He has, however, consulted the eminent solicitor, Mr. B., or obtained the services of the distinguished barrister, Mr. Q.C.'"

Baby-Doctors.

THE *Students' Journal* remarks in a recent issue on the extreme youthfulness of some of the students who have presented themselves this session for the study of the profession in London: "This (it says) is the result primarily of the total abolition of pupilage to a country surgeon prior to joining a medical school; and secondly, no doubt, to the prevailing fashion of brain-pressure as carried on at most centres of education. A boy, now-a-days, is not a boy, at least not in the old-fashioned parlance. How many of them are crammed up by their schoolmasters to pass an examination in the subjects of general education at a comparatively early age? What a prodigy a boy is thought because he is in the highest class of his school when the rest of his compeers are so much older than himself. And a boy of this sort being perhaps destined for the medical profession, after passing his examination, is sent forthwith to 'walk' the hospitals. Medical students of the present day are not of the Bob Sawyer type, undoubtedly, but we very much question the propriety of putting young boys in the dissecting-room. Again, will it not have a deteriorating effect upon the medical profession of the future? As yet, of course, the result cannot be foretold, but it seems ominous; the hospital authorities, of course, cannot be blamed for taking their fees, but something ought to be done. Is it not worthy of the consideration of the General Medical Council?"

Alcohol Dressings in Wounds of the Scalp.

PROFESSOR GOSSELIN, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipelatous inflammation. The rapid cicatrisation that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguinolent sero-purulent secretion, in no wise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Professor Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrisation, nor cicatrisation after granulation and suppuration. This mode of cicatrisation in wounds of the head especially occurs when these are dressed with pure alcohol, other modes of dressing requiring the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents, and leads to the quickest cicatrisation. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.

Explosion while preparing Oxygen.

ANOTHER fatal accident while preparing oxygen is reported from Ireland. The information elicited at the inquest does not appear to have thrown much light upon the cause of the explosion. The *Pharmaceutical Journal* is informed by a correspondent that a tutor in a school at Moira, who had performed the operation frequently before, wishing to prepare some oxygen, introduced a mixture of 2 lbs. of potassium chlorate and 1 lb. of manganese peroxide into an iron mercury bottle and placed it on a hot fire in a stove. Shortly afterwards an explosion took place, which killed one boy who was present and injured two others. The stove was blown to fragments, carrying away the windows, ceiling, &c., while the detonation was so loud as to be heard at a distance of two miles. Considering the frequency with which oxygen is now prepared under similar circumstances, it would have been interesting to have had it cleared up whether the accident was due to the too rapid evolution of gas, a faulty retort, or to the presence of a foreign ingredient in the mixture similar to that which resulted in an explosion at Irishtown in 1875.

Test Paper for Wines.

IT is well known that many French wines are subject to fraudulent colouration, sometimes with ingredients of a poisonous character. A test paper, called *œnokrine*, is now sold in Paris, to detect this adulteration. With a genuine red wine, the colour produced is a greyish blue, which becomes lead-coloured on drying and with almost all the adulterants it gives a characteristic colour. It is asserted that 1,000,000th of magenta is sufficient to give the paper a violet shade, whilst a larger quantity produces a carmine red.

Counter-Doctoring.

The case of the Apothecaries Company against Shepperly—in other words, the doctors against the prescribing druggists, the delivery of which has been anxiously awaited for the last six months—has aborted, and nothing is produced but a blind legal quibble, an evidence of faultiness of the law and indecision in the judge. The decision of the County Court had been against the druggist-doctors on the ground that, in one instance, Shepperly had not only dispensed, but had been consulted and given advice. The Chief Baron ordered a new trial of the whole affair (a decision which will be eminently satisfactory at least to the lawyers), for the purpose of ascertaining what the "custom of the trade" was, and whether a consultation and advising actually took place. His lordship, however, expressed a decided view upon the question, which is valuable, if, indeed, as is most likely, some other judge does not hold an exactly opposite opinion. The apothecary, he said, has power to do what a chemist and druggist also has power to do, that is, to make up prescriptions and vend medicines across the counter, and, therefore, so far he may act as an apothecary if he happens to have an apothecary's certificate, or it may be done by a chemist and druggist who has no such certificate, and is not an apothecary. But the question here is whether upon what the defendant has done, which is something more than merely selling drugs or medicines across the counter, because it is his being consulted and giving something in fact to a man who tells him that he has a pain in his chest, or a sore throat, or one thing or another, he thereupon supplies him with medicine. If you can show that that also is within the privilege of a chemist and druggist, although it may be within the privilege of an apothecary also, to hold that this man is liable to this action and subject to the penalty, would be to hold that every chemist and druggist is liable. "If you can show that (consulting and prescribing) is within the privilege of a chemist and druggist." It is difficult to see how it can be so, considering that function is, by act of Parliament, expressly restricted to the apothecary or medical man, and no subsequent act modifies that restriction. If this be so, we lack the legal brains to understand how the "custom of the trade" comes in question. It is "the custom of the trade" to sell adulterated drugs, but, nevertheless, it is illegal so to do.

Renewal of Prescriptions.

In Germany—our readers are probably aware—it has been recently enacted that no prescription containing a dangerous medicine shall be renewed by a pharmaceutist without the express order of the prescriber, and certain periodicals have expressed regret that we have not yet reached that happy order of things. A contemporary, for instance, says:—"It has been suggested that chemists should not dispense a prescription twice unless it has been countersigned by the medical attendant, who should receive a fee for so doing. In Germany, where they do these things better than in England, the renewal of all prescriptions containing active medicines is forbidden by law. Pharmacists may only supply such on the order of the doctor who prescribed and gave the prescription."

Such a proposition is incomprehensible to us, and is we submit, totally contrary to the equity of the matter. Surely, when a patient consults a doctor, and pays him for advising the best medicament for his particular case, he has a perfect right to use that medicine for all time, and it would be monstrous to ask him to pay at each renewal for leave to make use of that which he has purchased at market value. Moreover, such a law as that which our contemporary suggests would—so far from benefiting the profession—be a great hardship upon them, for it would throw upon them endless trouble and responsibility for countersigning prescriptions, for which duty they could not reasonably hope to be feed. We quite agree that the lending of prescriptions to other patients is dangerous and unfair, and ought to be forbidden, but it would be quite impossible to put a stop to such practice.

Disreputable Advertising.

We are sorry to see from a suburban newspaper, just forwarded to us, that the lower walks of the profession are still far from being so respectable as recent reforms in medical education might lead us to expect. Only a short time ago, the attention of our readers was directed to that feature in modern medical practice, called "Co-operative doctoring;" and now we come across an advertisement, in a public paper, of the same stamp as that which is usually restricted to private cards circulated, about their neighbourhood, by certain medical men who have little respect either for themselves or the profession they practice. Without making any further comments it may be stated that, in the present instance, the advertiser informs the public that, having removed from his former residence, he may be consulted at —— Villa, —— Road, &c.; a fee of 1s. 6d. is charged for advice and medicine for those of limited means, or by the payment of 3s. 6d. a week, medicine will be supplied. As usual in these cases his hours of attendance are before 11 a.m. and from 6 to 8 p.m. This gentleman's (?) talents moreover are evidently of an exceptional nature for he "may also be consulted as Surgeon Dentist." He supplies artificial teeth "upon the most approved principles, from one to an entire set, from 5s. per tooth. Stopping, extracting, scaling, and children's teeth regulated; for all this, charges very moderate; added to which toothache and neuralgic pains of the face are instantly and permanently relieved!" Who after this would not consult Mr. ——, "Medical Practitioner."

Ovariotomy in Dublin.

Another case of ovariotomy occurred last week, under the care of Dr. Atthill, in the Rotundo Lying-in Hospital, and, so far, the operation has proved successful. The patient was aged 37, childless, and the tumour was of rapid growth, having been diagnosed in June last as a large cyst with much solid matter. She was anæsthetised with ether by Mr. Ormsby, and there was no vomiting or other unpleasant symptom. The cyst was first emptied, and a few anterior adhesions having been separated, it appeared that the tumour was, in great part solid, deep in the pelvis, and with a very short pedicle. Nevertheless, it was safely removed, and the operation finished without the clamp.

Vaccination among the Chinese.

THE *Philadelphia Reporter* says that vaccination is greatly appreciated by the Chinese, especially in the southern part of the Empire, and in the southern part of the Island of Formosa. The rule in China has been inoculation; but in the parts we have mentioned vaccination is preferred, and it is so prized that the people are willing to pay for it. Chinese medical students that have been trained by Dr. P. Manson, of Amoy, are frequently called upon to vaccinate Chinese children. Some of these, with others that have no special training, find it a profitable employment to go round the country, from village to village, for the simple purpose of vaccination. They charge from fifty cents to one dollar, and it is said that some of them gain enough from a few months' practice to support them for the rest of the year.

Bogus degrees in Germany

A CONTEMPORARY says that a railway official in Berlin was lately fined by the district courts for appending to his name the title of *doctor utrisque juris*, on the strength of a diploma from the University of Philadelphia. An appeal to a higher court resulted in a confirmation of the sentence.

Foreign Bodies in the Stomach.

L'homme à la fourchette, so famous in Paris a year or two ago, is distanced by a man in Australia now undergoing imprisonment for being unable to restore a gold ring which he had swallowed, belonging to the prosecutor. He is being treated by the visiting surgeon of the jail with the view of making him disgorge a large steel Albert chain and a common brass ring. The chain can be distinctly felt at the bottom of the stomach, and the prisoner states that it is now nine months since he swallowed it, and it is the only one he has had any difficulty about. The jailor has a collection of objects, such as Albert chains, pen-knives, and rings, which he has procured by making him vomit by emetics. The prisoner is an intelligent young man of twenty-three.

Admixture of Strychnia with Santonin.

A SHORT time since a statement that the administration of santonin has been occasionally followed by convulsions, and the fact that in one case in this country strychnine crystals were found mixed with santonin, led to some speculation as to how far the convulsions may have been dependent upon a similar admixture.

The *Canadian Pharmaceutical Journal* throws some light on the subject by publishing two cases of poisoning—one fatal—of strychnia given by misadventure in mixture with santonine; the supply bottles of the chemist who dispensed the medicine were found to contain a large quantity of strychnia, and, on further search, the stock of the wholesale druggist who furnished them with the santonin was found in a similar condition.

AN official report from the Indian Government informs us that the great cyclone on the Bengal coast cost 165,000 lives per million of those who inhabited the district over which it extended.

Telegraphic Sphymography.

A LECTURER recently illustrated his lecture at Salem, in the United States, by telegraphic communication with the Boston City Hospital, the pulse beats of a patient being exhibited by a vibrating ray of light upon the wall of the lecture room.

Disinfectants.

PROFESSOR HARTSHORNE, in his lectures on hygiene, divided disinfectants into—1. Absorbents; *e.g.*, dry earth, lime, and charcoal. 2. Antiseptics; sulphurous and nitrous gases, chloride of calcium, zinc, iron, chloralum, bromo-chloralum, sulphate of iron, and carbolic acid. 3. Decomposing agents; for sulphuretted hydrogen, salts of lead (nitrate); for dead organic matter, chlorine, iodine, bromine, and permanganate of potash. 4. Destroyers (?) of contagion and disease germs; carbolic acid, salicylic acid, heat, and cold.

Inodorous Iodoform.

ETHER dissolves iodoform and deprives it of its disagreeable smell. If we spread this solution with a brush, it leaves, after the evaporation of the ether, a uniform and odourless layer on the surface on which it has been applied.

The Life Cost of Wild Animals in India.

PROBABLY few of those "gentlemen of England who live at home in ease," have any conception of the cost of human life and of property caused by wild and venomous animals in our Eastern Empire. From the official report of the Government, we learn that no less than 19,273 persons died within the year, in India, from the attacks of such animals, while 54,830 cattle were killed by the same means. In the central provinces the deaths had nearly doubled between the years 1875 and 1876, although the Government granted rewards to the amount of 125,000 rupees for the destruction of wild animals and venomous reptiles.

THE medals at the disposal of the Royal Society have been awarded by the President and Council, and were presented at the anniversary meeting on the 30th ult. The Copley medal has been awarded to Prof. J. D. Dana, for his biological, geological, and mineralogical investigations carried on through half a century, and for the valuable works in which his conclusions and discoveries have been published; a Royal medal to Prof. F. A. Abel, C.B., F.R.S., for his researches on gun-cotton and explosive agents; a Royal medal to Prof. O. Heer, of Zurich, for his researches and writings on the Tertiary plants of Europe, of the North Atlantic, North Asia, and North America; and the Davy medal to R. W. Bunsen and G. R. Kirchhoff, for their researches and discoveries in spectrum analysis. It is the first award of the latter medal. It will be observed that, with one exception, the medals are awarded to foreigners.

THE operation of shampooing has recently been found by Dr. Mosengeil to produce locally an elevation of emperature of 0·25 deg., 0·50 deg., 1 deg., and even 2 deg.

or 3 deg. The temperature descends again very slowly, and only after several hours. He injected an emulsion of Chinese ink into certain of the joints of rabbits, then he shampooed them, and after the animal was killed, he examined the state of the articulations and the surrounding tissues. He states that if one cubic centimetre be injected into the knee of a rabbit, the joint, swollen and more or less spotted, may by means of shampooing be brought to its normal state in about two minutes On examination after death, the ink is found in the cellular interstices of the connective tissue, in the nutritive canaliculi, the lymphatic vessels, and the ganglions situated above the joint shampooed, whereas nothing of this kind takes place if shampooing has not been done, or has been done imperfectly. Shampooing then favours the absorption of liquids effused in cavities of the joints.

THE Rev. Dr. Gregg, who was recently created a bishop in New York of the Reformed Episcopal Church (whatever that may mean), and appointed to the cure of souls at Southend, in Essex, holds in addition degrees for the cure of bodies. He is a graduate of Trinity College, Dublin, of which he holds the M.B. and M.D., as also the Licentiateships of the Royal Colleges of Physicians and Surgeons of Edinburgh. Dr. Gregg is the first bishop of this new sect in Great Britain, and according to the usually conceived views on the subject would be considered a very young man for such a dignity, he being but 37 years of age. Let us hope, for the sake of his neighbours in the medical profession, he will leave the inferior side of humanity to their care.

IN the "Ephèmèrides Medicale," published in the *Union Medicale*, we find the following note :—1st November, 1728—Oliver Goldsmith, born at Elphin. He has a place in these memoirs, inasmuch, as he entered, in 1753, as one of the pupils of Albinas and Gambius, and attended for some time the lectures of these celebrated anatomists. He intended to study in London, but soon abandoned Hippocrates and Galen to devote himself to literature. This illustrious man died on the 4th of April, 1774.

THE evening meeting of the English Pharmaceutical Society will be held at 17 Bloomsbury Square this day (Wednesday), when the following papers will be read : — "The Colour of Podophyllum Resin," by Dr. A. Senier, F.C.S., and Mr. A. J. G. Lowe; "*Rheum officinale* Root grown in England," by Mr. Harold Senier, F.C.S.; "False Angostura Bark and Strychnia," by Mr. W. A. Shenstone, F.C.S. ; and "Nitrite of Ethyl," by Mr. John Williams, F.C.S. The chair will be taken at half-past eight o'clock precisely.

BIRMINGHAM is in some need of an oculist, experienced or otherwise. The Committee of the General Hospital has been advertising for the last few weeks for an Honorary Ophthalmic Surgeon, but as at the election on Wednesday last, no candidate presented himself, the Committee find themselves under the painful necessity of sending out another appeal. Here is a chance for an enterprising young surgeon of ocular proclivities.

THE Sussex County Hospital, by the administration of the late Mr. Brittain Bailey's estate, comes in for a legacy of £1,000, the Hospital for Sick Children £1,000, the Brighton and Hove Dispensary, the Lying-in Institution, all at Brighton, to £750 each. Mr. Alexander Esson, of Dundee, has given £1,000 to the Royal Infirmary in that town. The Worcester Infirmary has received £500 under the will of Miss Ann Porter.

WE think that the chief of the London police has acted wisely in issuing an order to the effect that "any dog found at large, and not under proper control by being led or otherwise, will be seized by the police, and disposed of in accordance with the law." This will have the effect of lessening the hydrophobic scare which appears to have taken possession of the public mind.

AT the meeting of the Metropolitan Asylums Board on Saturday last, a proposal to increase the salary of Dr. Collie, medical superintendent of the Fever Hospital, from £400 to £450, was negatived by a majority of 22 to 10, and a similar proposal in the case of Mr. Grayson, medical superintendent of the Small-pox Hospital, for an increase from £350 to £400, met with the same fate.

SMALL-POX has been steadily on the increase in London during the last few weeks. After touching so low as 7 deaths of the entire population in October, the mortality rose last week to 27. No deaths were reported from this disease in any other part of the Kingdom.

WE are threatened with a re-opening of the Penge case, in the shape of an indictment for perjury against Clara Brown. The friends of the Stauntons claim that they will be able to produce evidence that shall entirely exculpate them from any criminal charge.

MR. CHARLES MERCIER, late chairman of the London Hospital Saturday Fund, was, last week, presented with a timepiece and purse of sovereigns, in recognition of his services in connection with the Fund.

THE distance of the earth from the sun, as computed from the observations of forty-two different observers of the transit of Venus, is stated by the Astronomer-Royal to be 93,373,000 miles.

AN Examination of Candidates for admission into the Medical Department of her Majesty's Army will be held in London on the 11th February next and following days.

Correspondence.

RESULTS OF THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Lane's assertions as to the moral effect of periodically introspecting women whom police spies may choose to say they suspect, in order to promote salubrious fornication, are so utterly opposed to facts that I must

really ask you, in common justice to your readers, to insert the accompanying extract from the report of the London Rescue Society.

Your obedient servant,

THOMAS WORTH, M.R.C.S.L.,
Surgeon to the Nottingham Union Lock Hospital.

Nov. 28, 1877.

"It is alleged that the Acts have been successful in reclaiming unfortunate women. The committee have elsewhere dealt with the monstrous mis-statements and exaggerations put forth upon this point. It is, moreover, proved to demonstration that the success of such efforts on the part of official persons is of the smallest character. There is no need to go further in proof of this than the records of the Royal Albert Hospital at Devenport—an institution which is the citadel of the system. From 50 per cent. of the admissions of women to hospitals, under a voluntary system recommended to homes, the rate of such recommendations under the compulsory system of these Acts has dwindled down year by year to 13 per cent. The last issued Parliamentary paper on this subject shows that of 3,748 cases of women admitted into hospital from all the districts during the year 1872 (including 264 left from the preceding year), 3,020, or 80 per cent., returned at once to prostitution; while of the balance of 728, only 10 per cent. of the whole number, or 395, returned to their friends or entered homes, and 330 remained in hospital, 3 others being incurable. These recommended cases consist almost exclusively of the younger girls most recently brought under the system. Even the officials themselves seem to have awakened to the fact so long perceived by this Society and by other observers—that the moral reformation of women who have been long subjected to the hardening influence of the examinations is almost hopeless. There is a terrible table in the last issued Parliamentary paper on this subject, which shows the character of permanence given to the pursuit of prostitution, and the longer persistence of women in an evil career under this system. As against 44 per cent. over 21 years of age of the whole number of women brought under the Acts in 1866, 75 per cent., or nearly double, over 21 years of age of the whole number were found so soon after as 1872. To get hold of the younger girls, the most desperate efforts, as this committee well know, are made. They are hunted down if there is the slightest pretext for supposing them to be unchaste, are registered, examined, and hurried into hospital, as has been over and over again proved, without adequate medical cause, and there subjected to the utmost pressure to enter homes. Whatever may be the justification to some minds of this course of procedure, the committee express their solemn conviction, founded on a very close observation and much experience of the system, that in numberless cases it ensures the final moral ruin of the hapless young creatures. To thrust over the brink with rash, rude grasp a young female whose moral fate is trembling in the balance, whose feet have, perhaps, from the pressure solely of penury, or from trust and affection betrayed, approached the verge of the vortex, and who may just be wishing and seeking a way of retreat from the horror seen to be impending, is an act involving a terrible responsibility. Deprived of the last remnants of self-respect, galled to madness by a forced subjection to an instrumental violation of her person committed by officials at a shameful rendezvous, and under circumstances dreadfully humiliating to her feelings, insulted by immediate registration as a common prostitute by being placed at once on a level with the lowest, by being compelled to attend for inspection again and again at brief intervals, by being treated as one of themselves by the vilest outcasts—the girl sinks into savage recklessness and despair, and accepts the life of the streets as her doom."

THE QUEEN'S UNIVERSITY DEGREES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with some surprise a letter in your impression of November 14th, signed "M.D., Edin., L.R.C.S.I.," on the degrees of the Queen's University in Ireland. I am sorry that I had not an opportunity of seeing your previous number, therefore I cannot reply to your strictures on the Queen's University. At present I only wish to deal with the letter of your correspondent, which brings to my mind very forcibly the old and true adage of Shakespeare concerning a class of persons "who rush in where angels fear to tread." If inclined to be personal with your correspondent, I could show from his brief letter that grammatical accuracy and correct orthography are not always necessary accompaniments of the degree which he holds, but I shall not at present say anything further on this subject.

I think that the status of the Queen's University will bear favourable comparison with that even of the most ancient of our universities, considering that it is the youngest and most liberal of them; and if the returns of the competitive examinations for the Public Services and the records of private practice could be referred to, it would be found that her graduates have not been behind those of any of the universities, but that they have shed a lustre and prestige on their *alma mater*, which are being increased every year.

Can "M.D., Edin.," show in what respect, or in what degree, the general scientific or medical training of the Queen's University graduates is inferior to that of the graduates of his university? What subject or course in literature or science is required at Edinburgh which is not insisted on in Dublin? What do the official returns of the visitors of the Medical Council say of the two bodies? I know that Professor Humphry, of Cambridge, said that the "Anatomy Examination for the M.D., Queen's University, Ireland, was the best in the three kingdoms," and this is by far the most difficult and important part of the training, I think, of a medical man. He added that he would endeavour to bring that of Cambridge up to it as far as possible.

In the discussion of this question, it is quite unnecessary to enter, as your correspondent does, into the question of medical fees, or into the vexed question of medical titles. No one disputes for a moment the right of the graduates of the Queen's University to the title of "Doctor," as they do not hold a "mere qualification," but a university degree. If your correspondent wishes to discuss the question calmly, and is prepared to avoid reckless and unfounded assertions, I am ready to meet him either on the statistical returns of the Public Services, or on the official reports of the Medical Council on the respective calendars of the two universities.

I am,

AN AUSTRALIAN GRADUATE OF THE QUEEN'S UNIVERSITY.

Sheffield, Nov. 17, 1877.

THE QUEEN'S UNIVERSITY IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—One of your charges against the Queen's University, Ireland, is want of educational opportunities. I for one do not see where the want lies. Take the Queen's College, Belfast; there are the skin, eye and ear, and children's hospitals; in addition the Workhouse Hospital now open to students, and the Royal Hospital. In the latter I have seen, with the exception of a few of the rarest, every form of operation performed and many several times. With regard to surgery, it is now believed that a knowledge of anatomy is its foundation, and I ask where is anatomy better taught or better facilities for studying it than in Belfast? Subjects there, are plentiful, and students as a rule have not to wait for parts. I myself dissected the whole body in one session of six months, and that minutely and carefully, and many others had opportunity of doing the same.

Taking into consideration attendance on the class of practical surgery, this is not compulsory, and the study of the fine set of pathological specimens at the College and Hospital and the facilities for studying anatomy, I think there is sufficient opportunity given to every student to make himself thoroughly conversant with the minutest details of surgical theory and practice. Adding attendance at the hospitals I have named above, with the lectures delivered therein to the beautiful discourses on physiology and histology delivered at the College, the student has ample means of studying disease in all its varied forms.

Thus, I think there is no real ground for any student to go to the Dublin Hospitals to study disease. Considering the above statements, it is my opinion that no student of Q. U. I. or anyone outside it has any just cause to complain of want of educational opportunities.

Humbly asking you to excuse me for occupying so much space of your valuable and talented journal.

I am, yours &c,

MEDICUS.

[Without doubt the educational facilities of the Belfast College are immeasurably superior to those of its sister Colleges, and its *alumni* are much less open to suspicion of defective education than those of Galway or Cork. Nevertheless, those who know the truth will hardly venture to assert that the means of learning medicine and surgery in Belfast are at all comparable to those which the student enjoys in Dublin, London, or Edinburgh. Our complaint has been that the University desires to regard its examination *per se* as an all-sufficient test of professional competency, and, accordingly, gives itself little concern with the previous education of its graduates. We regard this theory as a fatal error, for, knowing as we do the extent to which the cramming system can be successfully pursued in Ireland, and the intelligence and skill with which the "grinders" devote themselves to stuffing the candidates with examination knowledge, *et preterea nil*, we firmly believe that a student of average capabilities could be made to answer any examination to which he is likely to be submitted even by the Queen's University, almost without ever having seen a sick man or fingered a dissecting scalpel. Holding, therefore, that an examination *per se* must always be a delusive guarantee of competency, we object to a system which treats as subordinate the clinical and dissecting-room teaching of the student.—Ed. M. P. & C.]

SAYRE'S SPINAL EXTENSOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—In your last number, a statement appeared from the pen of Mr. Ormsby, that for the first time in Ireland Mr. Sayre's method of applying the plaster of Paris jacket after extension in spinal curvature was demonstrated by him.

It is not easy to perceive the merit in being the first to adapt the ideas of another person, but if there really be any merit in doing so I hope you will kindly allow me to state, that for many months we have pursued the practice alluded to at the Dublin Orthopædic Hospital. The first case so treated here was one of angular curvature implicating the lower dorsal vertebræ with paralysis of the legs; the boy wore the jacket for two months with great ease. Having become somewhat uncomfortable, it was re-applied after that time had elapsed, and he can now walk with great facility, and expresses himself perfectly comfortable.

The plan adopted by Mr. Sayre was first explained to Mr. Swan by Dr. Phillips, a surgeon in the merchant navy, who had attended Mr. Sayre's clinique, and saw him applying the jacket previous to the publication of his edition of 1874-75. I may also mention the treatment of self-suspension alone has been repeatedly practised here with success in slight cases of lateral curvature.

I am, &c.,

James A. Baird.

A MODEST PROPOSAL.

A Contrast between the Master and the Disciple.

Amongst the numerous letters we received in reference to our Report on the Nature of Rabies, there is one which we must rescue from our waste-paper basket. At the request of a subscriber a copy of the Medical Press and Circular was sent to a Lancashire vicar, from whom we received the following reply:—

Nov. 15th, 1877.

Dear Sir,—I thank you for the copy of Medical Press and Circular, in which I read "Special Report on the Nature of Rabies" with much interest. I send you a few cases out of many which have come to my notice, and some, as you will see, under my treatment. The lotion and antidote mentioned are discoveries of my own, which I do not think I ought to divulge under a *peerage*, and a subsidy from Government of at least £50,000. It is a true and perfect antidote, and there has been no failure in upwards of 2,000 cases.

I remain, yours truly,

"——" D.D., F.R.H.S.

Accompanying this communication we also received a list of patients, cured by the marvellous remedies of the reverend Doctor of Divinity. The letter we have reason to believe genuine, and the writer is not an inmate of any lunatic asylum, so that we have some difficulty as to our method of treating this communication. Our first feeling was to look upon it as the harmless effusion of a monomaniac, evidenced by the claim as a discoverer of an antidote, and by the conditions for the revelation of the secret. If the Doctor of Divinity expected, as the reward for his remedy the position now occupied by the Archbishop of Canterbury, with the Lambeth degree of M.D. superadded, an archiepiscopal residence, extra-sacerdotal powers, we would not have felt so much surprised, for it would be quite in character with the aspirations of an ambitious disciple of Christianity, whether churchman or dissenter. But when a follower of the gospel, a Doctor of Divinity, an imitator of the Divine Master, asks for the "loaves and fishes" the "flesh-pots of Egypt," for filthy lucre, and for things "of the earth, earthly," we look with more suspicion, not only on the antidote, but on the possessor of it, and blush for the ministry that numbers him in its ranks. Where is the Christian charity? Where is the duty of humanity? Where are the lessons taught by Christ? Has the Rev. D.D. forgotten the advice and the words of the Master whose servant and disciple he professes to be? If any minister of religion had any secret or panacea for any of the ills that human flesh is heir to, if he really believed in the faith he teaches, he would be bound in conscience to reveal it, or be held up in the pillory to public scorn and contempt. Our Report will prove that we have had many pretenders to the possession of secrets for the bite of rabid dogs, from the time of Mithridates down to Dr. Mead, who said "he cured over 1,000 with liverwort," but these alleged cases have been proved fallacious. Dr. Mead and others made the mistake of presuming that because a bite had been inflicted rabies would follow, and have reasoned, as the patients did not suffer from the bite, it has been in consequence of the internal remedies adopted.

We need not say that on the *primâ facie* evidence the Rev. Dr.'s remedies may be classed amongst the quack preparations, which have been foisted on a credulous and ignorant public.

The profession have been accused of jealousy in opposing such vaunted specifics, of refusing to investigate the facts concerning them; and although we are convinced that the writer has never cured a case of confirmed rabies—that he could not have had under treatment nineteen cases of hydrophobia in one year as we understand it—we have instructed some competent inquirers, to examine as to the accuracy of his facts, so that he may not have any reason to complain, if the profession and the public refuse to believe in his miraculous cures.

As regards the peerage and the £50,000, we wish he may get it!—Ed. M. P. & C.

Literature.

SCIENTIFIC MATERIALISM. (a)

Dr. John Drysdale, we are glad to find, has published in a separate form his inaugural address delivered before the Literary and Philosophical Society of Liverpool in October last, of which the author is president, on "Scientific materialism and its compatibility with Dogmatic Theology." In a compact form and, with considerable tact and judgment, he has contrived to place before his readers a considerable amount of interesting matter; together with data upon which may be framed conclusions on the theory of evolution, and the connection of life and mind with organised matter. The arguments employed in support of certain views, and opposed to the scientific teaching of the day, and the materialism to which it is supposed to point are skilfully treated; whilst those speculative problems which men are wont to put forth, as "provisional theories," or good working hypotheses, their goodness depending upon their value in explaining foregone conclusions, that is dis-entering upon the discussion of, or questions undemonstrable, unascertainable, and at most, only in their veriest infancy. We commend the pamphlet to the notice of our readers.

(a) "Scientific Materialism compatible with Dogmatic Theology." By John Drysdale, M.D. Pp. 68. London: Baillière Tindall, and Cox.

THE QUESTION OF REST FOR WOMEN DURING MENSTRUATION. (a)

THIS essay, which gained the Boylston Prize of the Harvard University, fully illustrates both the capabilities of some women for the study of medicine, and the existence of some special subjects which might legitimately fall within their province; but it also proves that women who have a predilection for medicine must possess a different mental organisation from the majority of their sex—an organisation capable of medical education, without becoming masculine in our acceptation of the word, without losing any of that finer sense or innate delicacy which we have so long associated with the name of woman.

The question of rest for women might have been made a drawing-room work, losing thereby its value as a medical treatise. From the first chapter we see this book is fitted only for the perusal of medical practitioners, male or female, the phenomena of menstruation, copulation, gestation, comparison of the sexual organs, and the laws which govern them, being scarcely subjects we should like to see as part of the education of our young female population.

Dr. Jacobi has fully grasped her subject in the broadest medical spirit, apart from sex, and leads us on, after an elaborate comparison of the "He-terodox" views of male writers on the phenomenon of menstruation, to the questions proposed by the committee, which she has resolved into a series of eight.

In order to elucidate her subject, and to obtain data, Dr. Jacobi prepared a table of questions, a thousand of which were circulated, and to which she only received 268 answers. She was dissatisfied with the statistics obtained by Brierre de Boismont, as she thought "these brute statistics had precisely the same value as the empirical formula of a compound substance submitted to elementary analysis, and that the rational formula could only be obtained by comparing the single datum, pain or not pain, with a variety of other circumstances."

Out of the number of 268, 94 answered that they had never suffered either pain, discomfort or weakness—equal to 35 per cent. of the whole, but more than the percentage (23) of de Boismont. After an exposition of the theory of menstruation, some experiments on the rhythmic wave of nutrition measured by the consumption of oxygen, the excretion of CO_2, and of urea, by the tension of the arterial system, and on the theory of supplemental nutrition, we reach the conclusions, which is virtually the most important part. Though they are carefully elaborated, they may be summed up in a few words.

1. In our existing social conditions 46 per cent. of women suffer more or less at menstruation, and for a large number of these, when engaged in industrial pursuits, or others under the command of an employer, humanity dictates that rest from work during the period of pain be afforded whenever practicable.

2. In regard to women, other than those considered in the above class, Dr. Jacobi can find no reason to suppose that menstrual rest is desirable or necessary. This applies to women in professions, and wherever mental rest is required with them it will be taken according to her theory, *e.g.*, that if menstruation does in any case affect the brain "no really mental work will ever be performed at a time when the brain is really unable to perform it."

We may fairly say this work is above the average for ability and breadth of conception, whilst the forcible style in which it is written lends additional weight to the views of the writer.

It bears the mark of a prize essay, and blemishes which characterise modern book-making, and that is the number of authorities and names introduced into the text. This is not now-a-days an evidence of extensive reading, and has unfortunately become a kind of fashion. "Life is short the art is long," and to read all the works quoted in many of the medical books we have seen would require an additional span to human life. To select special passages for special chapters is easy, and it is this method which has lessened the value of such references.

(a) "The Question of Rest for Women during Menstruation." By Mary Putnam Jacobi, M.D., of New York. London: Smith, Elder, and Co. 1877.

TRAITE D'HYGIENE NAVALE. (a)

THE writer of this work has acquired a high reputation by his excellent treatises on hygiene, and when he published, in 1856, this manual specially bearing on sanitary subjects afloat, he had in view the project of popularising subjects of public health and of educating the public mind. This scheme he has not lost sight of, and we are indebted to his fertile pen for books bearing on the hygiene of childhood, the house, the town, public health, and on several other kindred subjects. In England, essentially a naval power, dependent for our prosperity on our ships, and on the health of the men who man them, the importance of naval hygiene cannot be over estimated, and though we have many treatises relative to the sanitation of large bodies of men afloat, to the ventilation of ships, to the diseases, regimen, climate, especially affecting our sailors, yet we have no manual in a moderate compass which the medical officer might consult and use as a standard text-book. M. Fonssagrives has exhausted nearly every subject in connection with the health of seamen; and when we mention that this work has been adopted by the French marine and *courroné* by the Institute, it will convey an idea of the appreciation in which it is held by his own countrymen.

Our insular prejudices will not be offended nor humiliated by our recommending to naval medical officers the adoption of this work until such time as some naval "Padres" shall spring up to present us a better one.

A STATISTICAL DIGEST OF MORTALITY ARISING FROM ENTERIC FEVER, &c., &c., IN THE BOROUGH OF HALIFAX FROM 1865 TO 1875. (b)

MEDICAL officers of health have to deal largely with statistics, and they are fortunate when they are assisted by an inspector who is gifted with a talent for figures, for it is almost a rare co-incidence to meet with individuals who can deal with large masses of figures and analyse their special value. This publication is essentially statistical, being composed of complex and elaborate tables, illustrated by a large coloured diagram, presenting some novel features in colouring the readings.

All statistics bearing on typhoid fever are valuable, and though these tables have not the imprimatur of a medical officer of health, yet they bear evident marks of accuracy, and commend themselves by their method and clearness, and cannot but prove useful to the local sanitary authorities.

THE SURGERY OF THE RECTUM (c).

LECTURE I: On some Points connected with Fistula-in-ano.—Mr. Smith considers a fistula-in-ano to be due to inflammation of the cellular tissue surrounding the bowel, followed by suppuration and discharge by the bowel. The internal opening is generally situated half-an-inch or an inch from the verge of the anus, and the fistula,

(a) "Traité d'Hygiene Navale." Par J. B. Fonssagrives. Deuxième Edition. Paris and London: Baillière & Co. 1877.

(b) "A Statistical Digest of Mortality arising from Enteric Fever, &c., &c., in the Borough of Halifax from 1865 to 1875." By J. R. Smith, Surveyor, late Sanitary Inspector, Halifax.

(c) Being the Lettsomian Lectures in Surgery, delivered before the Medical Society of London, 1865, by Henry Smith, F.R.C.S., Professor of Surgery in King's College, Surgeon to King's College Hospital, late President of the Medical Society of London. Fourth Edition. J. and A. Churchill, New Burlington Street.

when complete, requires an operation for its cure. The association of fistula and stricture of the bowel also with dead bone, is well exemplified. Loss of power over the bowel is thought to be due to a free division of the internal sphincter and circular muscular fibres of the rectum. In tubercular disease of the lungs an operation is better avoided, but is recommended when the tubercular symptoms are slight, and the local disease severe; counter irritation to the chest is needed. The elastic ligature is reserved for superficial cases, where patients will not submit to the knife.

Lecture II. deals with Stricture, Cancer, and Polypus. The value of constitutional, as well as local measures, in the treatment of stricture is exemplified, and an interesting case is narrated of a simple stricture occurring in the person of a young lady aged thirty-five years, where Amussat's operation was performed. In cases of cancer of the rectum, the immunity from pain presented by these cases when the disease is situated two or three inches up the bowel, is contrasted with the suffering produced by a cancerous mass protruding at the anus. Amussat's operation is recommended in advanced cases, but excision of the lower portion of the bowel is condemned. Polypus is stated to be more common than is generally supposed, and its association with other diseases of the bowel illustrated.

Lecture III. is devoted to the consideration of the Surgical Treatment of Hæmorrhoids, and Prolapses by the Clamp and Actual Cautery, and is full of interest. This plan of treatment is reserved for internal hæmorrhoids and prolapses only, external piles being removed with the knife or scissors; at the same time a caution is given not to remove too much skin tissue, for fear undue contraction should ensue; if mucous membrane alone be removed, this accident has never been known to occur. Mr. Thomas Annandale, surgeon to the Royal Infirmary of Edinburgh, has recently communicated an interesting paper to the Medico-Chirurgical Society of Edinburgh, on the Operative Treatment of Internal Piles, in which he gives valuable testimony to the superiority of Mr. Henry Smith's operation by the clamp and actual cautery, over the old-fashioned, but not yet obsolete operation by the ligature. He states his conclusions to be:—

1. After the ligature, irritation, more or less severe, lasts for two, three, or more weeks, and that confinement to bed is necessary until the ligatures separate. That the resulting sore or sores do not usually heal quickly, and are attended by more or less suppuration until localisation takes place, and that sometimes ulcers and sinuses form subsequently. Pyæmia is the principal risk, and this he considers not to be great, but in 200 cases he met with four instances of fatal pyæmia. The advantages claimed for the clamp are that by its means the piles are at once removed, and do not remain in the rectum as dead and putrid masses. The irritation and pain are not so severe or so prolonged as in the operation by ligature, and that the patient's convalescence is rapid, as the resulting sores heal rapidly, and are attended with less risk of suppuration, and its attendant local and general dangers. The evidence offered in support of the above statements is very strong, and is borne out by the cases narrated, which had been submitted by the late Mr. Syme, to the operation by ligature, and afterwards by Mr. Annandale, to the clamp operation.

Case 1, after ligature was three weeks in bed, and six weeks before he was about, and after the clamp operation was three days in bed, and about in six days.

Case 2 left his bed in a fortnight, and was convalescent in one month after the operation by ligature; but after the second operation was out of bed on 5th day, and about on the tenth day.

Case 3 writes of the clamp: "It is a far superior operation."

Case 4, operated on by Mr. Syme, and Mr. H. Smith, gives similar evidence.

The risk from hæmorrhage is considered to be very slight indeed. One case of pyæmia is given. Mr. Cavell also bore favourable testimony to the operation.—*Edinburgh Med. Journal*, June, 1877.

Mr. Smith's cases bear out the above conclusions, except that he has been more fortunate in not having met with a case of pyæmia in the 400 cases operated on. With regard to the ligature, the author contends that it is followed by secondary hæmorrhage, ulceration, and constitutional disturbance from the pain of ligature. Phlegmonous inflammation, followed by pyæmia cases, are quoted in support of the above assertion, and the greater risk of tetanus is alluded to. As regards the clamp operation, the most important question is hæmorrhage, and this is shown not to be a likely occurrence when the operation is done with care.

Tetanus and pyæmia are unlikely accidents, as no irritating substance is around the nerves for several days and the vessels are all blocked up by the cauterisation. Convalescence is rapid, as the cases quoted show that the patients are well in less than half the time required after ligature, and the cases have been free from pyæmia, secondary hæmorrhage, ulceration and absces; the accidents occurring in the large number of cases (400) quoted are insignificant.

Case 1.—The patient was in bad health, the operation, which was a severe one, was done under chloroform, and was followed by incessant vomiting, jaundice, and death in four days.

Case 2, was a fine big man, between 60 and 70 years of age, who had had a prolapsus for twenty years; the cautery had to be applied freely as the operation was very severe. In thirty-six hours the patient had a rapid pulse and pain in supra-pubic region, and he died in four days from peritonitis. It is possible that the case being a severe one, and one of long-standing, the peritoneum had become pulled down by the prolapsus, and interfered with at the time of the operation. In a similar case it is recommended to remove less of the mucous membrane and the external skin more freely. Two cases were followed by fistula-in-ano, but the after treatment was in the hands of others. Erysipelas occurred only in two cases, and pyæmia in none. The instruments required for the operation are made with admirable precision by the Messrs. Matthews, who have given great attention to their manufacture.

Stone in Women.

M. Perier read a report (*l'Union Médicale*) to the Societe de Chirurgie of a case of urethrotomy, by M. Lemay, upon a little girl of 9 years, who had introduced a needle within the urethra. The needle, escaping from the hands of the child, had penetrated the bladder, and had given origin to a calculus, which interfered with the functions of the organ. The operation allowed extraction of the calculus, which had the needle for a centre, and weighed fifteen grammes (231 grains); a cure followed the operation. The needle had remained in the bladder one month, according to the assertion of the little girl. In the discussion that ensued, considerable difference of opinion was expressed by various speakers as to the relative merits of lithotrity, supra-pubic, and vaginal lithotomy, forcible dilatation of the urethra for purpose of extraction, and urethrotomy as operations for the relief of stone in women. General opinion seemed to be in favour of lithotrity as first in order of preference; then lithotomy, either supra-pubic or vaginal, the first in cases of very large stones, the last where they are smaller. The greatest difference of opinion existed as to the advisability of urethrotomy, some regarding it as an easy and safe operation, others condemning it on account of the great danger of subsequent incontinence of urine. Forcible dilatation is open to the same objection. M. Verneuil pointed out the fact that vaginal lithotomy rarely causes a permanent fistula.

Medical News.

University of London.—PASS LIST FOR THE SECOND M.B. EXAMINATION FOR HONOURS.—*Medicine* (First Class).—Herbert Urmson Smith (Scholarship and Gold Medal), St. Thomas's Hospital; Peter Horrocks* (Gold Medal) Guy's Hospital; Charters James Symonds, Guy's Hospital.—(Second Class).—Nestor Isidore Charles Tirard, King's College. *Obstetric Medicine* (First Class).—Nestor I. Chas. Tirard (Scholarship and Gold Medal) King's College; Charters James Symonds (Gold Medal), Guy's Hospital; Herbert Urmson Smith, St. Thomas's Hospital; William Gristock, University College.—(Second Class).—Albert Boyce Barrow, King's College; Arthur Robert Wyatt Sedgefield, King's College; Leader Henry Stevenson, Guy's Hospital; Peter Horrocks, Guy's Hospital; George Michael James, St. Mary's Hospital; Francis Goodchild, St. George's Hospital.—*Forensic Medicine* (First Class).—Nestor I. Chas. Tirard (Scholarship and Gold Medal), King's College; Charters James Symonds, Guy's Hospital. (Second Class).—Arthur Robert Wyatt Sedgefield, King's College. (Third Class).—Herbert Urmson Smith, St. Thomas's Hospital, Henry Leader Stevenson, Guy's Hospital (Equal); Boyd Burnett Joll, University College.—(*) Obtained the number of marks qualifying for the scholarship.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. C. M. will find the subject commented upon elsewhere.

A CANDIDATE is referred to our advertising columns for the information he requires.

DR. GRAILY HEWITT'S Harveian Lectures will be delivered Dec. 6, 12, and 30, instead of the dates previously announced, in the rooms of the Harveian Society of London. The subject will be "On the Mechanical System of Uterine Pathology."

INDIAN MEDICAL SERVICE.—The next examination for appointments in this department of the public service will be held in London on Feb. 11. Copies of the regulations must be first obtained. Particulars will be found in our advertisement columns.

HYGIENIST.—Cameron's or Hart's manual would fulfil all your requirements. You might also find Halton's "Lectures on Sanitary Subjects" useful.

DR. BRIGHT.—We cannot revert to the subject.

F.R.C.S.—Bellingham's work "On Aneurism" has been out of print for some years. His views certainly possessed the merit of originality founded on practical knowledge, which many surgeons have followed with the greatest success.

ARMY SURGEON.—The gentleman named is at present with the Turkish army in Europe.

DR. M. J. S.—Sorry we cannot assist you; you will have to wait for the "Medical Directory" for 1878.

MESSRS. J. C. P. and D.—The action of the Board of Guardians was, to say the least, irregular. To appoint a medical officer of health for one year and to leave the office vacant the next. To divide one district between two neighbouring practitioners some years and to give one whole district to one only in other years is a casual manner of performing a duty which is to be deprecated. Had the appointment been offered in the usual manner probably both the practitioners to whom we refer would have applied for it, and one or both might have been elected as friendly rivals according to the arrangements made by the Board of Guardians. Mr. J. C. P., in offering himself as a candidate at the date of the annual election, did not, in our opinion, act with any want of courtesy towards Mr. D, because the appointment being annual, falls vacant at a certain time of the year, and it is therefore open for any qualified man to become a candidate to fill the vacancy. It seems to us that, as both the medical gentlemen in question are well fitted to take the duties of medical officer of health, and that as the district has been divided into two in past years with satisfactory results, the arrangements which the Board have this year adopted are both just and convenient.

MRS. PERCY-KNOX is thanked for her note, the information will be useful.

DR. WEBSTER.—1. *Le Progrès Medical.* 2. *El Anfiteatro Anatomico Espanol.*

DR. HEARNE.—Received, too late for notice in present number.

STUDENT.—The Sharpey Physiological Scholarship at University College has been awarded to Mr. Patrick Geddes.

THE Medical Society of the King and Queen's College of Physicians in Ireland will meet this evening at 8 o'clock, when the following communications are set down for reading:—Dr. Sigerson, "On Alternate Paralysis." Dr. Walter Smith, "On Facal Paralysis, with remarks on the Action of Induced Currents and Interrupted Voltaic Currents. Dr. J. W. Moore, "On a Fatal Case of Typhus Hyperpyrexia."

ROBERT ARTHINGTON, Leeds.—We shall be glad to receive the cuttings. If you read the chapter on "Morbid Anatomy" it will put you in possession of the latest views.

OBSTETRICAL SOCIETY OF LONDON.—On Dec. 5th., 1876, at 8 p.m., Dr. Redmond, "On Secondary Puerperal Hæmorrhage." Dr. John Bassett, "Cases of General Dropsy in the Fœtus." Mr. Thompson, "On Complete Rupture of the Perinæum." And other papers.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Transactions of the Clinical Society of London. Vol. X. London: Longmans, Green, & Co.

Heath's Operative Surgery. Part V. London: J. & A. Churchill.

Progressive Myopia and Cornis. By E. G. Loring, M.D.

The Mechanism of Natural and of Artificial Labour in Narrow Pelvis. By W. Goodell, M.D.

On Polypus of the Nose. By J. L. W. Thudichum, M.D. London: Longmans.

On Defects of Vision. By R. Brudenell Carter, F.R.C.S. London: Macmillan & Co.

The Causes of Professional Opposition to Homœopathy. By A. C. Pope, M.D.

Annual Report of the Stirling District Asylum for 1877.

Auscultation and Percussion. By Samuel Gee, M.D. London: Smith, Elder, and Co.

VACANCIES.

Asylum for the Insane, Mavisbank.—Resident Medical Superintendent. Minimum Salary, £600, with residence, &c. Further particulars of Messrs. J. and W. Pollard, 137 Princes street, Edinburgh. (See Advt.)

Clifden Union, Renvyle Dispensary. Medical Officer. Salary, £120. Election, Dec. 7.

East Suffolk Hospital.—Honorary Physician. Applications before the 12th inst. to the Secretary, London road, Ipswich.

Guest Hospital, Dudley.—Resident Medical Officer. Salary, £120, with board, &c. Applications before the 15th prox. to the Secretary.

Inverness District Asylum.—Medical Officer. Salary commencing at £80, with board, &c. Apply to Dr. Aitken, at the Asylum.

Queen's College, Galway.—Professorship of Materia Medica. Election, Dec. 15. (See Advt.)

Thurles Union, Moyne Dispensary.—Medical Officer. Salary, £120. Election, Dec. 11th.

Urlingford Union Workhouse.—Medical Officer. Salary, £60. Election, Dec. 10.

Waterford District Lunatic Asylum. Resident Medical Superintendent. Full particulars to be had of the Under Secretary, Dublin Castle. (See Advt.)

APPOINTMENTS.

BATEMAN, S., M.D., C.M., House Surgeon to the North Riding Infirmary, Middlesborough-on-Tees.

CHEVALLIER, B., M.D., M.R.C.P.L., Medical Superintendent of the Borough of Ipswich Lunatic Asylum.

CLARKE, J., jun., L.K.Q.C.P.I., L.R.C.S.I., & L.M., Medical Officer, &c., for the Bailieborough Dispensary District of the Bailieborough Union, co. Cavan.

JAMES, Dr. A., Lecturer on Physiology at the School of Medicine Edinburgh.

Births.

HATCHELL.—Nov. 24, at Maryborough, Queen's County, the wife of J. H. Hatchell, L.K.Q.C.P.I., of a daughter.

MOORE.—Nov. 24, at Taunton, the wife of J. Murray Moore, M.D., M.R.C.S., of a son.

SAUNDERSON.—Nov. 24, at Springfield Lodge, King's County, the wife of Robert Saunderson, M.D., of a daughter.

Marriage.

MACKEY—MULCHINOCK.—Nov. 29, at St. Mary's Church, Dublin Stephen W. Mackey, L.R.C.S.I., L.K.Q.C.P.I., to Frances Annie, eldest daughter of Edward Mulchinock, J.P., of Dublin and Cloghus House, Tralee.

Deaths.

BURMAN.—On Nov. 20, at Wath-on-Dearne, Yorkshire, James Burman Surgeon, in practice prior to 1815, aged 82.

DRURY.—On Nov. 24, at Mentone, John Thomas Cockin Drury, M.D. aged 44.

EDMUNDSON.—On Nov. 26, at the Lunatic Asylum, Enniscorthy, Maria Lloyd, the beloved wife of Joseph Edmundson, M.D., aged 45.

GREENE.—On Nov. 23, at Urlingford, co. Kilkenny, William Greene, M.R.C.S.E., L.A., Dub., aged 85.

MOORE.—On Nov. 17, Queen street, Lancaster, Percy St. Aubyn Daniel Moore, only son of J. Daniel Moore, M.D., F.L.S., aged 7.

RICE.—On Nov. 27, at Stratford-on-Avon, Emily, wife of Bernard Rice, M.D., Lond., aged 48.

TERREWEST.—On Nov. 16, at Messingham, Lincolnshire, Wm. Terrewest, M.D., aged 72.

IRISH POOR-LAW INTELLIGENCE.

FEES OF MEDICAL WITNESSES

ATTENDING

CORONERS' INQUESTS.

IMPORTANT CASE.

COURT OF QUEEN'S BENCH, DUBLIN,

Nov. 17th, 1877.

(Before the Lord Chief Justice, Mr. Justice O'Brien, Mr. Justice Fitzgerald, and Mr. Justice Barry.)

The Queen *at the Prosecution of* Archibald Hamilton Jacob, M.D. *against* George Wm. Finlay, *Auditor of Accounts for the Local Government Board.*

(Continued from our last.)

Mr. Purcell—Originally the coroner should have the approval of the corporation. But there need be no question about it. Dr. Egan holds his office as a permanent appointment by agreement with the coroner. The Act of Parliament never contemplated a previous agreement between the coroner and the medical witness. No doubt, the Act of Parliament gives to the coroner the power of summoning each witness as he pleases. I submit it is against the policy of the statute that the coroner should usurp a power which he has not been given by the statute —that is to create an independent office.

Mr. Justice O'Brien—If the present coroner died the arrangement would not bind the next coroner.

Mr. Justice Barry—If your contention is true, the agreement is an illegal one, which could not be enforced by either of the parties.

Mr. Justice Fitzgerald observed that if the medical witness attended 300 inquests he would, according to the case now made, be entitled to 300 guineas.

Mr. Purcell said his contention was this, that the auditor was bound by his office to disallow charges and allowances made contrary to law, and therefore, if the corporation made a payment contrary to law, it was Mr. Finlay's duty to disallow it.

Mr. Justice Barry—He could not say that the statute had not been complied with.

Mr. Justice O'Brien observed that the matter suggested with regard to the receipts, could be easily obviated.

Mr. Purcell said he knew the receipts could be produced.

Mr. Justice O'Brien said that the coroner might not be always in funds to pay the medical witness at the time the inquest was held.

Mr. Purcell—There would be no objection to his giving an order for payment to the medical man, taking his receipt for the order. Counsel again urged that it was possible the appointment of a permanent medical witness might be fraught with injury to the public. There was another point of view in which the present arrangement was objectionable. Assuming that the coroner had no power to appoint a permanent medical witness, and that he ought to call in a medical witness residing in the locality in which the death occurred, he (Counsel) apprehended that other members of the medical profession should have an opportunity of being examined at those inquests.

Mr. Justice Barry asked, Was not that an argument against the first argument "that the medical witness should reside at or near?" He read—account paid to Dr. Egan so much, paid to Dr. White so much—they were paid fees, but they were paid half-yearly.

The Chief Justice asked who was Mr. D. W. White?

Mr. O'Brien, Q.C., said he was the son of the late coroner.

The Chief Justice—He received fees for acting as medical witness to Coroner Wm. White.

Mr. Purcell resumed—He said that under a recent statute one coroner was appointed for the city of Dublin instead of two as previously. He had said, in fact, all he had to say in reference to the first objection as to the selection of a permanent medical witness. The second ground of objection he believed was unanswerable, and that was with reference to the payment. The coroner and the corporation had not an iota of authority to make the present arrangement. Of course they should all feel indebted to the corporation for the economic spirit in which they acted with a view to save the rates of the city. The Act of Parliament said that each medical witness should be paid £1 1s. for each inquest he attended. It imposed the burden of paying that upon the coroner. He did not mean to contend that the coroner could not make the arrangement he did, but he should get a receipt for the payment from the medical witness.

Mr. Justice Fitzgerald—Would there be anything to prevent the coroner from giving half-a-guinea?

Mr. Purcell—I apprehend there would. The medical fee was £1 1s.

Mr. O'Brien, Q.C., said there were doctors who took 5s. fees, and there were doctors who took £1.

Mr. Purcell said he had known at the Bar of the 5 per cent. being abstracted from the note. He submitted that this was avowedly and unmistakeably a contract to pay an annual salary to a particular individual, and that the corporation had no power by any Act of Parliament to contract with the medical witness to pay him the salary. There was an obligation on the part of the corporation to pay the fees to which medical witnesses were entitled for attendance at each individual inquest, and whether that fee was £1 1s. or half-a-guinea, the corporation had no right to go behind that, but in this case they went on the basis of a fixed salary. He again submitted that the cor-

poration had no power to enter into that arrangement. They were mere trustees, whose duty it was to expend public moneys in accordance with law, but they had no right to apply those moneys as they were applied in the payments made here. Mr. Finlay was bound to disallow those payments as having been made contrary to law. He himself (Mr. Finlay) put in a document which proved that the medical witness was being paid by a fixed salary. Mr. Finlay was quite right in acting as he did in a case in which a question of law was involved, but he (Counsel) submitted that, in point of law, he was unauthorised to allow the payments in question.

Mr. Justice O'Brien—You call on us to disallow these payments?

Mr. Purcell said he did.

The further arguments in the case were then adjourned to

MONDAY, Nov. 19TH.

Mr. Waters, Q.C., said :—My lords, my learned friend, Mr. Purcell, did not, on Saturday, mention to your lordships the affidavit filed on behalf of the corporation as cause against the conditional order. The affidavit was made by Dr. Whyte, the coroner. Your lordships, two or three times, inquired as to the way in which, and the terms on which, Dr. Egan was appointed. Dr. Whyte selected Dr. Egan and, in fact, nominated him for the office. Dr. Whyte says he is one of the coroners of the county or city of Dublin, and he was appointed in the year 1868, and that from that time he acted in conjunction with Dr. Wm. White, who was the second coroner for the city up to his death in June, 1876. That upon his appointment in 1868 he, with the assent of the municipal corporation of the city of Dublin, selected Dr. Richard W. Egan, of 15 Talbot Street, in the city of Dublin, to act as medical witness upon such inquests as he (the coroner) should deem the attendance of some medical witness to be necessary. He selected him upon the understanding and agreement that he was to be paid according to the scale fixed by schedule C of the Act, 9th and 10th Vic., c. 37, viz., one guinea, for each attendance as a witness where evidence only was required, without a *post-mortem* examination, and two guineas where such *post-mortem* examination was required in addition, provided he was never to be paid more than £75 per annum, and that if the nnmber of inquests to which he was so summoned as a witness fell short of the number requisite to make up the said sum of £75, he was only to be paid the statutable fees for the number at which he actually attended. That affidavit is uncontradicted, and in my humble judgment puts an end to the case on the other side. The coroner then says the said Dr. Richard W. Egan was at the time I so selected him, and has ever since been, a legally qualified medical practitioner in actual practice in Dublin. And he further says that all the inquests which he held since his appointment were upon bodies then lying within the boundary of the City of Dublin. He goes on :—"I say that in all cases of inquests upon bodies of persons who, to my knowledge, had been under medical treatment at the time of or previous to their decease, it has been my practice to summon as medical witnesses the medical man who was so in attendance, and that except under peculiar circumstances I did not summon the said Dr. Richard W. Egan as medical witness at such inquests." He there says, my lords, that except under peculiar circumstances he did not summon other than the medical man who had attended the deceased at or before his death. In some cases the medical man who attended at the time of death might not be a proper witness to summon, he might be guilty of culpable negligence. That, I think, is an answer to the affidavit made an the other side. The coroner then says that the said Dr. Richard W. Egan has occasionally been summoned as an additional medical witness at such inquests ; but, never unless, under circumstances, when I deemed such additional medical testimony necessary. In cases of death occurring in hospitals and infirmaries, it was always my practice to summon as medical witness the medical officer of such institution. During the year ending the 26th of August, 1876, Dr. Richard W. Egan attended 63 inquests held by me, and made 41 *post-mortem* examinations, and I say that during the said year he was not summoned by me or did not attend as medical witness at any case in which the death occurred in a public hospital or infirmary, or in which to my knowledge any other legally qualified medical practitioner uad been in attendance upon the deceased at the time of death, except under the circumstances before mentioned. I say that I am informed and believe that the said William White selected as medical witness at the inquests held by him Dr. William Dudley White, of Capel Street, in the City of Dublin, and I say that he was at the time of his selection, and has ever since been, a legally qualified medical practitioner in actual practice in the said city. I say that I am informed and believe that the said Dr. William Dudley White was selected upon the same understanding and agreement hereinbefore set forth upon which I selected the said Dr. Richard W. Egan as my medical witness. Counsel here explained that Dr. Nicholas C. Whyte, the present City Coroner, selected Dr. Egan, and that the late coroner, Dr. William Whyte, selected as his medical witness his son, Dr. William Dudley Whyte. Counsel then resumed the reading of the affidavit. "I say that the said Dr. William Whyte, while he acted as coroner, and during the said year up to his death, in summoning a medical witness to give evidence at the inquests held by him, pursued the same practice as I did, and always, where to his knowledge, any medical man was in attendance at the time of death, and summoned such medical man to give evidence at the inquest unless under exceptional circumstances. Since the year 1871 the Corporation has maintained, in Marlborough Street, in the City of Dublin, a morgue to which all dead bodies found in the thoroughfares of the city, or unclaimed in the lodging houses or other places in the city, are brought where the inquests in such cases are always held. The said Dr. Richard W. Egan resides in Talbot Street, within 15 doors of Marlborough Street, and within a few minutes' walk of the said morgue. I say that from my experience of over nine years as coroner, it is for the advantage of the public and the interests of justice that there should be a competent and legally qualified medical man selected to act as general medical witness at inquests, who may be relied upon to attend in cases of sudden emergency, and who from the experience derived from constant attendance at inquests would be better able to assist the investigations of the coroner and juries. In my opinion the said doctors, R. W. Egan and Wm. Dudley White, are thoroughly capable men and in every way qualified and competent to give medical testimony at inquests ; and I say that the said arrangements, entered into as aforesaid with the assent of the said Corporation of Dublin, for the payment of the annual salaries of £75, were made solely with the intention of saving expense to the ratepayers, and for no other purpose or object, as I believe. I say that Dr. Richard W. Egan is not, as has been stated, in any way related to me. I selected him solely with a desire that for the credit of my office the duties required of him should be properly and efficiently discharged ; and I say that, during the nine years in which he has discharged those duties he has given eminent satisfaction to me, to the juries before whom his evidence has been required, to the public and to the legal authorities, and also, as far as I can learn, to the profession to which he belongs. I say that I consider Dr. Egan's residence in the City of Dublin, within the boundaries of which all my inquests are held, brings him within the meaning of the 33rd sec. of the 9th and 10th Vic., cap. 37, requiring a medical witness to be resident at or near the place of holding the inquest. I say that I believe that interference with the discretion as to the employment of medical evidence given to me by law would be prejudicial to the independence of my court." Mr. Waters then said, —Having put before your lordships all the circumstances under which this gentleman was selected by Dr. White,

I now come to consider the points raised by my learned friend on the other side. He objects to the course which has been pursued in Dublin for over 20 years, beginning with Surgeon Porter, continued by Dr. Mapother, and finally continued by Dr. Egan.

Mr. Justice Barry—I did not hear any express admission that the payment of £75 per annum was ever reduced?

Mr. Waters, Q.C.—It was sworn by the coroner that the arrangement took place.

The Lord Chief Justice—Dr. Egan never had to return any portion of it?

Mr. Walters, Q.C.—No, my lord.

Mr. Justice O'Brien—He was to be allowed one guinea fee till the fees amounted to £75; but if he only attended, say forty inquests, he was only to get forty guineas?

Mr. Waters, Q.C.—That is all my lord—the coroner swears it in plain terms. He says he selected him upon the understanding that he was to be paid according to the scale fixed by schedule C. of the Act. 9th and 10th Vic., cap. 37, viz., one guinea for each attendance as a witness where evidence only was required without a *post-mortem* examination, and two guineas where such *post-mortem* examination was required in addition, provided that he was never to be paid more than £75 per annum; and that if the number of inquests to which he was so summoned as a witness fell short of the number requisite to make up said sum of £75, he was only to be paid the statutable fees for the number at which he actually attended. Dr. Egan attended 61 inquests and held 41 or 42 examinations, and his fees, if calculated on the strict letter of the Act, would have amounted to £109 4s.

The Lord Chief Justice—There is no corruption alleged?

Mr. Waters, Q.C.—No, my lord, I am not dealing with it as if any corruption were alleged.

Mr. Justice Barry—The only question in the case is whether the arrangement is against the policy of the law?

Mr. Waters—That is all my lord. Mr. Finlay has allowed the payment of the £75. Your lordships are now asked to say that that allowance should be quashed. A gentleman entitled to £109 4s. is paid £75, and you are asked to quash that payment on the ground that it is against the policy of the law. My learned friend's objections are two, first, as to the permanency of the office, one man being selected or summoned always; his second objection is as to the annual payment by fixed salary.

Mr. Justice O'Brien—Having regard to the express provisions of the statute.

Mr. Waters, Q.C.—Now, as to the first objection, with regard to a permanent witness, I ask how can that objection be sustained if Dr. Egan satisfies the words of the the statute in being a properly qualified medical practitioner, residing at or near the place of death? It was suggested on Saturday that these words "at or near" were intended to prevent the expense of bringing witnesses from a great distance. In this case the limits of the coroner's jurisdiction being confined to the borough of Dublin, and Dr. Egan residing in Talbot Street, in the borough of Dublin, I submit that the intentions of the Act are fulfilled, he being actually resident "at or near" the place of death, bearing in mind that every place of death at which Dr. Whyte holds an inquest is within the city of Dublin. Mr. Baron Dowse, when he was Attorney-General, gave it as his opinion that the words of the Act were perfectly satisfied by the residence of the medical witness in Dublin. If that be so, and if Dr. Egan be held by your lordships to be a man residing at or near the place of death, I don't see that my learned friend has advanced any argument contrary to it. How is the coroner to know who is the nearest medical man to the place of death? If he selects a medical man residing in Dublin he complies with the requirements of the Act. And if Dr. Egan is a medical man who satisfies the conditions of the statute, the coroner may summon him to attend at the first inquest he holds, and what is there to prevent him summoning to the second, and third, and fourth, and so on? I say there is nothing in the Act to prevent him.

The Lord Chief Justice—Supposing that this contract were made at a very much less sum than he is receiving, the medical witness might not perform his duties so satisfactorily?

Mr. Waters, Q.C.—Your lordships might then say whether it was contrary to the policy of the law.

The Lord Chief Justice—The question here is raised by a ratepayer on an abstract point of the law.

Mr. Waters, Q.C.—There is nothing alleged in the case that any evil arises from it. If there were any bargain by which a clearly inadequate remuneration was given to the medical witness—if there were any arrangement unfair towards the medical man, you might then say it was clearly against the policy of the law that such an arrangement should stand; but that does not arise in this case. My learned friend objects to the same man being selected. It is sufficient answer to that to say that the medical man lives "at or near" the place of death; and I respectfully submit that the coroner has a right to summon him each time he thinks fit to do so. You will remember the evidence of Dr. Whyte, that in all cases of inquests upon bodies of persons who to his knowledge had been under medical treatment at the time or previous to their decease, it had been his practice to summon as medical witnesses the medical man who was so in attendance, and that, except under peculiar circumstances, he did not summon Dr. Egan as medical witness at such inquests. Counsel then referred to the 28th section of the Coroner's Act, that relating to the medical fee of a guinea for making a *post-mortem* examination, he read the item in schedule "C" to which the section referred.

Mr. Purcell, Q.C.—Look at the previous ones.

Mr. Waters, Q.C., read the items, including that allowing a fee of £1 1s. for the medical witness giving evidence at an inquest. The whole of that schudule, he said, was governed by the words of the 28th sec. Now, with regard to the objection as to annual salary, counsel said I submit you can only consider that point in the way in which my learned friend has put it, namely, whether it is against the policy of the law. I say that Wright *v.* the Corporation of Liverpool has nothing whatever to say to this case.

Mr. Purcell, in reply to the court, said that that case was reported in Johnstone's reports.

Mr. Waters, Q.C.—I say that that case and Hayes *v.* the Corporation of Dublin are totally different from this case. These were cases in which persons had a right to levy certain fees connected with their office. These persons were appointed by the Corporation with whom they entered into a bargain that they would only keep a certain amount of fees and give over the balance. In those cases it was held that that agreement was contrary to public policy, and was therefore void. In those cases the officer levied his fees from the public. He did not keep them himself, but gave them to another. But the objection here is that the officer has not got his fees in every case from the public.

Mr. Justice Fitzgerald—If the medical officer got fees amounting to 100 guineas and returned part of that amount to the Corporation would it not come to the same thing?

Mr. Justice O'Brien—In this case the party who appoints gets nothing—in the other cases the parties who appointed got something.

Mr. Waters, Q.C.—This case would be similar to the cases of Wright *v.* the Liverpool Corporation, and Hayes *v.* the Corporation of Dublin, if the coroner got portion of the fees, but he did not, and therefore I contend that there is nothing in it contrary to the policy of the law.

Mr. Justice Fitzgerald, said that in the case of Hayes *v.* the Corporation of Dublin an elaborate judgment was given.

Mr. R. O'Brien Furlong, said that the report of the judgment in the Court of Exchequer Chamber, in that case merely stated that the judgment of the court below was confirmed.

Mr. Purcell, Q.C. looked at the report and said there was a short note appended to the report.

Mr. Waters, Q.C. said that if the medical witness received £300, and that he kept £75, while he handed back £225, that would be an illegal transaction. He added, that in this case the money was not levied out of the rates, the coroner was only paid £75.

Mr. Justice Fitzgerald—It is as broad as it is long, the money comes out of the rates.

Mr. Waters, Q.C.—In this case they never raise more than £75.

Mr. Justice Fitzgerald—Suppose the medical officer received £300, when the auditor came to audit the accounts he would find the doctors receipt for £300, and he would be satisfied. He might not know that £225 had been handed back.

Mr. Waters, Q.C.—If such a case as that came before your lordships, you would no doubt say that it was a most corrupt, and illegal bargain. But there is nothing in this case contrary to the policy of the Act.

The Lord Chief Justice—It appears that this gentleman in consideration that he is acting always, does not require the guinea every time. The coroner is not bound to pay him a guinea for every inquest he attends. Unless it is illegal to act as a permanent witness it is not contrary to the policy of the law.

Mr Waters said it was not contrary to the policy of the law.

Mr. Justice Barry—On each and every inquest the coroner has an unfettered discretion, and I think he his bound to pay a £1 1s. fee each time to the medical witness.

Mr. Waters said he failed to see that the coroner would not have a perfect right to call in the same man at each inquest, provided he lived at or near the place of death.

Mr. Justice Barry—The only question is whether his discretion is not affected by the contract between the parties, that the same man should be called in at each inquest.

Mr. Waters—If it be granted that he is at liberty to call in the same man.

Mr. Justice Barry—There is an admitted contract between the parties.

The Chief Justice—He says he always calls in the same person, unless where there is a medical man who had been attending the deceased. A perfectly competent doctor may be passing by at the time, yet he calls in Dr. Egan again.

Mr. Waters—There is no charge of any impropriety occurring. There is no charge that there was ever any impropriety on the part of the coroner.

The Chief Justice—But this arrangement takes away the discretion from the coroner.

Mr. Waters, Q.C.—I don't see where he is fettered.

Mr. Justice O'Brien—The coroner says he will call in the same witness in every case unless under certain circumstances—is not that fettering?

Mr. Waters, Q.C.—There is no such contract proved at all. The coroner says he will have him as a general medical witness.

Mr. Justice O'Brien—Surely a general medical witness involves the statement that he is to be called on generally.

Mr. Waters, Q.C.—The majority of the inquests are held in the Morgue, and the coroner calls in Dr. Egan who lives near it. From the receipts, to which the other side referred, it appears that thirteen independent gentlemen were called in to attend different inquests.

Mr. Clifford Lloyd, solicitor, said that was a mistake, nine independent witnessess were paid thirteen guineas.

(To be continued.)

ARSENIC AND IRON.

WE notice that some persons have already prescribed Fowler's solution and dialysed iron in combination. When the alkaline solution of arsenic is brought into contact with dialysed iron, a gelatinous precipitate of ferric peroxyhydrate is the result. This oxide of iron, especially when freshly precipitated, is one of the best antidotes for arsenic, producing an inert arseniate of iron.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, November* 24*th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, NOV. 24, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	26	163	158	34	30	1	18	1	2	3	5	2	3	2	40
BELFAST . .	20,687	182,082	29	112	101	13	20	...	1	4	...	...	8	3	3	1	16
CORK . .	13,816	91,965	36	44	63	3	14	...	14	...	..	...	1	...	...	...	20
LIMERICK .	8,509	44,209	39	25	33	11	6	...	...	2	...	...	2	1	1	1	14
LONDONDERRY	21,865	30.884	13	19	8	...	...	...	...	1	...	...	...	...	...	1	...
WATERFORD .	17,209	30,626	25	12	15	3	...	...	1	...	...	..	2	...	...	...	3
GALWAY . .	21,358	19,692	34	4	13	1	9	...	...	...	...	...	1	...	...	...	4
SLIGO . .	30,835	17,285	24	7	8	1	1	...	...	..	...	...	...	...	...	...	..

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 12, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

The Germinal Particles of Bacteria. By Professor Burdon Sanderson, M.D., F.R.C.P. Lond., F.R.S., &c. 485

What has Experimental Physiology Done for the Advancement of the Practice of Surgery? An Address Delivered before the Surgical Society of Ireland at the Opening of the Session 1877-78, Nov. 23, 1877. By Robert M'Donnell, M.D., F.R.S., President of the Royal College of Surgeons in Ireland 486

CLINICAL RECORDS.

St. Mary's Hospital.—Epithelioma of Leg—Amputation through Condyles—Pyaemic Symptoms—Recovery. Under the Care of Mr. Spencer Smith. Reported by J. B. Coumbe, M.D., M.R.C.S. Eng. . 493

PAGE

TRANSACTIONS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND—

Vesical Calculus 494
Excised Head of Humerus..... 494
Vesical Calculus 494
Vesical Calculus and Diseased Kidney .. 494
Vesical Calculus in the Bladder 494
Two Feet Removed by Syme's Method .. 494
Hand Removed by Operation 495

SPECIAL REPORT

On the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom. Chapter V.—Rabies: its Etiology and Symptoms.... 495

LEADING ARTICLES.

THE PRACTICE OF SMOKING 498
THE FREQUENT OR EARLY USE OF MIDWIFERY FORCEPS 500

NOTES ON CURRENT TOPICS.

Sir Thomas Watson on Rabies and Hydrophobia 500
The Registration of Infectious Diseases .. 501
The Newest Theory of Short-sight..... 501
Early Treatment of Lunatics 501

PAGE

Legislative Control of Habitual Drunkards 502
The Obligations of the Red Cross Surgeons..... 502
Ecchinoccus 502
Cyanide of Zinc in Facial Neuralgia 503
Cacoethes Scribendi..... 503
Spontaneous Discharge of a Uterine Polypus..... 503
Artificial Eyes 503

CORRESPONDENCE.

Compulsory Vaccination 503
Results of the Contagious Diseases Acts .. 504
The Queen's University 504
The Queen's University and Clinical Teaching 505

MEDICAL NEWS.

University of London 505
The Mortality of Foreign Cities 506
Bequests to Medical Charities 506

NOTICES TO CORRESPONDENTS.

Vacancies..... 506
Appointments 506
Birth 506
Deaths 506

Original Communications.

THE GERMINAL PARTICLES OF BACTERIA. (a)

By Professor BURDON SANDERSON, M.D., F.R.C.P. Lond., F.R.S., &c.

DR. SANDERSON commenced his lecture by observing that the remarks he was about to make "On the Attributes of the Germinal Particles of Bacteria" were in the nature of a reply to a paper by Professor Tyndall, read before the Royal Society towards the close of the last session, and, although physiologists were justly indebted to him for the new and carefully observed facts, and also for the admirable methods of research with which he had made them acquainted, it by no means followed that they were quite prepared to accept in their entirety the views and statements enunciated by him. The difference between them related chiefly to two subjects—the sense in which he (Dr. Sanderson) had employed the terms "germs" and "structure," and the extent of knowledge at present possessed by physiologists as to the structure and attributes of the germinal particles of bacteria.

First: in entering on the discussion of the sense in which the word "germ" had been used, Pasteur's Memoir "Sur les Corps Organisés qui existant dans l'Atmosphere."—"There exists," he says, "in the air a variable number of corpuscles of which the form and structure indicate that they are organised. Their dimensions increase from extremely small diameters to one-hundredth of a millim., 1·5-hundredth of a millim., or even more. Some are spherical, others ovoid. They have more or less marked contours. Many are translucent, but others are opaque, with granulations in their interior. . . . . I do not think it possible to affirm of one of these corpuscles that it is a spore, still less that it is the spore of a particular species of microphyte, or of another that it is an egg, or the egg of a particular microzoon. I confine myself to the declaration that the corpuscles are evidently organised; that they resemble in every respect the germs of the lower organisms, and differ from each other so much in volume and structure that they unquestionably belong to very numerous species." Such are the germs of M. Pasteur, and such the conception of a germ entertained by informed persons up to 1870, and by many up to the present moment. It was affirmed that the "corpuscles organisés" were, if they had any relation to bacteria, not germs in Professor Tyndall's sense, but finished organisms, and yet it was of these that Pasteur said that it was mathematically proved that they were the originators of the organisms which are developed in albuminous liquids containing sugar when exposed to the atmosphere. The next point was the sense in which I have used the word "structure," when I said the bacterial germ was endowed with structure it was intended in the molecular sense, but not in the anatomical sense; and what I had asserted of the germinal particles of bacteria was that no evidence exists of their being endowed with that particular texture which forms the subject of the science of histology. The biologist cannot recognise ultra-microscopical structure, excepting as matter of inference from observation—*i.e.*, from observing either that other organisms which there is reason to regard as similar to the object in respect of which structure is inferred actually possess visible structure, or that the object can be seen to possess structure at a later period of its existence. In all embryonal organs we admit the existence of structure before it can be seen, because in the course of development we observe its gradual emergence. So far, inference of the existence of structure from historical evidence is justifiable; but if we were to carry this inference back to the ovum itself, and say that the characteristic structures of nerve, of muscle, or of gland, exist in the ovum at the moment after impregnation, every physiologist would feel the assertion to be absurd. In the familiar comparison of the origin of the elephant with that of the mouse, in which the perfect anatomical similarity of the ova in the two species is contrasted with the enormous difference of the result, we should be justified in saying that the difference of development is the expresssion of structural difference between the primordium of the one and the

(a) Abstract of a paper read before the Royal Society, Nov. 30, 1877.

primordium of the other; but inasmuch as it is not possible to indicate any anatomical distinction, it is understood that structural difference of another kind is meant —namely, difference of molecular constitution. In other words, we are certain that the potential difference between the one and the other is dependent on an actual difference of molecular structure. Whether this is accompanied with an anatomical difference, such as we might expect to be able to see if we had more perfect instruments, we do not know. From the moment it is understood that the word structure means anatomical structure, it is evident that the argument used by Dr. Tyndall is without force. Again, with regard to the "germ limit," some of those particles (by which presumably is meant atmospheric particles) develope into globular bacteria, some into rod-shaped bacteria, some into long flexile filaments, some into impetuously-moving organisms, and some into organisms without motion. One particle will emerge as a *bacillus anthracis*, which produces deadly splenic fever; another will develope into a bacterium, the spores of which are not to be microscopically distinguished from those of the former organism; and yet these undistinguishable spores are absolutely powerless to produce the disorder which *bacillus anthracis* never fails to produce. It is not to be imagined that parasites which, on developement, emerge in organisms so different from each other, possess no structural differences. But if they possess structural differences they must possess the thing differentiated—viz., structure itself." Throughout this passage it is evident that it is not anatomical but molecular structure that is referred to, and it is evident Professor Tyndall has overlooked the distinction between anatomical organisation and molecular structure. The experimental evidence which we have before us goes to prove that in all the known cases in which bacteria appear to originate *de novo*, that is to say in liquids which are at the moment of their origin absolutely free from living bacteria, they really originate from "particles great or small," which particles are, therefore, germs in the sense in which that word is used by Professor Tyndall. These views may be illustrated by reference to my paper on the origin of bacteria, published in 1871. The experiments made at that time brought to light the new fact, now become old by familiarity, that all liquids, even when absolutely free from visible particles and all moist surfaces, are contaminated and exhibit a power of communicating their contamination to other liquids. As regards water and aqueous media in general, the "particulate" nature of the contaminating agent, points out that the particles in question are ultra-microscopical, and consequently that their existence is matter of inference rather than of direct observation. Prof. Tyndall has demonstrated that the ordinary air also contains germinal particles, of ultra-microscopical minuteness. That such particles exist there can be no question, but of their size, structural attributes, or development we know nothing. But it is an error to suppose he holds there is any connection between "molecular limit" and microscopical visibility. Since, however, it is admitted on all hands that there exist in ordinary air particles which are potentially germs, it might at first sight appear needless to inquire whether or not this fact is to be regarded as carrying with it the admission that they must necessarily possess the other attributes of organised structure. Very little consideration is requisite in order to become convinced that this question is in relation with another of fundamental importance in biology—that, namely, of the molecular structure of living material.

Whenever those chemical processes go on, which we collectively designate as life, we are in the habit of assuming the existence of anatomical structure. The two things, however, although concomitant, are not the same, for while anatomical structure cannot come into existence without the simultaneous or antecedent existence of the molecular structure which we recognise as living, the proof is at present wanting that the vital molecular structure may not precede the anatomical. At the same time it must be carefully borne in mind that there is no evidence of the contrary. The inadequacy of the proofs that have hitherto been brought forward in favour of the hypothesis that the germs of bacteria, for example, are organised structures, does not render it the less probable that they are so. And with regard to "disease germs," and comparing them with the germinal particles under discussion, it is seen that there is but little analogy between them; for, first, the latter are not known to be organised; secondly, they have no power of producing disease; for it has been found by experiment that ordinary bacteria may be introduced into the circulating blood of healthy animals in considerable quantities without producing any disturbance of health. So long as we ourselves are healthy, we have no reason to apprehend any danger from the morbific action of atmospheric dust, except in so far as it can be shown to have derived infectiveness from some particular source of misama or contagium.

Now there is only one disease affecting the higher animals in respect of which anything of this kind can be proved, and that is splenic fever of cattle. In other words, there is but one case in which the existence of a disease germ has been established. Comparing, then, such a germ with the germinal particles we have been discussing, we see that there is but little analogy between them, for the latter are not known to be organised, and they have no power of producing disease.

It will, however, be understoood that, in bringing these facts forward my sole purpose is to show, as I trust I have done, conclusively, that the statements which Professor Tyndall, in 1876, characterised as incautious, and which he virtually invited me to retract, had been two years before confirmed in every particular by experimenters of acknowledged competence.

WHAT HAS EXPERIMENTAL PHYSIOLOGY DONE FOR THE ADVANCEMENT OF THE PRACTICE OF SURGERY?

An Address delivered before the Surgical Society of Ireland at the opening of the Session 1877-78, *Nov.* 23*rd*, 1877.

By ROBERT McDONNELL, M.D., F.R.S.,
President of the Royal College of Surgeons in Ireland.

GENTLEMEN,—The topic to which I intend to address myself this evening is, I conceive, not unsuitable for me to bring before you now that I, as President of this College, am placed in the honourable position calling on me to deliver the address which inaugurates the 47th Session of the Surgical Society of Ireland.

In considering this question I do not mean to weary you by a dissertation on vivisection. I wish, as clearly and as briefly as I can, to vindicate what share experimental physiology has had in bringing the practice of surgery to its present position.

When we contemplate a stately pile of building—when for instance, we look with satisfied wonder at Westminster Abbey, or Cologne Cathedral, or even with amazement at the exquisite detail of the Duomo at Milan, or the immense grandeur of St. Peters—we know that these edifices have been not merely the work of many hands, but of many varieties of skilled artificers, each, from the humble workman who has carried mortar on his shoulder, to the refined artist who has toiled conscientiously with his chisel or his brush, has had his share in the completion of the work. So the healing art, as it at present exists, has been the slow growth of time and the work of many sorts and conditions of men—the anatomist, the chemist, the pathologist, the histologist, the physiologist, the electrician, the physicist, &c., have each played their part; the practitioner seeks to bring to a focus light coming from every source.

The successful performance of a single great operation requires the application of much knowledge and the carrying out of many details—each detail, although to the ordinary eye seemingly unimportant, is an essential part of the whole. Like a fine mosaic, if a few stones are wanting the work is incomplete, and falls to pieces. Now, the

question is—Has experimental physiology contributed much or little to this fine surgical mosaic work, as I may call it? Has it, or has it not, been the means of putting in some key-stones into the arches of the grand edifice of modern surgery?

If this cannot be made clear, then experimental physiology may be pronounced "to have been weighed in the balance and found wanting."

I am anxious to state this issue definitely, because I believe this is the chief ground on which experimental physiology can be justified. Let me say, that in my judgment, some of the advocates of experiment have injured their cause by using arguments readily answered by any thoughtful person, because they are fallacious. Thus, it has been argued that the lower animals do not feel very acutely. It is probable, nay, almost certain, that they do not feel so acutely as men, but it is also certain that they feel quite acutely enough to make it utterly unjustifiable to perform any painful experiment upon them, unless it can be shown that mankind has derived advantages vastly great from such experimentation in proportion to the amount of suffering inflicted. It would be utterly unjustifiable to lash our cab-horses through the streets of our large cities unless the advantage to mankind were enormously great in proportion to the labour and suffering thus inflicted on the brute creation.

It is also argued—mark the words—that the experimental physiologist *is not so bad as the sportsman*, or as those who mutilate animals for the table, and for other reasons. To such an argument the so-called humanitarian justly replies—"True, the physiologist is not so bad, but the work of the physiologist, the sportsman, and the mutilator are all objectionable; and we," he adds "commence our attack where we have the best prospect of success; we shall by degrees advance against the others as time goes on."

You see, therefore, that I repudiate the argument that the physiologist is *not so bad as* the others. I assert that he stands on wholly different ground. There is no more just comparison between the sportsman and the experimental physiologist than there is between a man who goes to take a plunge into the sea on a warm summer day, and one who springs in, clothes and all, in mid-winter to endeavour to save the life of a drowning fellow-creature.

The experimental physiologist derives no pleasure from the infliction of pain—he shrinks from it with that repugnance which is natural to most men; he overcomes these feelings from a sense of duty, with firmness and fortitude; he subdues his natural selfish instinct; he, as it were, dashes aside his repugnance to the ice-cold water, and makes at least an effort to do good.

That he is scorned and scoffed at by a certain class of bystanders—that he is assailed by a certain tribe of childless women (whose sympathies have been little developed), or sensational writers, who have little scruple in dissecting live men with their pens—that a timid, cowardly crowd, too ignorant to see through the mist of prejudice which surrounds them to the future good, sneer at him, and attribute to him base and unworthy motives, does not make his conduct the less admirable.

It is as peurile as it is false to assert that it is mere love of scientific notoriety which urges on the physiologist. The motives of mankind are mixed. Love of fame, of such honourable fame as forms a halo round the name of Haller, or Hunter, or Harvey, may well actuate the physiologist; but to say that desire for notoriety is the true mainspring of his conduct is as ridiculously false as though one were to assert that the heroic actions performed yearly by many of our countrymen chiefly arose from the selfish desire of obtaining the Victoria Cross, or the medal of the Royal Humane Society.

"I must make experiments," writes Sir Charles Bell, (*a*) "and that is what I hate to do." But he did not yield to this feeling—he subdued it; he set self aside, and made the necessary experiments, and in doing so he did what has been accounted noble in human conduct since the earliest ages of mankind.

I am aware that it is not an easy matter to point out, even to an audience such as I have the honour to address, the immense influence which the discoveries due to experimental physiology have had on *the general aspect of practice*; to a lay audience, or perhaps, I should say, to a *scientifically uneducated* audience, it would, I conceive, be wholly impossible. If you tell a child, on a cloudy, foggy day, that the diffused daylight by which we see our way about comes from the sun, it has a difficulty in understanding it. The bulk of mankind are in the same position with regard to the diffused light of science. They have difficulty in understanding how one discovery, like that of the circulation of the blood, for instance, or that regarding the compound nerve-roots, or the influence of the sympathetic system over the blood-vessels, can have been the means of letting light into the obscure chamber in which the practitioner of medicine and surgery has to work. The practitioner himself very often does not know where the light comes from. He uses it, he profits by it, but often knows not whence it comes. Like Molière's "Bourgeois Gentilhomme," he is talking prose without knowing it. I say this without any disrespect to the esteemed practitioners around me; but I must be allowed to state this truth explicitly, for there is nothing which has so much injured the cause of the physiologist as the assertion by persons whose names are familiar to the public, that practice has gained little, if at all, from experiment on animals.

If proof be demanded of how little the light of physiological science has penetrated the minds of some of our best known practitioners, I should say I must appeal to their published works. I conceive that no one really conversant with physiological physics could attempt to justify the application of a ligature to the *carotid artery* for the cure of subclavian aneurism, much less defend such a proceeding in these words—"I had an idea myself that the ligature on the carotid so low down would have the effect of checking by retrograde current the upcoming flow from the heart through the innominate, and thus the back stroke break the force of the stream, and so passing thus disturbed into the subclavian and aneurismal sac, so favour, by retardation of the current, the deposition of fibrine, and the formation of a clot."

No one at all skilled in physiological histology could suppose, as has been recentiy suggested, that the laminated fibrine deposited within an aneurism was a coating of organised lymph secreted from the walls of the sac; nor could any surgeon even moderately well acquainted with the teachings of modern physiology (or, indeed, who had made any physiological experiments with it) advocate the use of such an instrument as that described and figured in vol. xlvii. of the *Dublin Journal of Medical Science*, "as an artery compressor suggested for the treatment of some surgical aneurisms." It would, I fancy, hardly be fair to attach much value to evidence given by such writers as to what physiology has done for practice. But, unfortunately, physiology and practice in these islands are two things apart.

We do not find every day among even our leading physicians and surgeons men like Brodie, Robert Todd, Marshall-Hall, and, at present, Paget, Brown-Séquard, or Lister—individuals who are at once accomplished physiologists and skilled practitioners. Many physicians who can, with the greatest precision, make a correct diag-

(*a*) It has been so often asserted that Bell did not make experiments on animals that many who ought to be better informed on the subject have come to believe it. I must refer such persons to his letters and works. Writing in March, 1810, he says—

"Exp.—I opened the spine and pricked and injured the posterior filaments of the nerves; no motion of the muscles followed. I then touched the anterior division; immediately the parts were convulsed."

"Exp.—I now destroyed the posterior part of the spinal marrow by the point of a needle; no convulsive movement followed. I injured the anterior part, and the animal was convulsed."

nosis in heart disease, would stand a bad examination if cross-questioned as to the steps by which experimental physiologists gained a knowledge of the heart sounds. Many a surgeon in this hall could dexterously tie or twist a bleeding vessel who could give a poor account of the subject from Paré's time down to the experiments of Bryant, Humphry, Lister, and others. The man who works an electric telegraph may do it admirably well, yet know nothing of Volta, Galvani, Nobili, de la Rive, Wheatstone, or Faraday.

I do not, therefore, gentlemen, mean to insult you when I say that you may be excellent surgeons, but many of you do not know whence has come the light by the aid of which you work. I dwell, however, especially on this for two reasons—first, because in this we find the explanation of the strange fact that some of our most esteemed brethren have been found to assert that experiment on animals has done but little for practice; and, secondly, because it is in this very way that practice has been most profoundly modified by experimental physiology.

If there is any one among you who may be disposed to support the assertion that experiment on animals has done little for practice (and possibly our worthy Secretary, Mr. Tufnell, who at one time took a strong and somewhat sensational part against the practice may wish to do so), I would merely ask him, after a little reflection to reply candidly to the case which I have put.

The practitioner admittedly treads an obscure and uncertain path. He daily deals with cases in which the difficulty of diagnosis is extreme, and the line of treatment doubtful. So much so that no honest physician or surgeon who is sufficiently well informed to be alive to the dangers which surround him, will deny that there is some truth in the apologue assigned by D'Alembert to a physician, a man of wit and of philosophy. "Nature," says he, "is fighting with the disease; a blind man, armed with a club —that is the physician—comes to settle the difference. He first tries to make peace; when he cannot accomplish this, he lifts his club and strikes at random; if he strikes the disease he kills the disease; if he strikes Nature he kills Nature." Perhaps it is too much in the present day to speak of the physician as a "blind man;" he may be more justly compared to one who toils over some delicate handiwork in a mine but dimly lighted by a few lamps. Now suppose that some of his brightest lamps are extinguished, how would his work proceed? Suppose even that one single great discovery like that of the circulation of the blood, or the movement of the chyle in the lacteals, or the functions of the spinal nerve roots, were struck out, how immeasurably would the difficulties of the practice of medicine and surgery be increased! Are these not verily and indeed the key stones of the main portals? What would the edifice of modern surgery and medicine be without them? Yet these, with many lesser discoveries arising from them, are the direct offspring of experimental physiology.

It is, in truth, this diffused light of experimental science which has of late years altered the whole aspect of practice. You ask some aged practitioner how is it that so great a change has taken place since he was young? Then patients were largely bled in all manner of ailments, more especially inflammatory; now, many of our students pass through their entire period of study without ever witnessing the operation of venesection. He replies, "the type of disease is changed since I was young:—*Credat Judæus Apella.*" I confess I cannot accept any such explanation. This is but the answer of those who are very naturally unwilling to admit that they themselves have changed; but I take it that small-pox, typhus, measles, pneumonia, are very much what they were a hundred years ago, and that human flesh and blood, beef and beer, are also the same. The old gentleman, "*laudator temporis acti,*" thinks the girls are not so pretty, nor the gooseberries so good, as when he was a boy, and he thinks the type of disease has changed like them. No—Practice has changed, because the light of science has slowly and gradually enabled practitioners to see more clearly into the workings of nature. The careful microscopic study of inflammatory processes has shown the part really played by the blood, the vessels themselves, the nerves and surrounding tissues, and the physiological pioneer has by degrees established a more enlightened practice.

Who can say what individual, or individual discovery, put a stop to the burning or drowning of old women as witches? This horrible practice died out as mankind became enlightened.

Who ever demonstrated the absurdity, or preached against the folly of pretending to cure "king's evil" by the royal touch? Such superstitions are the result of benighted ignorance. The diffused light of knowledge dispels them; and in the same way the diffused light of science—wherein experimental physiologists have been the foremost workers—has improved practice. Yet, as I have already said, some of our very best-known practitioners can give no more satisfactory reason for the change than can the country bumpkin say why his father did, yet he does not try if an old woman would float on a horse-pond. He might say that the type of old women had changed!

Although there can be little doubt that it is in this way, by shedding a general light on practice, that experimental physiology has most contributed to progress, yet there are many minds which take in with difficulty abstract truths of this kind. They are more readily convinced when the proposition is put before them in a more concrete form. In order to do so, let us compare the operative surgery of some centuries ago with that of to-day. There was a time in not remote antiquity when surgeons had no other means of stemming the flow of blood after an operation than by scorching over the raw and bleeding wound with a red-hot iron, or by plunging it into boiling pitch, or applying strong caustics to its surface. Hildanus, the patriarch of German surgery, was regarded as having made a great advance when he devised the method of amputation with red-hot knives, so as to divide the soft parts and sear up the vessels at the same time. "Without," writes John Bell, "reading the books of these old surgeons it is not possible to imagine the horror of the cautery."

"Verily, I confess," writes Ambrose Paré, "I formerly have used to stanch the bleeding of members after amputation after another manner than that I have a little before mentioned (by ligature), whereof I am ashamed and aggrieved. But what should I do? I have observed my masters, whose method I intended to follow, alwaies to do the like, who thought themselves singularly well-appointed to stanch a flux of blood when they were furnished with various store of hot irons and caustick medicines, which they would use to the dismembered part, now one, then another, as they themselves thought meet. Which thing cannot be spoken, or but thought upon without great horror, much lesse acted. For this kind of remedy could not but bring great and tormenting pain to the patient, seeing such fresh wounds made in the quick and sound flesh are endued with exquisite sense. Neither can any caustick be applyed to nervous bodies, but that this horrid impression of the fire will be presently communicated to the inward parts, whence horrid symptomes ensue, and oft-times death itself. And verily of such as were burnt, the third part scarse ever recovered, and that with much adoe, for that combust wounds difficultly come to cicatrization; for by this burning are caused cruell pains, whence a feaver, convultion, and oft-times other accidents worse than these. Adde hereunto, that when the eschar fell away, oft-times a new hæmorrhage ensued, for stanching whereof they were forced to use other caustick and burning instruments. Neither did these good men know any other course; so by this repetition there was great losse and wast made of the fleshy and nervous substance of the part. Through which occasion the bones were laid bare, whence many were out of hope of cicatrization, being forced for the remainder of their wretched life to carry about an ulcer upon that part which was dismembered; which also took away the opportunity of fitting or putting to of an artificiall leg or arm in stead of that which was taken off. Wherefore I must earnestly

entreat all chirurgeons, that leaving this old, and too too cruell way of healing, they would embrace this new, which I think was taught me by the speciall favour of the sacred Deity."

In another chapter of his work Ambrose Paré, giving an account of a case in which he amputated the arm, says, "then presently I stanched the blood with an hot iron, for as yet I knew no other course."

Let us set side by side with this state of things an operation of our time.

Let me give a case of an operation which occurred recently in Steeven's Hospital, witnessed and watched afterwards by some persons present. Although occurring in my own practice I merely cite the case, as it illustrates what happens in the hands of every hospital surgeon, *au courant* with the improvements of the day. A patient has a tumour about the size and somewhat the form of a large lemon, in front of the right wrist joint. An anæsthetic is administered until she is profoundly insensible. Esmarch's bandage is applied. During the operation, the ulnar and median nerves which are closely adherent to the tumour on each side are dissected off. There is not one drop of blood to obscure the steps of the proceeding. After the Esmarch's bandage is removed some vessels are secured by torsion ; the wound, having been sponged with a solution of chloride of zinc, is closed by carbolised catgut sutures and dressed antiseptically ; after a time an hypodermic injection of morphia is given ; she rests well that night ; each dressing is done under carbolised spray ; neither the pulse nor temperature ever rise above the natural standard ; the wound did not heal by the first intention, but I can honestly say that during cicatrisation there was not a drachm of pus formed.

Could Ambrose Paré—but I need not go as far back—could Sir Astley Cooper rise from his grave and stand by on such an occasion, what would be his surprise ! An operation, painless, bloodless, feverless, and almost without suppuration !

Mr. Fleming, the father of Irish surgery, was present at the operation and watched the later progress of the case, and I think I may say he watched it with gratification and surprise, when he looked back to the recollections of his early days.

Now the question is, how far are those great results due to experiment on animals.

First, as regards anæsthetics, I may observe that chloroform was in fact discovered through experimentation on a low form of animal—the ant (*formica rufa*), which furnished formic acid.

But the action of anæsthetics has been investigated, both as to their local and general action, through experimentation on higher animals. The oft-repeated assertion, that we can gain no knowledge as to the action of drugs on man by their effect on animals is here refuted ; indeed the refutation is to be found in the very mouths of those who make the assertion. By Act of Parliament, physiologists are obliged to use anæsthetics :—Why ? Precisely because we see that they have very much the same effect upon dogs, cats, and rabbits, that they have on man ; effects so nearly similar, that much of our knowledge of them has been derived from direct experiment, in proof of which I would refer to the report of the Committee appointed by the Royal Medical and Chirurgical Society of London, "to inquire into the uses and the physiological, therapeutical, and toxical effects of chloroform, as well as into the best mode of administering it, and of obviating any ill consequences resulting from its administration." (*a*).

Even the illustrious Simpson did not fail too seek by experiment on animals to elucidate the subject. I hold in my hand a paper presented to me by Sir James Simpson, and written by himself, on Anæsthesia: "Notes on its Artificial Production by Chloroform, &c., in the Lower Animals and Man."

Do not let me be misunderstood. I do not pretend to say that chloroform or any other anæsthetic is a discovery altogether due to experiment on animals. What I assert is, that this great improvement in surgery would be incomplete but for experiments. They have played their part, and an important one, in the completion of this portion of the edifice.

The subcutaneous injection of morphia and other drugs now so very generally in use will, as regards the saving of pain, be admitted to be an important adjunct to the anæsthetics employed during the actual operation. Dr. Alexander Wood (*a*) has the merit of having been the first to use it. The late Mr. Rynd, as you know, was one of the first who took it up. Mr. Rynd told me that his first observations were made on sporting dogs. "I feared," said he, "that the injection might excite inflammation of a phlegmonous kind in the subcutaneous cellular tissue. When I found from experiment that this was not the case, I gained confidence and made trials which proved satisfactory on men."

We have also a Report (*b*) on this subject made by a Committee of the Medical and Chirurgical Society, in which some important practical points are elucidated by experiment on animals. Hundreds of persons are now daily using this admirable method of allaying pain who know little of the cautious experimental steps which led up to it. But here again experiment on animals has effectively played its part.

We next come to that part of our operation in which we had the truly marvellous spectacle of an incision four inches long without the effusion of one drop of blood, and a careful, and I might say, minute dissection of the ulnar and median nerves with no more to obscure the view of the operator than there is on the page from which I read. I do not know whether Professor Esmarch made any experimental trials upon animals or on himself before he actually put in practice his admirable idea. But this is certain, experimental physiology had paved the way for him. To ascertain how long the tissues can survive when deprived of the circulating fluid without risk of mortification was a prime step. The well-knwn experiments of Brown-Séquard and others had in a great degree solved this problem.

But I will confess I should not have had the hardihood to bind the arm of a patient after the manner of Esmarch, and keep it for twenty mintes or half an hour as completely bloodless as though it were the arm of a decapitated corpse, unless I had satisfied myself by experiments made first on animals, and later upon myself, that it could be done with safety. (To protect myself from prosecution, however, I beg to say that those experiments which from personal experience I can state are very painful, were made previous to the passing of the penal law against physiologists.)

With reference to the control of the bleeding after the tumour was removed, it is hardly necessary for me to speak. Every one, save those who are so prejudiced as to shut their eyes to the most obvious facts, knows that Harvey's great fundamental discovery (which underlies everything connected with the circulatory system and its diseases and accidents) was made by the aid of experiment on living animals. He himself writes :—

"When I first gave my mind to vivisections as a means of discovering the motions and uses of the heart, and sought to discover these from actual inspection and not from the writings of others, I found the task so truly arduous, so full of difficulty, that I was almost tempted to think with Fracastorius, that the motion of the heart was only to be comprehended by God."

. . . . .

"At length, and by using greater and daily diligence, having frequent recourse to vivisections, employing a variety of animals for the purpose, and collating numerous observations, I thought that I had attained to the

(*a*) "Transactions of the Royal Medical and Chirurgical Society of London," vol. lxvii., p. 323.

(*a*) "New Method of treating Neuralgia by Subcutaneous Injection." 1855.

(*b*) "Medico-Chirurgical Transactions," vol. l., p. 561.

truth, that I should extricate myself and escape from this labyrinth, and that I had discovered what I had so much desired, both the motion and the use of the heart and arteries, since which time I have not hesitated to expose my views upon these subjects, not only in private to my friends, but also in public, in my anatomical lectures, after the manner of the Academy of old."

A few years after Harvey's death (1657), Malpighi (1661) demonstrated for the first time the circulation of the blood in the lung of a living frog; thus by direct experimental demonstration silencing for ever Harvey's opponents.

It does not appear from Ambrose Paré's writings whether he made experiments on the lower animals before using the ligature on man. We cannot, therefore, claim for this great surgical discovery that it took its origin in experiment on animals. Being a truly humane man, it is probable that he did. But this much may be said with certainty, when Paré conceived the idea of giving up the hot iron and using the ligature, his first trials had of necessity to be made either on his fellow men or on some lower animal.

Living in the sixteenth century, he was at least permitted to do what true humanity would induce any reasonable person to do. But had he lived in this island in the nineteenth century, he would find a law absolutely prohibiting him from making his first trials on any lower animal, unless indeed he so far humiliated himself as to sue at Dublin Castle for such a document as I hold in my hand—a licence granted by the Right. Hon. Michael Edward Hicks Beach, Bart., Chief Secretary to the Lord-Lieutenant for the time being, to me, the President of your College.

But Paré's discovery of the ligature left much still to be done. Dr. Jones, by his experiments, greatly improved the practice, and is admitted by some of the best known surgeons to have done much for surgery. Sir William Lawrence says of him:—

"'He has banished the use of thick and broad threads, of tapes, of reserve ligatures, of cylinders of cork and wood, linen compresses, and all the contrivances which, employed as a security against bleeding, only served to multiply the chances of its occurrence.' The late Mr. Samuel Cooper, who was also an eminent surgeon, and the author on an important work on surgery, says: 'The principles which should guide the surgeon in the use of the ligature were not known until the late Dr. Jones published his valuable treatise on hæmorrhage.' Professor Spence, of the University of Edinburgh, who is entitled to apeak authoritatively as to the value of Dr. Jones's experiments, because he himself has performed many experiments in the same direction, says: 'When we look at the principles laid down by Dr. Jones as the results of his investigations, and for which he has received so much credit, it will be found that the great service he performed consisted not so much in pointing out any new fact observed in the process of obliteration of an artery, as in scientifically investigating the subject a sa whole; ascertaining in a great measure the relative value of the different parts of the process, and drawing from his experiments sound practical deductions as to the causes of secondary hæmorrhage, and as to the best means of procuring obliteration." (*a*)

I feel that it is not necessary for me to point out how far the practice of torsion, and the use of the carbolised catgut, are due to experiments on animals. The experimental researches of Bryant (*b*) Humphry, Lister, and others, are too fresh in your minds. Both these methods of arresting hæmorrhage are to my mind great advances in surgery, due almost entirely to experiment. It is a pleasing sight to see a large wound closed up with catgut sutures, and with not even one silken ligature acting as a foreign body to impede the healing process. As yet both torsion and the use of catgut ligatures are, I may say, on their trial. Many surgeons still adhere to the silk ligature. Were we allowed to demonstrate on animals the safety and real usefulness of the other methods, they would sooner come to be adopted by others. Unless there is such an opportunity of demonstration, such improvements come to be adopted slowly. Dionis was the first French surgeon who adopted and recommended Paré's method. This happened towards the end of the seventeenth century, whilst Paré lived in the middle of the sixteenth. Cooper tells us that about a hundred years after Paré, buttons of vitriol were used in the Hôtel Dieu in Paris for the stoppage of hæmorrhage after amputations.

Demonstrations on animals would, in this instance, have saved mankind for one hundred years the torture of the cautery.

The absorption of carbolised catgut ligatures and sutures, may be truly regarded as one of the marvels of modern science. It forms a part of what is due to the beautiful experimental researches of Professor Lister. Its immense value as an addition to practical surgery must be viewed, however, not merely as a means of arresting hæmorrhage, but in connection with the next part of our subject, viz., that which rendered the progress of our case feverless and free from suppuration.

Great as are the triumphs which have rendered operations painless and bloodless, the practical surgeon will value even more highly those which render convalescence after the operation free from fever and free from suppuration.

It would not be possible within the limits of my already too lengthy address even briefly to pass in review the observations, clinical, chemical, experimental, which have led to the happy results now frequent, if not constant, after operation. I will allude as shortly as I can to the share which experiment on animals has had in the achievement.

As you know, Musitanus, so long since as in 1702, explained surgical, or traumatic fever, as being a commotion excited in the system by the absorption of the putrid matter of wounds. Roser more recently adopted the same view, and many surgeons adapted their practice to this hypothesis of infection by putrescent substances. In December, 1866, Maisonneuve presented to the Academy of Sciences an exposition of the theory of surgical intoxications, in which he came to regard wound-fever as "the result of poisoning due to the introduction into the torrent of the circulation of toxic substances produced in the organism itself." According to this view, simple wound-fever, secondary fever, and the still more terrible forms of putrid fever, purulent fever (pyæmia), are but varieties of the same sort of infection, an infection or poison resulting from something generated within the organism itself. To investigate the causes of these decompositions; to discover with some approach to precision what particular matters resulting from them called into being these dreaded fevers; and then, finally, to arrest or prevent their formation, and so avert the terrible train of symptoms but too often ushered in by the ominous shivering fit which made the heart of the surgeon sink within him, and marred the success of the best planned and most skilfully executed operation;—this was a worthy aim for the scientific surgeon. It is not going too far to say that much has been achieved in this direction by the united efforts of clinical observation and experimental research. I do not think it possible for any honest man who approaches the subject dispassionately, to say that the latter has not played an important—an essential part in what has been done. From Hunter's time up to the present many experimental observations have been made on the temperature of inflamed parts. Many experiments have been made in

(*a*) Dr. Jones himself, in a preface to his book, says that: "He regrets the necessity of obtaining even this important knowledge by the sacrifice of brutes. But when we remember the incessant scourge of war which has followed man through all the ages of his history, not to mention the consequences of accident and disease, it is not too much to assert that thousands might have been, and may still be, saved by a perfect knowledge of these subjects; which can only be obtained by experiments on brutes; indirectly, and very slowly, by observations on the injured arteries of man, and even these cannot be made until he has fallen a sacrifice to the want of assistance, or to the imperfect knowledge of the surgeon."

(*b*) "Med. Chir. Trans.," vol. li., p. 199

the hope of solving some of the problems connected with purulent infection. The researches of Lee, Bennett, Ducrest, Castelnau, Sedillot, and others, are well known. But the experimental researches of the illustrious Professor of Surgery of Vienna—Billroth—and those of Weber, have a greater value than any which preceded them. The experiments also of Breber and Chroback (Zur Lehre von Wundfieber), leading to the conclusion that the fever accompanying traumatic inflammation is independent of the action of the nervous system, have a value which no thoughtful man will deny. I cannot help alluding to the observations of Billroth and Weber, as they seem to be of strikingly practical import. Billroth, in his second series of experiments, tries to determine which of the constituents of pus may be that to which we should really attribute the fever-exciting property. In order to decide this question he selected various substances found in pus undergoing decomposition; with these he made injections both subcutaneously and into the veins. In this way he investigated the properties of sulphuretted hydrogen, bi-sulphuret of carbon, sulphuret of ammonium, carbonate of ammonia, leucine. As regards local effects the following results were obtained :—Sulphuretted hydrogen and bi-sulphuret of carbon do not give rise to any local inflammation; sulphuret of ammonium causes suppuration with fever; carbonate of ammonia produces very intense local effects followed by fever.

As regards temperature, sulphuretted hydrogen does not induce any change; bi-sulphuret of carbon caused a considerable augmentation of heat; sulphuret of ammonium produced no immediate effect on the temperature. But leucine in three experiments excited an increase of heat so considerable that the thermometer stood at 104° Fahr. Carbonate of ammonia gave very remarkable results, entirely different from all the other substances; injections of it were always followed by a lowering of temperature proportionate to the quantity injected.

This phenomenon is unquestionably one of great interest, especially when we consider its bearings on the symptoms of uremia.

As regards the constitutional disturbance which it excites, Billroth has found that perfectly fresh pus acts even more energetically than desiccated or putrid pus.

Weber has verified many of the foregoing results, and even confirmed many points still doubtful. Thus he has found that pus, the filtered serum of pus, sulphuretted hydrogen, and various products of exudation, are of a phlogogenic nature, that is, excite inflammation. Besides every one of these substances is likewise pyrogenic' that is, they excite a fever and cause an augmentation of temperature not dependent on the local inflammation. He has found also that not only carbonate of ammonia, but likewise butyric acid causes a remarkable lowering of temperature. Weber has also discovered the important fact that not only does the pus of one animal, when injected into the veins of a second, excite fever, but the pus of an animal when injected into its own veins, is followed by an intense febrile excitement in this same animal. He has likewise shown that the blood itself, under certain conditions, may excite fever; in fact, when the blood of a dog, attacked with fever, is injected into the veins of a healthy dog, this animal is attacked with fever. The blood bears with it the ingredients which excite the fever, and each fresh injection causes an exacerbation of the febrile condition.

Gentlemen, I pity, but I confess I cannot reason with, the man who is unable to see the bearing of these facts on practice. I should as soon think of discanting on the exquisite colouring in one of the stained-glass windows of Cologne Cathedral to a man suffering from Daltonism.

It would be foreign to my purpose to enter even briefly on the consideration of his researches, which more or less directly led up to the practice now-a-days so ably advocated by Professor Lister. I may, however, be permitted to say that I heartily concur with Dr. Roberts in the views expressed by him in his admirable address delivered at the Manchester meeting of the British Medical Association when he says—"It was the distinguished merit of Lister to perceive that these considerations pointed to a means of preventing septicæmia. He argued that if you could prevent the access of septic organisms to the wound, or destroy them there, you would prevent decomposition, prevent the production of the septic poison, and thus obviate the danger of septicæmia. It is not within the scope of this address to describe the means by which Lister attained this object, still less to pass judgment on his practice, but I may be permitted to express my belief that the principle on which the treatment is founded is unassailable."

But, gentlemen, I have already taxed your patience too long. I have compared a single operation, such as is of frequent occurrence in the present day, with the horrors of bygone times. I have, I hope, shown you that experimental physiology has had some share in bringing about the grand result which makes such an operation painless and bloodless, and disarms the convalescence which follows it of the dangers of wound fever and suppuration. I have striven to state my case fairly and without exaggeration.

Were I to attempt to go further into the subject to show the vast number of ways in which the practitioner avails himself in practice of the light derived from experimental physiology I should write a book, not deliver an opening address.

I should, indeed, far exceed the limits of what is suitable for an evening entertainment were I even to enumerate the researches which have taught us nearly all that we know with any accuracy about respiration, digestion, the functions of the cerebral and spinal nerves, the circulation, and the heart sounds, the growth and development and regeneration of bone, nerve tissue, &c., the phenomena of inflammation, and much more knowledge which is as indispensable to him who would practise medicine as it is to the surgeon.

Although it is no portion of the task which I at first laid down for myself, yet I would gladly, gentlemen, if time permitted, enter into the moral and ethical aspect of this question in its effects on those who engage in, or witness, experiments on animals. I could show, upon good authority, that it is an error to suppose that contact with suffering tends to brutalise and harden us as a profession. I could show that it is the passive witnessing of what is painful or horrible which dulls men's better nature. Gazing at an execution, or a bull-fight, reading sensational novels, and writing sensational articles may have this effect. Does the Sister of Mercy, I ask, or the lady-nurse become less benevolent because of her daily intercourse with pain and sorrow? The surgeon who performs, or the student who witnesses, a painful operation is not rendered less kindly or benevolent, the one by his effort to mitigate the suffering or prolong the life of his patient, or the other by his effort to learn how to do so? The physiologist or the student who, with a truly noble object in view, performs or witnesses experiments on animals is not rendered "devilish" by this any more than a man would be who went from prison to prison to witness execution after execution with the very laudable object of making the process of hanging so complete that even wretched criminals may be saved from a prolonged and painful agony in their exit from this world.

We have the authority of the great moral philosopher, Bishop Butler, for this simple distinction between the passive and active phases of what is awakened within us by witnessing distress in others. "Perception of distress in others," says this learned author, "is a natural excitement, passively to pity, and actively to relieve it. But let a man set himself to attend to, inquire out, and relieve distressed persons, and he cannot but grow less and less sensibly affected with the various miseries of life with which he must become acquainted; when yet, at the same time, benevolence considered, not as a passion, but as a practical principle of action, will strengthen; and whilst he passively compassionates the distressed less, he will acquire a greater aptitude actively to assist and befriend them."

Like the muscles, the human affections and sympathies gain strength and vigour by exercise. The use of the sledge-hammer makes the palm less liable to be galled or blistered, but it is what gives strength and power to the thews and sinews of the smith's right arm. The active effort to relieve distress, the firm determination to subdue the selfish part of the emotion of pity, and the struggle to face scenes, whether in the dissecting-room or the dead-house, the operation-theatre or the physiological laboratory, from which most men shrink back at first with horror and disgust, this is what strengthens within the surgeon some of the noblest qualities that human beings are endowed with. Thus, there is developed within in him the truest, the most active benevolence. Not that I assert that we are made of a superior clay to other mortals, but merely that the circumstances which surround our lives tend to produce these natural results. "But," continues Bishop Butler: "going over the theory of virtue in one's thoughts, talking well, and drawing fine pictures of it; this is so far from necessarily or certainly conducing to form an habit of it, in him who thus employs himself, that it may harden the mind in a contrary course, and render it gradually more insensible, *i.e.*, form an habit of insensibility to all moral considerations."

In conclusion, gentleman, I will ask you to pardon my egotism when I say that I feel I have done something to awaken among my younger brethren in Dublin the spirit of physiological and histological research. There is no part of my professional career that I look to with so much pride and satisfaction. This gives me a kind of right to address a few words to the younger and more earnest among my hearers *apropos* of the persecution (for I can call it nothing else) now levelled against physiologists.

There is not one among you who feels more keenly than I do the indignity offered to physiologists by the passing of the Act of 39 and 40 Vic., chap. 77 (I will not wound you by reading its offensive title).

Like most efforts wherein benevolence fails to be directed by reason and good sense, it will I fear produce ill results. For two reasons I profoundly regret that it ever become law.

1st. It will inevitably lead, in my judgment—indeed I am convinced it has already led—to clandestine experimentation, causing an increase of animal suffering as well as a certain familiarity with law breaking.

2nd. Because the protective clause of the Act was purchased by a sacrifice of our dignity. For this, we bartered away the honour of our noble profession.

I am fully aware that the indefiniteness of the Act makes it in a great degree unworkable, and I might almost say, offers temptations to evade its provisions, as no doubt you could easily do if you pleased. But I earnestly beg of you to remember that it is now the law of this land. Fall in loyally with it while it is so. Many an imperfect enactment, if well administered, has done good. It is by no means impossible, that this one may have the effect of giving aim and directness to physiological research. It will certainly tend to make the best of our students seek on the continent of Europe that sort of education which is denied them at home. It will thus enable them to gain a knowledge of those languages, little cultivated in our Universities, yet essential to those who desire to maintain the reputation of our schools.

Do not despair then, of the progress of physiology in Ireland or in Great Britain. Acts of Parliament cannot stop the tide of progress any more than they can stem the tide of the ocean. To use the words of a song familiar to Irish ears: "When laws can make the blades of grass cease growing as they grow," then laws may arrest the progress of science. If you as earnest, honest men, with faith in your cause and a humane spirit, such as actuated Haller, Harvey, Bell, Jones, in your hearts, advance—you will be met in a similar spirit by the individual, who in the main has entrusted to him the carrying out of this Act. I allude to Dr. Burke, a gentleman who unites humanity and good sense with an honest intention to work the Act fairly, and a just appreciation of what experimental physiology has done, and may do for mankind.

As to the fanatics who placarded our walls with sensational diagrams; advertised in our newspapers, offering bribes for secret information; (*a*) asserted what every one in this assembly knows to be false, that our pupils are engaged in cutting up living animals, when we know they never do anything of the kind; and who in their wicked foolishness endeavourd to injure the sick poor in our hospitals, by turning aside the subscriptions given on Hospital Sunday. As for these people, I would treat them as Harvey treated those in his time. In a letter to Riolanus, he says, "There are some, too, who say that I have shown a vainglorious love of vivisections, and who scoff at and deride the introduction of frogs and serpents, flies, and others of the lower animals upon the scene, as a piece of puerile levity, not even refraining from opprobrious epithets. To return evil speaking with evil speaking, however, I hold to be unworthy in a philosopher and searcher after truth; I believe that I shall do better and more advisedly, if I meet so many indications of ill-breeding with the light of faithful and conclusive observation."

But let it not be supposed that those who do not refrain from opprobrious epithets form the bulk of the public. The great mass of mankind have much good sense, *au fond.*

They will ever continue to repose confidence in our great profession; they will feel the practical absurdity of regarding men as wantonly cruel, whom they see and know to be kindly and humane; they will see the folly of looking with distrust and suspicion, as regards their relationship with the lower animals, on men whom they would trust in reference to their soldiers, their sailors, the sick poor in their hospitals, and their wives and children in their homes.

As for the well-intentioned but thoughtless fanatics who have got up this persecution, be not scared at their outcry. If you cannot feel confidence in their good sense, you may have unbounded confidence in their selfishness. How many of them are there, do you fancy, who if for instance they had reason to think their bodies were pervaded by thousands of trichinæ worms creeping about in their muscles, would not come supplicating assistance from those who have learned by experiment, and experiment only, the life-history of this animal, and if not yet the method of cure of this loathsome disease, at least its mode of prevention.

How many would allow their children to continue victims of epilepsy, if they thought they had a bare chance of getting them cured, by consulting a physician whose experimental researches had made him specially learned on this subject.

Fear them not, they are as shabby as they are selfish. They may rail against experimental physiologists, but they will never dream when the day for the operation arrives, of having their limbs amputated with hot knives because experiment on animals has taught surgeons other and better methods.

In their hour of agony they will not refuse the relief of the subcutaneous use of morphia, because Mr. Rynd's first trials were made on sporting dogs.

I will confess that I do not like introducing into the discussion of this subject any allusion to that "inscrutable Power at once terrible and beneficent in whom we live, and move, and have our being." I feel confident, however, that there are not many who in their actual

(*a*) From The *Standard*.

"To Laboratory Assistants, Hospital Porters, and Others.—Wanted, the Names and Addresses of Persons, licensed and unlisensed, performing painful Experiments on, or Dissecting Living Animals. Liberal Remuneration given for expenses and loss of time. Communications considered private if desired.—Apply by letter to George R. Jesse, Esq., Hon. Sec. and Treasurer, Society Total Abolition, &c., Vivisection, Henbury. Macclesfield, Cheshire."

conduct would be found to act up to the sentiments bravely expressed by one who has shown herself perhaps the ablest and certainly one of the most earnest opponents of experiment on animals. "If that terrible Power," writes Miss Cobbe, "will in truth scourge us with a hundred diseases unless we thus propitiate him, then would I, for one deliberately pray, let these dread diseases overtake me, and let me die, sooner than share any benefit from such foul rites, or even say to this new Moloch of science, 'Thou art my God.'" (a)

Let it not be supposed that I quote these words to mock them. The fearless, truth-loving, vigorous-minded lady who wrote them would never have penned them had she not felt them, as regards herself, to be true. I would, however, remind her that there is something which touches generous natures like her's even more deeply than their own suffering. If it was her lot, as it is ours day after day, to feel the feebleness, the impotence of our art to grapple with disease; if it was her duty again and again to have to pronounce the fatal word when asked "can nothing save my child?" if she had to witness the powerful frame of a stout-hearted man convulsed and bowed down with sorrow when the dread sentence is passed upon his wife, "yes it is cancer;" or to look upon the agonised face of a mother who watches her baby (which she will entrust to no other) as it lies upon her lap, and with a power of observation by experience rendered painfully acute, perceives the movement of the lips, the twitching of the eye-ball, the pallor and subsequent lividity of the face, the restless motion of the head and helpless cry that usher in the general convulsion; then I believe she would at least have some sympathy with those who have proved themselves willing not only to suffer pain themselves, but to inflict it on the lower animals, in order to strive to make even one single step towards unravelling the vast entanglement in which the mysterious phenomena of disease are involved;—she would admit that the workings of the terrible Power she alludes to are indeed inscrutable; for she would see myriads of animals destroyed by painful deaths for the maintenance of their fellows; she would see few great things accomplished in this world without pain, and travail, and sorrow; the greatest truths making progress not unaccompanied by torture and persecution; the liberties of mankind won not without bloodshed; she would see few, if any, of the great achievements which accompany human progress gained on the whole with less pain and bloodshed than those which have rewarded the efforts of the experimental physiologist, and sanctified his work.

Clinical Records.

ST. MARY'S HOSPITAL.

Epithelioma of Leg—Amputation through Condyles—Pyaemic Symptoms—Recovery.

(Under the care of MR. SPENCER SMITH.)

Reported by J. B. COUMBE, M.D., M.R.C.S.Eng.,

J. G., æt. 51; admitted April 30th, 1877. A straw-worker, formerly a marine. He had a sore and bubo in 1846, but cannot remember that he had any secondary eruption. No family history of malignant disease. In 1847 he noticed a small red papule below the knee, which gradually enlarged and became painful, extending to the knee, and he was obliged to leave the service in 1849, after an operation, which was performed in Malta.

At present he looks careworn, is emaciated, sallow, and nervous. Muscular tremour of hands, even preventing him picking up a pin; this commenced with the growth and has increased with it; he sleeps little at night; takes his food badly, and complains that the tumour gives him much pain. Muscular spasms of the leg often trouble him greatly, and sometimes his memory fails.

The growth, which has increased rapidly of late, is six inches in diameter, situated over the front of the upper part of the tibia, extending sideways, irregular in outline, with large vascular fungating granulations and ulcerations, bleeding easily, indurated, infiltrating the skin and parts in its immediate neighbourhood, attached and growing from the bone. It was found that the growth had perforated the tibia by a hole about an inch in diameter, had affected the medullary tissue in its upper two-thirds, and was then causing destruction of the bone from within outwards. The joint was free, there was no enlargement of the femoral or inguinal glands, and no cardiac or lung complications.

May 9th.—Mr. Spencer Smith amputated through the condyles, making skin and cellular tissue flaps; the anterior flap was very short, on account of the growth, the bone being covered by the posterior flap. Carbolised cat-gut ligatures, with silver sutures, were used, and the wound was dressed with carbolised oil.

He slept moderately well during the night, and progressed favourably, considering his general condition, until the 11th, when the dressings were first changed. The wound looked very well, but in the evening he had a severe rigor, the temperature rapidly rising to 105, pulse 114, soft and feeble, and he complained of twitching and shooting pain in the limb, and could not sleep. Quinine and morphia injected subcutaneously, and brandy in full doses was now given. He improved somewhat until the 15th, when he had retention of urine, and required the catheter to be used, after which he had a sharp rigor; he was allowed a pint of champagne daily.

For some time his temperature ranged very irregularly, being constantly drenched with profuse sweats, little sleep at night, noisy and delirious, constantly twitching and pulling off the clothes. During the day he was often semi-conscious, scarcely knowing anyone near him, sometimes passing his motions unconsciously. The wound healed in the centre, but it looked blue and glossy, and discharged little pus. At the outer and inner side the flaps, which were never long, became retracted by constant irregular muscular spasms, which could not be approximated by half an inch, although very long pieces of strapping constantly drew the parts together, the end of the bone was partly exposed, it looked very healthy, without any tendency to necrosis. It was dressed every morning with carbolised oil, after being washed out with warm carbolic lotion. Induration appeared in the groin, followed by a large abscess.

His general treatment was champagne, a bark and acid mixture with belladonna; eggs and beef jelly.

June 2nd.—He had a severe rigor. The wound looked unhealthy; many small abscesses appeared on the scalp, each surrounded by a zone of inflammation.

8th.—A fresh complication now ensued—pneumonia At the base of the right lung, dulness with fine crepitations, and it was thought that pyæmic abscess in the lung, such as on the scalp, was forming. After a few days his tongue became excoriated, red, and dry. He had a severe sore throat, and was drowsy.

20th.—Has much improved, more rational, sweats less, and sleeps better; began to enjoy solid food. We added some iodide of potassium to his mixture, and he so rapidly improved, that I ventured to get him out of bed on the 23rd, though he felt exhausted for the first few days. He now progressed very favourably, could take some chicken by the 30th of June, and dressed himself on the 7th of July; and though he waited some days in the hospital for the instrument maker he was discharged on August 1st, having gained many pounds in weight. He looked very much better than on the day he entered the hospital, was less nervous, and described himself as "better than he had been for a long time past,

(a) Miss F. Power Cobbe. *Contemporary Review*, p. 335, 1877.

and that he was now well enough to work to help maintain himself and family."

Range of Temperature at Three different Periods.

May 9th (operation).—Temp., morn., 98·6—even., 100 6. Pulse, morn., 80—even., 84.

10th.—Temp., morn., 100·2— even., 101. Pulse, morn., 90—even., 98.

11th.—Temp., morn., 99·1—even., 101·2. Pulse, morn., 99—even., 114.

12th.—Temp., morn., 105—even., 99 8. Pulse, morn., 140—even., 98.

13th.—Temp., morn., 99·4—even., 101·4. Pulse, morn., 108—even., 100.

14th.—Temp., morn., 101·2—even., 102·6. Pulse, morning and evening, 108.

15th.—Temp., morn., 101·2—even., 104·6. Pulse, morn., 108—even., 136.

16th.—Temp., morn., 100·8—even., 101·8. Pulse, morn., 108—even., 96.

17th.—Temp., morn., 100. Pulse, morn., 108—even., 96.

June 1st.—Temp., morn., 99·2—even., 100·6.

2nd.—Temp., morn., 101·8—even., 97.

3rd.—Temp., morn., 100—even., 102·10.

4th.—Temp., morn., 100·2—even., 99·8.

5th.—Temp., morn., 99 2—even., 104·6.

6th.—Temp., morn., 98·8—even., 100·4.

7th.—Temp., morn., 103·2—even., 101·8.

8th.—Temp., morn., 100—even., 102.

9th.—Temp., morn., 99·4—even., 99·8.

22nd.—Temp., morn., 101—even., 98·6.

23rd.—Temp., morn., 98·2—even., 101.

24th.—Temp., morning and evening, 98.

25th.—Temp., morn., 97·8—even., 98·6.

26th.—Temp., morn,, 98·4—even., 99·2.

27th.—Temp., morn., 98—even., 99.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE first meeting of the Session 1877-78 was held on Friday, November 23rd, 1877, in the Albert Hall, Royal College of Surgeons, Dr. ROBERT MCDONNELL, F.R.S., President of the College, in the chair. There was a very large attendance of members.

The PRESIDENT then read the Inaugural Address, which will be found on page 486.

VESICAL CALCULUS.

Mr. W. J. WHEELER said the specimen which he had the honour of laying before the Society was one of vesical calculus which he extracted by the operation of lateral lithotomy from a boy, æt. 18 years, who came under his care in the City of Dublin Hospital on the 24th of August last. He had all the usual symptoms of stone in the bladder, which he need not there refer to. On making a section of the calculus the outer shell of it was so friable that with the gentlest grasp of the forceps several pieces broke off. He found on examination that the shell was composed of carbonate of lime, and on looking at the nucleus one would think from the appearance that, chemically, there was very considerable difference between it and the outer shell. Dr. Cameron had analysed both, and found that the nucleus consists of phosphate of lime, contains traces of phosphate of magnesia, lithic acid, and a rather large amount of carbonate of lime. There was no chemical difference between the nucleus and the crust, except that the latter contained none of the carbonate of lime. He thought the specimen was somewhat interesting on account of the appearance of the nucleus being so very much different to the external shell, while, chemically, there was really found to be none. It may also be of interest to state that in the neighbourhood in which the patient lived the water contained a very large quantity of lime. He had nothing more to add on the subject, save that the boy was discharged from hospital eight weeks after the operation perfectly recovered.

EXCISED HEAD OF HUMERUS.

Mr. F. G. CROLY said the first specimen which he had the honour to exhibit was one of very considerable interest. It was the head of the humerus showing the cartilage completely eroded. The history of the case was briefly this: the patient was a young man who received an injury to his right shoulder-joint, about five years prior to his admission to hospital, from a cask. When he came under observation he had a large sinus about the centre of the humerus, discharging a considerable quantity of matter. On passing the probe in, expecting to find disease of the bone, the probe went up towards the shoulder-joint, and he failed to detect any stripped bone in the shaft of the humerus. On, however, making a further examination about the region of the shoulder the patient winced when pressure was made on the shoulder-joint, and when on pressing the humerus below the glenoid cavity, the patient complained of excruciating pain. There was no sinus in the vicinity of the joint. He might mention that the patient was suffering from all the symptoms of hectic fever. He performed the operation of excision. On laying bare the head of the humerus he found, as the members of the Society would see, that the cartilage was completely eroded, and the glenoid cavity was also affected. The shaft of the bone, as would be seen by the section made below, was perfectly firm. The disease was limited to the head of the bone, and was, therefore, an admirable case for the operation of excision.

VESICAL CALCULUS.

Mr. J. E. KELLY exhibited a phosphatic calculus which he removed from the bladder of a young man, æt. 28 years. The operation was the ordinary lateral one, and there was nothing very particular with regard to the case, except the great extent of the patient's sufferings. He, however, perfectly recovered and left hospital in about ten weeks. The weight of the stone was 5 ozs. 1½ drachms; its dimensions were 2⅞ in. long by 2⅝ in. broad, and its circumference was 8 inches.

VESICAL CALCULUS AND DISEASED KIDNEY.

Mr. ORMSBY exhibited two calculi which he removed from the bladder of a boy about 6 years of age in the Meath Hospital. The child went on very well subsequently. Four weeks after the operation the patient left hospital with the wound completely healed. He had not been able yet to have sections of the calculi made, but Prof. Cameron weighed them immediately after they were extracted, and it was found that one weighed 98 grains and the other 46 grains.

VESICAL CALCULUS IN THE BLADDER.

Mr. CROLY also showed a specimen of stone in the bladder. The patient, a man, had pus in his urine, and he thought it better not to meddle with him. The man, who was middle-aged, had been suffering for some years from stone. The man suffered a good deal from hectic symptoms after his admission, but at first his urine was free from albumen and pus, but there was a good deal of mucus in it, such as was seen in cases of bronchial catarrh. One Sunday morning, about a week or ten days after admission, he got sudden symptoms of fainting, and, without any apparent cause, became collapsed and died. The ordinary lateral operation was performed at the post-mortem examination, and the small stone now exhibited was, without the slightest difficulty, extracted. He also showed one of the kidneys, which was of enormous size; the ureters were enormously dilated. The bladder was contracted into a very small space, and presented evidence of extensive disease. The case was, he considered, important by the conditions found, showing the importance of examining the urine carefully before proceeding to operate.

TWO FEET REMOVED BY SYME'S METHOD.

Mr. CROLY also exhibited other specimens, which he said were of some interest. He first showed the right foot of a woman who was admitted into hospital under his care about six weeks ago, and the information he received from her was that, about five months before she got a sudden pain in her heel; there was no history whatever of accident. The woman suffered intense pain, so much so, that she would not allow any one to touch the foot. Her health gave way, she became hectic. He decided on removing the foot, which he did by Syme's method. The lower end of the tibia had the cartilage eroded. It was a case of limited disease which was purely in the ankle-joint. Mr. Croly then exhibited the left foot of a young man which he had removed on the previous Tuesday. The patient had had disease about his ankle for nearly five years, and when he was admitted there were sinuses at each side

of the ankle, and on passing a probe the diseased bone was easily detected. The man's foot was not only useful to him, but the disease was actually going on. He accordingly amputated the foot. The tibia was anchylosed to the astragalus, and he removed the foot without disarticulating it.

HAND REMOVED BY OPERATION.

He then showed the hand of a man that he had removed by the rectangular flap method. There was extensive disease and sinuses which placed the hand in a position useless to the patient.

The Society then adjourned.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER V.—RABIES, ITS ETIOLOGY AND SYMPTOMS.

Definition.—A contagious communicable disease, depending upon the introduction into the system of a specific poison. It may be caused by any rabid animal, and all warmed-blooded creatures are susceptible to it. An abrasion of the skin is necessary for the development of the poisonous effects. Both the cutis and the mucous membrane must be deprived of their epithelial layer, whether the communication be made by mere contact (slavering over excoriations), or by inoculation (bites). The poison is of a fixed and not a volatile character (Romberg). It is never communicated by cutaneous or pulmonary exhalation, through the intervention of the atmosphere. It never originates spontaneously in man. It is usually attended by some pain or uneasiness in the inoculated parts; feverishness, mental anxiety, hyperæsthesia, reflex sensibility, irritability, dyskataposis or difficulty of swallowing, headache, tremor, delirium, prostration, and death.

Synonyms.—Lyssa, Kuno-Lyssa, Phobodypson, Phangydron, Rabies canina, Rabies contagiosa, Entasia-Lyssa, Canine madness, La Rage (French), Die Hundswuth, Tollwuth (German), Rabbia (Italian), Hydrophobia (Spanish), Vallenskrack (Swedish), Vandsky (Danish), Byechenstvo (Russian), Byesnania (Servian), Wscieklizna (Polish), Wcleklost (Bohemian), Sag diwanah (Persian and Turkish), Kelev Schote (Hebrew, Arabic, Chaldiac).

Predisposing Causes.—It will be seen from our tables, that it invades alike the rich and the poor, and that every sex and age are liable to it, though the proportionate number of males is greater, partly owing to the greater exposure of men in the streets, and to the greater protection afforded by the dress of women. According to Romberg, accidental circumstances favour the development of the disease, after the poison has been received into the economy, and bodily exertions, mental emotions, and especially fear and external impressions, may act in this way. He illustrates this by a history recorded by Trolliet and two instances from Lenhossek. Youatt also observes that in animals the slumbering germ may be brought to life by excitement, and when dealing with rabies in animals, this point will be more amplified by the experience of a more modern authority. *For the exciting causes* we are indebted to Fleming. It may be safely affirmed, that the virus of every rabid animal will communicate the disease, and that there is every reason to believe all warm-blooded creatures are susceptible to the influence of the specific poison; and on looking through the tables it will be seen that a large number of cases were due to other animals besides the dog. It was believed, for a long time, that the primary disease was confined to such animals as naturally employed their teeth as weapons of defence; but experiments of a later date have proved this assertion to be erroneous. Eckel succeeded in conveying the disease from a he goat to a sheep. He also successfully inoculated a dog, with the saliva of rabid herbivores. Berndt inoculated four sheep with the saliva of a mad ox, and they became mad. Breschet asserted that he had conveyed the disease by inoculation, with the foam, from the mouth of rabid horses and asses. Rey produced the disease first in sheep by bites of a mad dog, and developed it in other sheep, from the saliva of the diseased sheep. The saliva of rabid sheep has produced rabies in rabbits.

Youatt gives an instance of rabies, conveyed from a horse to a man, who was physiking the animal, and had placed his hand, which was abraded, in its mouth. This excellent veterinarian also communicated the disease from the horse to a dog, and once from the ox to a dog. Tardieu mentions that in 1855, in the Department of Creuse (France), a sheep had been bitten by a mad dog; it bit the shepherd on his arm. Rabies developed in fifteen days, from which he died. The disease has been communicated from the ox to fowls, as demonstrated by Dr. Ashbourner in 1828, and later by W. King, of Clifton, who produced rabies in a fowl, by inoculating it with the saliva of a cow, that had just succumbed to the disease.

Zincke, of Jena, produced rabies in fowls by inoculating them with the canine virus, and Van-Swieten reports that an old woman died with all the symptoms of rabies, and as he could not admit that a virus not present in an animal, could be communicated by that animal, he conjectured that the cock was suffering from rabies, which had been imparted to it by a fox. The result of the experiments carried out by various authorities led Roll to assert that the bite of herbivorous animals suffering from rabies, as well as inoculation with their saliva or blood, will communicate the affection, though the contagious principle is not so active, or intense as that derived from the carnivora.

It must not be forgotten that the facility with which the disease can be transmitted by different species, depends, besides the activity or degree of virulency of the infecting principle, upon the organisation, or rather nature of the diseased. Flesh-eating or carnivorous animals, as is well known, generally attack other creatures with their teeth, which are well adapted for wounding and tearing, consequently, they are the most successful in inoculating with the poison. Herbivorous animals differ in their habits and instincts, as well as in their aggressive weapons, from the carnivora, which render them less dangerous when affected with rabies. The horse's natural weapons are its hoofs, and it comparatively rarely employs the teeth, while the cow, sheep, and goat use their horns. The transmission of the disease of these animals is less likely to occur, even when a horse does bite; owing to the shape of the teeth, the skin is not so readily penetrated. There is conclusive evidence on the communicability of rabies from the human species to the lower animals. On the 19th of June, 1823, Majendie and Breschet, in the Hôtel Dieu, in the presence of many witnesses, gathered some saliva from the mouth of a man who was dying of rabies, and inoculated with it two healthy dogs. One of these animals became rabid on the 27th of July. Mr. Earle, of St. George's Hospital, London, inoculated several rabits with the saliva of a patient affected with rabies; some of these became rabid. Hertwig and Renault also proved experimentally that the disease could be transmitted from mankind to the canine species. Many cases are reported in which the malady has appeared in mankind, from scratches from cats' claws; but in all probability these weapons had been previously contaminated by the saliva, as rabid animals frequently use their paws to remove the viscid secretion that obstructs their mouths.

We may here again mention that nothing can be more erroneous or terrifying than the assertion that rabies may be induced by the bite of a healthy animal. No wound, injury, or bite from a healthy dog, can produce the

specific disease, we term rabies. Abundant proofs can be brought forward to support this assertion, and Professor Pillwax, of Vienna, has adduced the strongest evidence against this alarming statement. In "Rabies and Hydrophobia" this question is more fully discussed. The ordinary vehicle of communicating the infection is the saliva or mucus from the mouth of rabid dogs, but it has been proved that unmixed saliva taken from the salivary duct portions of the salivary glands, and the blood itself, have the same properties. On these points there is an exhaustive account in the same work we have above referred to. We may, then, conclude that the disease may and has been transmitted—

1st. From dogs to cats, oxen, foxes, pigs, and sheep.
2nd. From dogs to foxes, and through them to man.
3rd. From dogs to cats, and through them to man.
4th. From wolves to man.
5th. From cats to other animals.
6th. From foxes to other animals.
7th. From dogs or other animals to horses, and thus to man.
8th. That the disease as it occurs in man is generally caused by dogs, wolves, cats, and foxes.
9th. That it may be transferred from man to animals, but that the evidence is incomplete of the communication of the disease from man to man. In our tables the case of Monsieur Caillard is given, who was bitten twice, and there are instances, as that of Dr. Bally, where wounds have been received while making autopsies without any bad consequence (Holland).

The mortality from rabies has varied in certain periods as may be seen at a glance, from the Registrar-General's returns, for England and Wales.

Statistics of Deaths in England since 1838 *from Rabies.*

Years.	Deaths.	Years.	Deaths.
1838	24	1857	3
1839	15	1858	2
1840	12	1859	4
1841	7	1860	3
1842	15	1861	4
1843	—	1862	1
1844	—	1863	4
1845	—	1864	12
1846	—	1865	18
1847	5	1866	36
1848	7	1867	10
1849	17	1868	7
1850	13	1869	18
1851	25	1870	32
1852	15	1871	56
1853	11	1872	39
1854	16	1873	28
1855	14	1874	61
1856	5	1875	47

We may mention that during the years, 1838, 1839, 1840, 1841, the deaths from another disease, almost equally intractable and terrible, namely, tetanus, were respectively 129, 122, 148, 118.

A considerable number of the deaths recorded from rabies occurred amongst children under five years of age, 231 fatal cases in five years, viz., in 173 males and 58 females; thus the mortality from this disease among males was just three times as great as that which prevailed among females. As regards the ages of the persons whose deaths were referred to rabies, 23 were of children under five years of age, 78 children and young persons aged between five and twenty years of age, 87 persors aged between twenty and forty-five years, 32 between forty-five and sixty-five years, and 11 were persons aged upwards of sixty-five years. It thus appears, as we have shown, that persons at all ages are equally liable to the disease, although the mortality at the different groups of ages varies with the proportional exposure to risk of infection. Taking into account the numbers of persons living at these groups of ages, the mortality from rabies is considerably highest between the ages of five to twenty years, a result probably in some measure due to the fact that children and young persons are more likely to provoke attack from a diseased dog than adults.

Annual Death-rate from Hydrophobia in England and Wales to a Million Persons Living, 1838—1876 (*kindly furnished for the* MEDICAL PRESS *Reports by the Registrar-General for England*).

Year	Deaths to 1,000,000 Persons living.	Year.	Deaths to 1,000,000 Persons living.	Year.	Deaths to 1,000,000 Persons living.
1838	1·6	1854	0·9	1866	1·7
1839	1·0	1855	0·7	1867	0·5
1840	0·8	1856	0·3	1868	0·3
1841	0·4	1857	0·2	1869	0·8
1842	0·9	1858	0·1	1870	1·4
* * *		1859	0·2	1871	2·5
1847	0·3	1860	0·2	1872	1·7
1848	0·4	1861	0·2	1873	1·2
1849	1·0	1862	0·5	1874	2·6
1850	0·7	1863	0·2	1875	2·0
1851	1·4	1864	0·6	1876	1·2
1852	0·8	1865	0·9	1877	
1853	0·6				

* The causes of death were not abstracted for the four years 1843-46 inclusive.

Metropolitan Mortality from Rabies.

The Registrar-General recorded the fourteenth fatal case of this disease registered in London since the beginning of this year, whereas the corrected average number of fatal cases in London during the last ten years has not exceeded four. Of these fourteen fatal cases, one was of a child aged under five years, four occurred between five and twenty years, six between twenty and forty, two between forty and sixty, and one was of a person aged upwards of sixty years. The age distribution of these recent metropolitan cases does not materially differ from that of the cases registered in the whole of England and Wales during the five years 1871-75, excepting that in London the rate of mortality between twenty and forty years is greater than in the preceding group of years—five to twenty.

Deaths from Hydrophobia in Ireland during each of the years, 1838-63, *as returned on the Decennial Census Forms in* 1841, 1851, 1861, *and* 1871, *and during each of the years* 1864-75, *as registered under the* 26 *Vic. cap.* ii. (*Kindly furnished for these Reports by the Registrar-General for Ireland*).

Years.	Deaths.	Years.	Deaths.
1838	3	1857	7
1839	2	1858	4
1840	3	1859	9
1841	4	1860	4
1842	7	1861	5
1843	6	1862	8
1844	7	1863	8
1845	4	1864	7
1846	4	1865	5
1847	4	1866	4
1848	5	1867	4
1849	11	1868	3
1850	5	1869	2
1851	6	1870	1
1852	2	1871	—
1853	9	1872	—
1854	6	1873	—
1855	7	1874	—
1856	4	1875	1

Deaths in Scotland.

Our returns from Scotland are very significant and important. They show how comparatively rare the disease is in that country, for which there must be an assignable cause, and they also prove the necessity of more ample

evidence, before a death shall be registered as due to rabies. The subsequent investigation which enabled the Registrar to correct the diagnostic error must have involved time and trouble, and it would have been preferable if there had been proper machinery for the same purpose during the patients' lives. These returns conclusively confirm our evidence, and render our suggestions more valuable, in reference to the necessity of ensuring a correct diagnosis, in every supposed case of rabies.

We have already shown how this may be effectually secured.

Mr. William Robertson, Superintendent of Statistics for Scotland, kindly and specially reports to us that during the years 1855 to 1874 inclusive, there were only three cases of hydrophobia registered in Scotland, and of these two were certified on medical authority. Of the certified cases one only occurred in the county of Perth in 1856, and another in 1870 in the county of Forfar. The third case which was uncertified by any medical attendant, occurred in 1857 in the county of Lanark.

There were provisionally registered under the heading of hydrophobia, the following cases, which after investigation are now placed under their true headings:—

A case of malignant pustule occurred in 1855; five cases of snake bite in various years; in 1860, three deaths from glanders; and in 1862, another death from the same cause. In 1871, there occurred three deaths in Glasgow, and one in Kincardineshire, of which three were attributed to glanders, and one to farcy.

When we consider the rapid increase since 1862, when there was only one death from rabies in England, and the high death-rate in 1874 (61), our readers will agree with us that it was time, something was done to inquire into the cause of this excessive loss of life, though small in proportion to the population. Rabies is a preventible contagious communicable disease.

Though we are now reviving the subject, we must not forget that its importance has not been neglected by our predecessors, but as Cassandra in vain warned the Trojans of their impending danger, so veterinarians—as Fleming—vainly prognosticated an increase of this affection, unless there was an efficient surveillance over dogs. Railway protection reform, it is said, would never be instituted, unless a few directors were smashed in a collision; and it seems that almost a panic was necessary, to stir up public attention to the question. We hope to show, as far as possible, the causes of this increase, and the preventive measures necessary to remedy the evil, for remedied it must be.

There are many interesting points yet to be solved. It will naturally be asked, as it was asked in 83 A.D., why the canine poison when introduced, continues operating, or germinating, or circulating in this way, so many days, or weeks, or months, before it produces the symptoms and develops rabies.

Incubation is one of the most difficult points in this question, and we shall treat of it in a special chapter, and see how far modern medicine has thrown light on the older views, some of which were very simple and rational. One instance we may quote in reply to the above query, Berkenhout was of opinion, that in this it differs from other inoculated poisons, only in point of time. In all inoculations there is an intervention of some days between the cause and effect; but why that of canine madness requires a longer time for assimilation and maturity, must remain a mystery, until we are better aquainted with Nature's *modus operandi*.

Probably there are other contagious diseases, whose malignant miasmata, may be equally slow, in their progress from admission to efficiency. How far does this view coincide with the contagion of phthisis? the slow development of syphilis? the dormant state of cancer?

Berkenhout continues, and tells us that some attempts have been made to discover the nature of this poison, by the help of microscopes and chemical research, but to no purpose, and that all we know of the matter is that it is a poison *sui generis*, which, being absorbed by the lymphatics, produces certain effects in the human body.

As Dr. Lipscomb remarked, in 1809, when the infection has been conveyed into the system, the progress of the disease is extremely uncertain, all the varieties of constitution and the idiosyncracy of every individual having a tendency sometimes to accelerate, and sometimes to retard or prevent the occurrence of rabid symptoms. In calculating the number of persons, who being bitten, escape disease, we must remember that as there are certain conditions of the body which resist other diseases, so there are states of the constitution, when the influence of this poison is not felt, so that independent of the value of preservative measures, Nature has generously afforded her own protection to probably a large number. We may leave, then, the subject of incubation, and all the other questions that will necessarily spring from it, and proceed to rabies, its symptoms and diagnosis.

CASE CIII.— — Heywood, male, æt. 4, bitten on the lip and cheek by a dog. The wound had been touched with caustic as soon as a medical man could be seen.

Result and Time of Attack.—Six weeks after. Fatal on the fourth day.

Treatment.—Sedatives.

Reference.—*Dublin Medical Press*, p. 82. 1854. Dr. Forsyth.

CASE CIV.—Emma Hallstrom, æt. 8½, bitten on the head by a mastiff.

Result and Time of Attack.—Forty-five days after. Fatal, third day.

Treatment.—Dr. Santesson employed chloroform, as no other plan afforded a prospect of a better result, the effects of it in this disease having been found useful in affording temporary relief.

Reference.—*Dublin Medical Press*, p. 193. 1859. Translation from the Swedish by Dr. Moore.

CASE CV.— ——, male, bitten on the leg by a mad dog. The bite was a severe one; the parts much torn; nitrate of silver and the knife were employed at the time; the wound never cicatrised.

Result and Time of Attack.—Fourteen months after. Fatal, in twenty-four hours.

Reference.—*Dublin Medical Press*, p. 19. 1861. Dr. Gore.

CASE CVI.—James McLellan, æt. 40, bitten on the fingers by a dog which he tried to save from drowning, and he became a victim to his humanity.

Result and Time of Attack.—Five months after. Fatal, second day.

Treatment.—Prussic acid, Indian hemp.

Post-mortem.—Brain and spinal cord normal, general congestion of lungs and mucous membrane of the trachea.

Remarks.—In the course of eight or nine days, his wounds were quite well, and he felt no inconvenience from them afterwards, and did not believe that his illness had any connection with them.

Reference.—*Dublin Medical Press*, p. 230. 1843. Dr. Carson.

CASE CVII.—Andrew Woods, æt. 4, bitten by a dog supposed rabid, the bite completely removed the right ala nasi, injured the right cheek, and extended across the nose down to the left cheek.

Result and Time of Attack.—Sixteen days after. Fatal, fourth day.

Remarks.—The wound was ragged and lacerated, presenting a very frightful appearance; it was pencilled with a strong solution of lunar caustic and sutured, and when the suture was removed the wound looked well.

Reference.—*Dublin Medical Press*, p. 408. 1844. Dr. Lynn.

CASE CVIII.—George Ar, æt. 13, bitten on the upper lip by a dog which was then under treatment for madness, but had got l se in some way. It also bit a little girl.

Result and Time of Attack.—Twenty-nine days after. Fatal, on the second day.

Treatment.—Sedatives, and an attempt was made to administer chloroform.

Post-mortem.—A *post-mortem* was made by Dr. Wilks, but nothing was seen with the exception of redness at the back of the tongue and fauces, and some injection of the larynx and upper part of the trachea. Nothing was seen on a superficial

view of the brain and cord, but the pons medulla oblongata and spinal cord were placed in the hands of Mr. Durham for microscopical examination.

Remarks.—In reference to the use of chloroform it was, we believe, first applied by Dr. Hartshorne, in 1848 (*American Med. Journ.*, p. 339, 1848). Our tables show that it has been used about the same period in England, and there is one case of recovery after its use recorded by Dr. Jackson, but from the evidence we do not consider it an example of rabies.

Reference.—Dublin Medical Press, p. 134. 1865.

CASE CIX.— — Phelps, police officer, bitten on the upper lip and nose by a pointer, which was never heard of afterwards.

Result and Time of Attack.—Seven weeks after. Fatal.

Remarks.—This patient was attended by Drs. Williams, Percy, Attenburrow, Dr. Sibson, and Mr. Davison, who put in practice all the resources of medicine, but in vain. An express was sent off to Waterton, to come and try the wourali poison, but when he reached Nottingham with Sir Arnold Knight, the unfortunate police officer was dead. Professor Sewell has the merit of suggesting this poison, in cases of hydrophobia, and so certain was he of a favourable result that Waterton states, that he heard him declare before Sir Joseph Banks and a large company of scientific men, that he would not hesitate one moment in having the wourali poison applied to himself if he had hydrophobia, as he felt confident that the application of it would prove successful. Waterton has described in his "Wanderings" the poison, its mode of preparation, and his ass, Wouralia, lived four-and-twenty years at Walton Hall, after being resuscitated from its effects. Waterton, on account of his eccentricities and his wonderful adventures, has been unjustly classed amongst the Munchausen family, but modern discoveries tend to do justice to his memory, and his "nondescript" is not now looked upon as such an impossible creature. The experiments at Nottingham by Dr. Sibson and Waterton, at the medical school, are interesting at the present time, when we compare them with the cases of hydrophobia from which a recovery took place, after the use of curara. Two asses were poisoned, and both restored by the process of artificial respiration. Dr. Sibson kept it up for seven hours before the animal exhibited the least symptoms of returning motion, and that was first observed in a momentary quiver of the eye-lid. The ass died on the third day, but its death might be attributed to other circumstances. The second ass recovered, and lived for years. Waterton tells us that every person present seemed convinced that the poison was under the control of the operator, and that by artificial means its malignant qualities could be subdued, and that it could be applied to human beings suffering from hydrophobia. Dr. Sibson had improved the bellows so as to render the process of inflation less laborious, and he had some of the poison brought from the forests of Guiana in 1812 by Waterton, and there was also a supply of it, as pure and as patent as it was on the day first procured, in the possession of Waterton himself. When we have to deal with treatment we shall have to enter more fully into this subject, for there are many points yet to be settled, before, on the evidence of three cases, we can assert the fact that the remedy is found. The *Times* in its issue of Oct. 31st has devoted a leader to the Offenberg case, but in justice to both Professor Sewell, Waterton, and Dr. Sibson, and the profession in England, we must acknowledge their prior claims, to the suggestion of this remedy.

Reference.—"Autobiography of Charles Waterton," p. 14, ed. 1844.

(To be continued.)

DR. THOULOUSE recommends as a vesicant a disc of fine cloth soaked in oil, with one side covered with corrosive sublimate in impalpable powder.

ON Saturday week, in the Medical Hall of the Queen's College, Cork, a lecture on the treatment of insanity was delivered by Dr. Eames, Res. Physician of the Cork Lunatic Asylum. This is the first instance of insanity being made the subject of a course of medical lectures in connection with a University.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 12, 1877.

THE PRACTICE OF SMOKING.

A PAMPHLET that has been recently issued under the title "May Young England Smoke?" reminds us that an important medical and social question has not received that general attention which it deserves. We say "general" attention, for although the Anti-tobacco Society does all in its power to carry on an effectual crusade against the habit of habitual and excessive smoking, it is far from having received so much encouragement and patronage as are bestowed upon other and less deserving societies. The English public have not yet begun to realise the fact that this habit is increasing to a somewhat alarming extent, especially among the rising generation: and it is because the medical profession, scattered as it is throughout the length and breadth of the land, can if it likes exercise a most powerful control over this practice, that we are induced to take up the subject.

No one can travel in any of our metropolitan trains without being convinced of the wide diffusion of this habit among all classes of the community. No matter whether it is morning, noon, or night, train follows train, the smoking compartments of which are full of men puffing the noxious weed, surrounded by an atmosphere full of its unwholesome fumes. It is, however, among growing youths and boys of tender years that the habit of smoking tobacco is mostly increasing, and is most to be deplored. It is, indeed, rare to meet a youth of fifteen or sixteen without either a pipe, cigar, or cigarette in his mouth; and even the veteran smoker cannot but look with disgust at children of nine or ten years of age initiating themselves into what appears to them the manly art of puffing at a cigar.

Nor does there seem to be the least sign of the evil abating. On the contrary, there are symptoms of its becoming a national, or rather, international vice. It has, moreover, taken too strong a hold upon mankind for either societies or the general Press to do much to stop it, even were the attention of social economists not, as it is, drawn away from the subject by the, in some respects, more important questions of intemperance, sanitary improvements, and the like. This habit, moreover, differs from many other habits, in the fact that no nation can claim exemption from its fascinating influence. It is equally dominant among civilised and barbarous nations; in the Polar regions and in the Torrid Zone. It extends from Archangel to Melbourne, and "from China to Peru;" the whole habitable globe acknowledges its sway; it cheers "the tar's labour and the Turkman's rest;" it is even regarded by the law and by the State as a necessary of life.

Is it possible, therefore, that there is no *raison d'etre* for a habit that is so universal, and which appears to exercise such a fascination over the human race? We believe it is not, and this belief makes us cautious in wholly accepting the testimony and opinions of those total abolitionists who regard it as invariably a poison. But what that *raison d'etre* is, is not so easily said. It will not do to say that it is a habit that is growing upon us as a *placebo* to the excitement incidental to modern civilisation, in consequence of the rapid rate at which we live in the universal struggle after wealth, or power, or even bare subsistence; for its sway is equally great where none of these conditions exist. Nor can it be said to depend upon any peculiarity of temperament or constitution, as the excitable Frenchman is as much a slave to it, as the phlegmatic Turk. Rather should we say that it depends upon certain inherent properties of the plant which are equally grateful under very different conditions, and which at the same time appear to fulfil a want in modern times which was not felt so much by the ancients. Tobacco-smoking when practised in moderation, produces a remarkably soothing and tranquillising effect on the mind and nervous system. On the brain, it "suspends the waste of that organ, oppressing it if it be duly nourished, but soothing it if it be exhausted." It controls or prevents an excited state of the heart's action, and diminishes the tension of the muscular arterioles, and its tranquillising influence is especially experienced after unusual muscular exertion and excessive fatigue of body or mind. It also appears to appease the sense of hunger, in cases of deficient supply of food, without interfering with the nutrition of the body. These physiological effects of a moderate indulgence in this habit are quite sufficient to account for its popularity under all conditions of society and among all races of mankind. They explain why the fragrant weed is welcome alike to the cottager and to the nobleman, why indolence and hard work are alike more tolerable under its influence, and why the soldier, exposed to all the hardships of a campaign, would almost rather go without his food than his tobacco. In saying this we are not, as Dr. Richardson well remarks, making tobacco a requirement of the natural life. The conditions above referred to are contrary to natural life. "While, therefore, it would be implied that even to the natural man such adventitious aids as tobacco are unnecessary, it may be admitted that our social exigencies over-ride our philosophies; and that as the individual man cannot by himself create a social revolution, *he may be pardoned if he is too often led to bend lowly to custom*, and seek in the unnatural conditions in which he is placed, unnatural, or perhaps, under the circumstances, I might almost say, natural remedies. For the most natural *remedies* are, in truth, unnatural measures, since they imply, in the *necessity* that calls for them, a primitive departure from nature."

Nor, except in certain idiosyncrasies and constitutions, and in early life, can the very moderate use of tobacco be said to be injurious to the health. Pereira and Christison say that they are not acquainted with any ascertained ill-effects resulting from the habitual practice of smoking in moderation; and even Richardson admits that it is not capable of producing organic disease of any kind.

But when we come to the immoderate indulgence in this habit we have a very different tale to tell. Here, however, we may reply to a question which is often asked but seldom answered, viz., What *is* immoderate smoking? He smokes immoderately, who smokes at all when he has not yet grown into manhood, when he finds by experience that smoking disagrees with him, and when none of those unnatural conditions of life exists to which we have already referred. He also smokes immoderately, who exceeds two or three pipes, a couple of cigars, or half dozen cigarettes a day; allowing, however, a little latitude for the fact that what would be moderation in one man's case, would not be so in that of another.

It is not our intention to describe the various complaints that arise from excessive smoking, as the medical reader is of course already familiar with them, and our remarks must necessarily be brief. There can be no doubt, however, that those evils have been much exaggerated, and sometimes unjustly used as arguments in favour of the universal abolition of the habit. Although we have admitted that this practice is increasing to an alarming extent, we cannot agree with Dr. Richardson, when he says that smoking is "stunting the national growth, deforming the national life, degrading the national intellect, and establishing a race which must necessarily possess a limited force, and transmit its own degradation to the next and next generation." In this country at least there is no evidence to establish such a sweeping assertion. A few juvenile smokers, no doubt backen their growth and damage their constitution, but on the whole the average stature of English men has been repeatedly shown to be far beyond what it was 300 years ago, when the use of tobacco was unknown. The same cannot perhaps be said of the strength and physique of the English people, but at any rate there is no evidence to show that they have deteriorated in this respect; while the fact that the annual death-rate is much less, and the average length of life much greater than it was formerly, would seem to negative such a supposition. Equally rash is the opinion that the practice of smoking is "degrading the national intellect;" for a few isolated cases of such degradation do not warrant the wholesale condemnation of the race. In no countries is more or stronger, tobacco smoked than in England and in Germany. In no other parts of the world have the arts and sciences made such gigantic strides as they have done in those countries within the last century. We shall therefore

dismiss these sensational statements as devoid of foundation, and as likely to defeat the very object the writer had in making them. It is enough to know, and deeply to be regretted, that so many functional disorders are occasioned by the immoderate indulgence in a habit that is not wholly without its uses; and still more is to be deplored that the increase of this habit among the youths of this country really threatens to bring about some of those evils, the existence of which is at present rather the exception than the rule.

As we have already remarked, every medical man has it in his power to control this general practice of smoking within the limits of prudence and moderation. It is the general practitioner who is most intimately acquainted with the habits of the family in which he attends, and it is his duty, or, at least, he has the opportunity, to represent to the father or the son, the mischief that is likely to result from the immoderate use of tobacco, and to forbid the practice of smoking altogether when he sees it injuring the health of his patients. We are sometimes apt to underrate the influence of this and other habits in the causation of disease, and to trust too much to prescription, for what might be more effectually and legitimately obtained by hygienic measures.

THE FREQUENT OR EARLY USE OF MIDWIFERY FORCEPS.

Recently a great deal has been said and written as to the relative effects of a frequent or a sparing use of the midwifery forceps upon the fœtal and maternal mortality, It has been urged that the use of the instrument by practitioners in general is not resorted to near so frequently as it ought to be, and that a great sacrifice of fœtal life is thereby produced. Statistics have been adduced to show that a large proportion of still-births is preventible by a timely resort to the forceps. In the current No. of the *Obstetrical Journal* Dr. A L. Galabin, of Guy's Hospital, has contributed an able, long, and exhaustive paper on the subject—a paper which is based upon a laborious examination of all the most reliable statistics that have been published. The chief conclusions he has arrived at are as follows :—

1. It has not been shown that the majority or any considerable proportion of the still-births which now occur in Britain would be preventible by a more timely resort to forceps.

2. As to the advantage to fœtal life to be gained by frequent and early interference compared with a moderately low forceps-rate, the evidence is somewhat contradictory. The gain shown by the statistics of individual practitioners is remarkably slight and doubtful. On the other hand the records of the maternity charities of London hospitals with forceps rates varying from 5·1 to 61·8 per 1,000 show no advantage to fœtal life from the higher rates.

3. The results of the St. Thomas's charity show forceps rates up to 61·8 per 1,000 employed absolutely without any *injurious effects to the mothers*, so far as this is proved by 2,913 deliveries, and Mr. Godson's partner obtained admirable results to the mothers, with a forceps rate of nearly 200 per 1,000. On the other hand, in the London charities there is no positive evidence of any perceptible improvement to the maternal death-rate from the higher forceps rates. At Guy's, out of more than 38,000 deliveries, a forceps rate of only about 5 per 1,000 gave very good general results to the mothers, and an especially low death-rate after difficult or protracted labour.

It is evident from this examination which Dr. Galabin has made into the subject, that statistics have failed to supply so much information on certain disputed questions as might have been expected, or such as would warrant the obstetrician in making either an early or late resort to the use of the forceps, the general rule of his practice. Judging from the large body of statistics collected by Dr. Galabin, it would seem to make little difference either to the child or the mother whether the forceps is used frequently or not. Both in private and hospital practice the adoption of either methods appear to make very little difference to fœtal life. The evidence with respect to the respective effects of a high and low forceps rate upon the health of the mothers is likewise of a negative character. It has been seen that the early employment of instruments has no injurious and no beneficial effect upon the mothers; and on the other hand, the very same can be said of a very low forceps rate, for at Guy's, out of a large number of deliveries a forceps rate of only about 5 per 1,000 gave very good general results to the mothers. It is evident therefore, that the young practitioner must be guided by general principles and by the peculiar circumstances of the case. But neither statistics nor rational medicine will sanction a very early resort to the forceps, especially such early interference as that which involves their application before the os is fully dilated. In very skilful hands such practice may not do much harm, but were we to make it a principle to interfere at so early a period, we should be opening the way for a great deal of mischief at the hands of the young and inexperienced practitioner.

Notes on Current Topics.

Sir Thomas Watson on Rabies and Hydrophobia.

Cicero in his treatise "De Senectute" has forcibly and lovingly enforced the duty of respect for old age, and we have always felt a degree of reverence for the opinions of veteran members of our profession, even though we knew they were unscientific, and opposed to facts. It is always unpleasant to controvert the views of seniors, but it becomes more painful, when we have to disagree with one, who, for nearly half a century has been connected with medicine, and whose writings have been of the purest and of the highest type of medical literature.

The name of Sir Thomas Watson is one of the most honoured in the profession, his classic work on medicine, bears testimony to his erudition and skill as a *litterateur*, and may justly be considered, not only as a valuable contribution to medicine, but to the literature of the age.

We looked forward with hope to his promised contribution "on rabies" to the *XIXth Century*, and with interest we turned to its pages to read the opinions of our veteran author, in the expectation of being instructed. With

regret we confess our disappointment. The skilled hand, had not lost its cunning in the framing of sentences, marked by a Ciceronic grace and elegance of diction, but the grasp of the subject indicates retrogression and an unscientific spirit, not in accordance with the facts carefully collected, by careful writers, on the subject of rabies.

As an essay to periodical literature, this article may be considered valuable, as a contribution to medicine it is valueless. Sir Thomas Watson would have us believe the diagnosis is not difficult. Stern facts prove the numberless mistakes that have been made. Our tables and our general conclusions affording ample evidence on this point. Sir Thomas Watson repeats the erroneous assertion, "that there is no authentic case on record that I am aware of in which a hydrophobic person has recovered." We should be sorry to assume that Sir Thomas Watson has not read, amongst others, the case reported by Fleming in the *Veterinary Journal*, under the care of Dr. Offenburg, the case translated in our columns of June 11th, and the case reported by Dr. Austin Flint, in the *American Journal of Medical Science*, July 1876.

Sir Thomas Watson further tells us "it would be idle to discuss any curative measures, but that we can only promote the Euthanasia by chloral hydrate."

In the interests of humanity, and true medical progress, we must protest against these mischievous and dangerous opinions. They are opposed to true medical progress, and it has been owing to such teachings in the past, that so little true progress as to the nature of this disease has been made, and that so much wide-spread ignorance and superstition prevails, to counteract which we have initiated the special inquiry we are now engaged in. We have had occasion to lay blame on Abernethy, on Trousseau, and lastly, with still more regret, we have, in the interests of medicine and science, to raise our voice against the erroneous conclusions of an author whose name and reputation command the most profound respect.

The Registration of Infectious Diseases.

At the last meeting of the Society of Medical Officers of Health, the following resolutions were passed :—

"That in the opinion of the society, whenever a case of infectious disease occurs in any house or vessel, it should be a legal obligation on the person in charge of the house or vessel, or on the person in charge of the case, to report the fact to the Sanitary Authority without delay.

"That it should be a legal obligation on every medical practitioner in attendance on any such case, to give immediate written information respecting its nature to the occupier or other person responsible for reporting it to the Sanitary Authority."

We readily acknowledge the propriety of these resolutions, and it is to be hoped that it will not be long before the Legislature enforces the recommendations they embody. It is quite evident that the medical officer of health cannot successfully grapple with the rapid spread of infectious diseases, if, through the ignorance or supineness of the householder, the medical officer is kept in ignorance of a case of fever, which is daily jeopardising the health and safety of the people living within reach of its contagion. The above resolutions, however, rather clash with each other, and certainly, the first is cancelled by the second; for if it be resolved that the medical practitioner in attendance upon the case should report it to the Sanitary Authority, there is clearly no reason for making it optional (as the first resolution would imply) as to whether the householder or the medical man should report the case. In our opinion, the practitioner in attendance upon the case is the proper person to undertake this responsibility, inasmuch as he is the best judge of the nature and urgency of the case, as well as of any peculiarity in the conditions or sanitary arrangements of the house, which render the removal or isolation of the patient exceptionally imperative. With regard to the trouble thus imposed upon the medical man, there is very little to be said, beyond the fact that it might be reduced to a minimum by his being provided with some printed forms, drawn up in such a manner that they could be quickly filled up and transmitted to the Sanitary Authority.

The Newest Theory of Short-sight.

The peculiarly speculative views of the German School of Medicine on the cause of disease, or any departure from the normal condition of health, are singularly exemplified in the statement so industriously circulated by Dr. Loring, throughout the lay press of the past week. This gentleman's speculations on the cause of increase of short-sightedness is not a little remarkable, and for which there appears as good a foundation in fact, as for that other German speculation promulgated a few years ago on the same subject, namely, that a then observed increase of short-sight was due to excessive early smoking amongst students and young people. Writing from a large experience, we are of opinion that Dr. Loring is quite wrong in his conclusions that "the human eye is gradually changing its form from the influence of modern civilisation." No conclusion of the kind can be drawn from statistics, neither can he or anyone else say with any degree of confidence, that the cause of short sight, is to be found "in bad ventilation, poor food, and a general disregard of hygienic requirements." At all events, that is the experience of ophthalmic surgeons in this country, for it is well known that short sight is not nearly so prevalent among the poor and the denizens of our overcrowded and ill-ventilated lodging-houses, as it is with the better-lodged and cared-for upper classes. How eager some men are, for the sake of a little notoriety, to ride their hobby-horses to death, and to ventilate theories, which, when more carefully scrutinised, are found to be utterly fallacious, and easily resolved into their own insignificant atoms and microscopic germs.

Early Treatment of Lunatics.

In the last annual report of the Stirling District Lunacy Board, Dr. James Maclaren gives some striking illustrations of the necessity of an early removal in acute cases of insanity to an asylum, not only for the benefit and even actual safety of the patient, but also for the due protection of others. The evils of delay in these cases have been repeatedly exposed, but we are afraid social prejudices will always stand in the way of patients suffer-

ing from incipient insanity being promptly removed to the only place where they will have the best chance of recovery.

The same writer also draws attention to the sad position of that better class of patients who find themselves, with shattered fortune and ruined hopes, surrounded by uncongenial associates and bereft of all those comforts to which they had been accustomed at home. "I have had," says Dr. Maclaren, "painful occasion to note that the utterly uncongenial companionship and rougher ways of their fellow-patients add a sad weight to their already heavy burden, and makes their progress towards recovery a long and tedious one." There can be no doubt that some of the currents of private charity could not be diverted in a better direction than that of providing better accommodation for those unfortunate patients whose means have not allowed of their being placed in those private asylums or other institutions, where their treatment and surroundings would be more in accordance with their previous position in society.

Legislative Control of Habitual Drunkards.

If anything could show the urgent need there is for some compulsory control over the habitual drunkard, it is a case to which the *Daily Telegraph* has very properly drawn the attention of the public. A poor woman, who was proved to be enfeebled for the want of substantial nourishment, staggers out of a prison in which she had been confined for a month, and, owing to her enfeebled condition, gets drunk upon a quantity of spirit that otherwise would not have affected her. She was evidently by no means a hardened criminal, she pleaded strongly for mercy, and she looked forward to another month's imprisonment as an intolerable punishment. Nevertheless, and although she was not an habitual drunkard, she was sentenced to a month's imprisonment with hard labour. On the other hand a woman who was an inveterate drunkard, and who had been charged more than twenty times for the same offence, was addressed by the merciful judge in the most compassionate manner, fined only 20s., with the alternative of 14 days' imprisonment, and was told to speak to the chaplain, who would give her good advice. It is not our object to show, with our contemporary, the inequality between these two magisterial decisions; but to draw attention to the fact that did there exist some such legislative control as that which we have frequently advocated in these columns, these cases would probably have never been heard of. It is evident that the first case was not one of habitual drunkenness, and therefore the woman did not deserve the severe sentence passed upon her. The second case was a case of this kind, and almost a hopeless one for the very reason that her drinking propensities had been allowed, through the present absence of any legislative control, to take too strong a hold upon her. Each month's imprisonment, and enforced sobriety, were just sufficient to give her a keen relish for fresh indulgences the moment she got her liberty, without giving her time to break herself of the habit, or for the brain to get in such a healthy tone as would be compatible with a permanent reformation.

The Obligations of the Red Cross Surgeons.

Reports having reached this country of a serious breach of faith on the part of Mr. Douglas, one of the Red Cross surgeons, we referred to the subject in the following terms:—

"We trust there is some exaggeration about the statement that Mr. Douglas, immediately he fell into Russian hands, related stories prejudicial to the Turks. The fact has naturally caused a strong feeling at Constantinople against the Red Cross Society; and Mr. Kennett has issued a circular pointing out to the doctors that in the event of their being captured they ought on no account to give any information which could militarily or politically prejudice the army with which they have been serving."

From a letter just received from Mr. Douglas, we are glad to find that our doubts as to the correctness of these reports, were justified, and that he has completely exonerated himself from the aspersions cast upon his conduct. We give his own explanations:—

"In justice to myself and my colleague, I beg to state that a Russian officer having made a report of the mutilation of the Russian wounded by the Turks after the battle of Teliche, we were asked if such things had come under our notice. We corroborated the statements of this officer by our evidence. *We strictly withheld every information, military or otherwise;* but I maintain that from my position as a member of a Red Cross Society, I was bound not to shield such a vile infringement of humanity and modern warfare. I may add that, having taken the opinion of English correspondents and others on the spot, they all agreed that we were perfectly justified in so doing. Nor have I met any Englishman since, either Russophile or Turcophile, who disapproved of the course we took."

Whilst upon this topic we may mention that, throughout this cruel war, British surgeons have greatly distinguished themselves by their attention to the wounded, under fire and after engagements. The latest telegram, referring to another member of the Red Cross Society, says:—"Surgeon Gill greatly distinguished himself, his horse was killed under him, and he was commended by Muchir Pacha for dressing the wounded under a heavy fire."

Echinococcus.

On this subject a German physician, Dr. Neisser, has produced a little treatise of high value. He gives a careful analysis of 983 cases of hydatid disease, and supplies references to all of them. The table showing the distribution of hydatids throughout the organs of the body is especially interesting. The proportion of preponderance of liver cases, 45.765 per cent., closely corresponds with those furnished by Davaine, who found 165 out of a total of 373, and by Cobbold, who found 161 in 327. Taken together, the French and English cases, 700 in all, make the proportion of liver cases 46.4 per cent. In like manner, there is a pretty close correspondence between the tables of all three authors, as regards the proportion of bone cases, so to say, and of cases affecting the organs of circulation.

Cyanide of Zinc in Facial Neuralgia.

Dr. Luton, of Rheims, states that he has obtained excellent results from the cyanide of zinc in rheumatic facial neuralgia simulating cerebral rheumatism. He relates two cases in which, with intense facial neuralgia, there was continued and ardent fever, cephalalgia, and tenderness on pressure at the points where the nerves emerged. The symptoms rapidly abated under the use of the following mixture:—Cyanide of zinc one-fifth of a part, distilled cherry-laurel water twenty-five parts, and tragacanth mucilage mixture 100 parts. A tablespoonful, from hour to hour.

Cacoethes Scribendi.

At the opening meeting of the 107th session of the Royal Physical Society of Edinburgh, Mr. D. Grieve, the President, in alluding to the progress made in physical science, said that in the year 1874 alone there were published in Great Britian, Germany, France, and America, no fewer than 2,051 treatises and papers on geology; and if such a result as that was found in one branch of science, who, he asked, could estimate the extent of authorship throughout the whole domain of science?

Spontaneous Discharge of a Uterine Polypus.

F. Marchand reports in Virchow's *Archiv.*, a case of spontaneous breaking off and birth of a uterine polypus. The tumour was situated at the anterior wall of the cervical canal. While the patient was in the act of evacuating her bowels, it was torn off and forced out of the vagina, without a trace of suppuration or disunion at the seat of the disunion.

Artificial Eyes.

It is said that between 8,000 and 10,000 artificial human eyes are sold each year in the United States. Christian Hohn, of New York, makes glass eyes for horses that will defy detection by almost any one.

We hear with regret that Dr. Greene, of Urlingford, county Kilkenny, died last week, after a short illness, at the patriarchal age of ninety. The deceased gentleman has, for the last sixty years, been a well-known and popular figure throughout Tipperary, Kilkenny, and Queen's counties, over which his practice extended. His social qualities, rare ability as a medical man, and kindness to the poor endeared him to the community among whom he lived and died.

An appeal to the Medical and Scientific portion of the community of Dublin has been made in order to raise the sum of between £3,000 and £4,000, which it is calculated the necessary arrangements for the proper reception of the British Association for the Advancement of Science in Dublin next August will cost the authorities. In response the Executive Committee has received up to the present about £2,000 towards that object.

The balance-sheet of one Extract of Meat Company in London shows that that company alone makes a profit of nearly £60,000 a year out of this preparation. The shareholders get ten per cent., £10,000 is carried to reserve, and nearly £5,000 remains in hand.

London showed the lowest death-rate of the four principal cities of the United Kingdom last week, viz., 23 per 1,000 of the population. In Edinburgh the rate of mortality was 24, Glasgow 25, and Dublin 31. The latter, with the exception of Wolverhampton, having the highest death-rate of any town in the kingdom.

The deaths from small-pox again rose in London last week from 27 of previons week to 31—a higher rate than any since the middle of July last; 16 of these occurred in public institutions and 15 in private dwellings.

The amount received on behalf of the Dublin Hospital Fund already exceeds that collected in 1876. There are still several churches whose contributions have not yet been sent in.

St. George's Hospital has received £3,000 under the will of Mr. Francis Cole Humbert. The Worksop Dispensary has received £100 under the will of the Honble. Mrs. Miles.

Correspondence.

COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you kindly inform me whether, under the Compulsory Vaccination Act, I am required to vaccinate *gratis, at the Dispensary*, the children of wealthy farmers, tradespeople, and others in affluent circumstances. It has lately become quite common for such people to come with their babies in comfortable conveyances to the Dispensary, and invariably mother and child are decked out in holiday array for the auspicious occasion. Surely, this cannot be in accordance with the intentions of the Poor-laws. Why should the guardians and ratepayers be saddled with the payment of 1s. to the doctor for an operation which the parents can easily afford 10s. for? It seems to me they ought not to be entitled to this advantage more than to medical relief in the shape of dispensary and visiting tickets. I have, myself, actually vaccinated, at the Dispensary, the children of guardians and members of my committee. You will greatly oblige me by informing me upon this point, which does not seem to have been before noticed by any of my brethren. I am really quite uncertain whether the title of the Act is not ambiguous, and perhaps was meant, by the thoughtful framers of it, to refer to our duties as "*vaccinators*," as well as to those of the public as "*the vaccinated.*"

I am, &c.,

Gabriel O'C. Redmond, L.K.Q.C.P.I., L.R.C.S.I.

[Inasmuch, as vaccination is compulsory it is necessary that the State should afford facility to everyone to be vaccinated; accordingly, it makes no restriction whatever. Section i. of the Vaccination Act ("Irish Medical Directory," p. 496), says:—"The said medical officer shall, and he is hereby required, to vaccinate all persons resident in his district who may come to him for that purpose, or whom he may be requested to vaccinate, being fit subjects for vaccination, subject to such regulations as may be issued by the Commissioners in that behalf." If the Lord of the Manor should present his arm it is the duty of the vaccinator to operate."—Editor M. P. & C.].

RESULTS OF THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last number you have inserted a letter from Mr. Worth, of Nottingham, in which he refers to what he is pleased to call my "assertions as to the moral effects of periodically introspecting women whom police spies may choose to say they suspect."

A reference to your previous number will show that this is an absurd and gross misrepresentation of my remarks on the *collateral* benefits of the Contagious Diseases Acts in improving the outward demeanour and condition of the prostitute class, and in affording facilities for their reformation.

What I said was founded upon the authentic returns published by the responsible authorities as well as upon my own personal knowledge. Mr. Worth says my statements are "utterly opposed to facts," and seeks to refute them by an extract from the Report of the London Rescue Society. I shall, however, continue to rely upon the sources of information above-mentioned rather than on the very highly-coloured statements contained in this irresponsible report.

When the extract quoted by Mr. Worth had been divested of its sensational garniture the following seems to be the chief points on which reliance is placed: It is alleged that monstrous misstatements have been made about the reclamation of women, and that the success of the efforts made in this direction by official persons is of the smallest character. Then, in evidence of the degrading effects of the Acts, we are told that the moral reformation of women long subjected to the hardening influence of examinations is almost hopeless, and that this shows the character of permanence given to the pursuit of prostitution. It states that, as against 44 per cent. over 21 years of age registered in 1866, 75 per cent., or *nearly double* (this is the arithmetic of the Rescue Society) were over that age in 1872.

Next, as a further indictment against the Acts, the report tells us, with amusing inconsistency, that the most desperate efforts are made by the police to get hold of the *younger girls*, they are hunted down, hurried into hospitals, thrust over the brink, even though wishing a way of retreat, that the system ensures the final ruin of these hapless young creatures, until at length they sink into savage recklessness and despair, and accept the life of the streets as their doom.

These two statements may be left to neutralise each other. If there are such "numberless cases" of young girls who are improperly forced under the Acts by the police, how is it that the proportion of older women on the register has steadily increased, "nearly doubled," in six years? This mode of treating the subject reminds me of the two stock arguments which have so long done duty against the Acts—viz., 1, that they are grossly demoralising because they render the practice of vice easy and safe; and 2, that they have proved an utter failure, and that wherever they have been in force disease has increased instead of diminished.

It is notorious that in the districts under the Acts juvenile prostitution, formerly so rife, has been all but suppressed; the police, instead of forcing young girls under the Acts, use every effort to induce those who have commenced, or are about to commence, a life of prostitution, to return to their friends, to seek some other mode of life, or to enter homes, and these efforts are attended with very considerable success. The younger ones are warned off, the older and more irreclaimable remain; hence, the greater proportional number of the latter on the register. The diminution of juvenile prostitution thus arising collaterally out of the Acts will, I imagine, be reckoned by most persons as a great moral gain.

There is one other assertion in this extract which I wish to notice. It is stated that women are "hurried into hospital, as has been over and over again shown, without adequate medical cause." This is an accusation of either ignorance or misconduct on the part of the examining surgeons, for they alone have the power to order the admission. At the London Lock Hospital during the ten years from 1866 to 1876 I have have had several thousands of these patients under my care, sent in from various districts and by various examining surgeons, and I can state positively that I never saw a single case which did not present evidence of disease amply sufficient to warrant her admission.

Your obedient servant,

Norfolk Square, London, Dec. 8, 1877. JAMES R. LANE.

THE QUEEN'S UNIVERSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have from time to time seen articles in your journal complaining of the low fees and standard of the examinations of the above University. As to fees, it is simply absurd to argue that if two men attain the same standard of proficiency, and pay respectively £20 and £5 for their diplomas, the latter is one atom inferior. Many men with plenty of brains, but little money, are unable to go in for university degrees on account of the expense.

With reference to the standard of examinations, I need only call attention to Professor Humphry's report, and to the fact that many men who had been rejected at the Queen's University examinations present themselves *with success* at the next examinations in Scotland and England.

In your own remarks after the two letters on the Queen's University in to-day's issue you show very little faith in the practical part of the examinations. Perhaps you are not aware that in the second university examination each candidate is required to perform three hours' dissection, in addition to a *viva voce* lasting from a quarter to half an hour on many dissected "parts" in the room.

In the final examination candidates examine patients themselves, and I should be very sorry for the man who presented himself for examination with no higher standard of knowledge than you appear to consider necessary.

Enclosing my card,

I am, yours truly,

AN UNDERGRADUATE.

[Our correspondent has evidently not read our observations with care, and as others have also misconceived both our motives and our argument, we think it best to recapitulate. We have *not* complained of the standard of the Queen's University *examinations*. We admit them to be good in all but the clinical department, which is, if as effective, certainly no better than the analogous examination of other Irish licensing bodies. Our assertion is that an examination, however good, limited to any reasonable extent, cannot be a satisfactory guarantee that the graduate is either a good surgeon or a good physician. For such guarantee (without which no practitioner should be allowed to enter the profession even in the lowest capacity, much less as a doctor of medicine of a university), no proof is sufficient but evidence that he has seen, touched, and studied disease in all its forms in hospitals which contain a sufficient number of illustrative cases. We insist that such study is the keystone of professional competency, without which the structure must be frail and unreliable. Lecturing is good—nay, almost indispensable; dissection is altogether indispensable; grinding is ready and potent; but not any of these, nor the whole of them together, can atone for the absence of adequate hospital teaching. Our charge against the Queen's University is not only that it accepts the shortest possible term of hospital study, but that it is tied down to a method of study which, from inevitable circumstances, is utterly inadequate and unsatisfactory. The university is obliged, in consequence of its affiliation with the Queen's Colleges, to be content with the hospital study provided in the local hospitals at Belfast, Galway, and Cork. In Belfast the educational opportunities are moderately good—shall we say, as good as in one of the least pretentious London schools? An average student *may*, in Belfast, acquire an average medical education. In Cork the opportunities of hospital study are far inferior to Belfast, but the best is done with the materials; yet the task is hopeless, and it is only the enthusiastic student who can possibly acquire a good working knowledge of his profession. In Galway the attempt at hospital education is a farce, and no really complete acquaintance with medicine or surgery can possibly be achieved, even by the most industrious student. Only this week the workhouse hospital has been closed to students, and nothing remains for their surgical (!) education but the county infirmary—an institution which can hardly be considered adequate, *per se*, for the development of professional genius. We challenge denial of these facts, and we interpret them as meaning that the M.D. Q.U.I., may be obtained with less practical knowledge of medicine and surgery than would suffice for the weakest of the Scotch licensing bodies. It may, however, be said that this is a charge primarily against the provincial hospitals, and only secondarily against the Queen's University. Very true. The University cannot easily dis-

entangle itself from the Colleges; but why does it not make amends by insisting on an abundance of lecture-room teaching if it cannot get sufficient clinical study? So far from making such a requirement, it contents itself with an amount of didactic education which no English or Scotch licensing body would receive on any terms, and it admits its *alumni* to the profession not only half-hospitalled, but half-lectured, and thus throws upon the ultimate examination the duty of filtering out the well-educated men from a crowd who present themselves unarmed with the essential proofs that they have learned—or, at least, had the chance of thoroughly learning—their business. We insist that no usual form of examination can do this, and that, therefore, the University is doing a vital injury to the community in omitting to demand peremptorily from its students all attainable proofs of study previous to examination. To do so is a duty to the public, but it has a duty also to the profession, and that is to abstain from conferring the Doctorate in Medicine upon graduates who do not possess any academic right to such a title. It is, we submit, to be regretted that it should admit any person to practice upon insufficient evidence of competency, but it is utterly indefensible that it should lift such gentlemen to the highest degree which a physican can hold, without even the pretence that such elevation has been fairly earned by academic study. All the world recognises in a doctor of medicine a physician who has superadded to his professional education a liberal, general education suitable to a gentleman. The Queen's University takes a different view, and recognises as its M.D. a gentleman who has spent three months in Galway, and thus it lays itself open to the charge of lowering the Doctorate in Medicine to the level of one of the cheapest of practising licences, and to the accusation that it makes use of the M.D. as a bait for students whom it cannot and does not submit either to university residence or continuous academic study. Finally, we deprecate emphatically the Queen's University system because of its undoubted effect in lowering the social status of the profession in Ireland. It will not be disputed that the natural effect of granting the highest-sounding degrees at half the cost price of Collegiate licences, and at half the labour-value, is that these degrees are brought within the reach of a class who hitherto have not had the *entrée* amongst physicians and surgeons, and who are hardly in the position to take stand within the pale of a scientific profession. To the outside public it may seem indifferent from what origin or level a doctor may come so long as he can treat disease, but to the profession it is of extreme importance that its members should be men who can meet the gentry and the co-equals of the profession upon even terms; otherwise the time may come when the physician will be relegated to the servant's hall, and his qualifications valued at the same estimate as the village schoolmaster. This is a consideration which no university ought to overlook; and we therefore say that the Queen's, if for no other reason, ought, for this consideration alone, demand from its M.D.'s substantial proof that their education is that of gentlemen and men of science. We close these observations by again repudiating the least *animus* against the Queen's University. It would gratify us to see that institution flourishing—as it does not now; to see it granting licences to practise to men whose studential teaching and ultimate examination proved them to be thoroughly competent, or the Doctorate to others who, by legitimate, continued study and College residence, had proved their claim to take their position with the M.D.'s of Oxford, Cambridge, or Dublin. If the circumstances in which it is placed forbids the Queen's University to take this position, we fail to see that £40,000 a year of public money can be justifiably expended in creating a crowd of medical practitioners who can be much better made elsewhere, and who, by a title to which they have no fair claim, obtain a position in practice on a level with Doctors of Medicine of real universities.—Ed. M. P. & C.]

THE QUEEN'S UNIVERSITY AND CLINICAL TEACHING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—May I ask for information through your columns on the following matter:—Is there anything in the Queen's University charter with regard to Galway alone that if students choose to take out hospital (clinical) practice in Galway—for recollect they can go to Dublin or elsewhere and take out their hospital and get legal certificates for same from gentlemen who have no connection whatever with the Queen's or other University—that instruction must, to legalise it, be imparted by a professor of Queen's College? Recollect, the Galway hospitals contain the requisite number of beds, and are recognised as clinical teaching hospitals by the Queen's University and other examining Boards. There are two very competent medical gentlemen, non-professors, elected to the workhouse and fever hospitals; they are quite willing to give instruction (clinical), but the students cannot avail themselves of the opportunity, inasmuch as the college authorities argue, that unless the clinique be delivered by a professor and a professor only, and the certificates signed by same, those of the non-professor, though the elected hospital surgeon, would be null and void, and not recognised as a clinical certificate at Queen's University examination. Please answer in your next issue,

I am, dear Sir, yours, &c.,
P. L. G.

[The Senate of the Queen's University has discretion to recognise any hospital certificate it pleases without assigning a reason. Apparently it refuses to receive provincial hospital instruction unless given by one of the professors. There is nothing in the charter to influence them either for or against such recognition.—Ed. M. P. & C.]

The Council of the Royal College of Surgeons in Ireland has decided to invite the leading members of the British Association for the Advancement of Science, on their visit to Dublin next August, to a *conversazione*. The new library of the College has been in course of erection for nearly a year is now complete, and the new pathological museum is almost finished. It is intended to decorate the entire of the collegiate buildings, which will then be in a condition fitting for the reception of the Association, and in accord with the dignity of the College.

Mr. Pelham Mayne, well known in Dublin as a solicitor in lucrative practice, and as the brother of the late much esteemed Dr. Robert Mayne, has been elected as solicitor to the Royal College of Surgeons in Ireland, in the room of Mr. Litton recently deceased. At the same meeting of the Council, Dr. Spencer of Ahascragh, co. Galway, formerly a Demonstrator in the Carmichael School, was elected Assistant Librarian, in place of Dr. Handsel Griffiths whose untimely death we recently recorded.

We are pleased to be able to announce that the state of health of Dr. Corley, of the Richmond Hospital, is decidedly improved, and the apprehensions as to his recovery are much diminished. Dr. John Eustace, whose serious illness from typhoid we announced a couple of weeks since, is also, we are pleased to hear, much better.

Medical News.

University of London.—Pass Lists. M.D. Examination.—Archer, Herbert Ray, St. George's Hospital; Hetley, Henry, Guy's Hospital; Hoar, Charles Edward, King's College; Hunt, J. W., B.S. (Gold Medal), University College; Jameson, Leander Starr, B.S., University College; Kidd, Walter Aubrey, B.S., Guy's Hospital; * Ord, William Miller, St. Thomas's Hospital; Rigby, James Arthur, Guy's Hospital. *Logic and Moral Philosophy only.*—Ashby, Henry, Guy's

Hospital; Bogg, Thomas Wemyss, University College and Manchester Royal Infirmary; Burton, Samuel Herbert, B.S., University College; Firth, Charles, St. Bartholomew's Hospital; Morley, Thomas Simmons, Guy's Hospital. * Obtained the number of marks qualifying for medal.

B.S. EXAMINATION.—*First Division.*—Symonds, Charters James, Guy's Hospital; Verco, Joseph Clarke, M.D., St. Bartholomew's Hospital. *Second Division.*—Bury, Judson Sykes, University College.

M.S. EXAMINATION.—Pepper, Augustus Joseph, University College.

B.S. EXAMINATION FOR HONOURS.—*First Class.*—Verco, J. Cooke. M.D. (Scholarship and Gold Medal), St. Bartholomew's Hospital; Symonds, Charters J. (Gold Medal), Guy's Hospital.

The Mortality of Foreign Cites.—The annual rates of mortality, according to the most recent Weekly official Returns, were in Calcutta 35; Bombay 46; Madras 87; Paris 23; Amsterdam 19, Rotterdam 24, The Hague 13; Copenhagen 25; Stockholm 27; Christiana 22; St. Petersburgh 32; Berlin 22, Hamburg 25, Dresden 21, Breslau 24, Munich 30; Vienna 26; Buda-Peeth 37, Turin 20, Venice 20; Alexandria 41; New York 22, Brooklyn 19, Philadelphia 15, and Boston 16 per 1,000 of the population.

Bequests to Medical Charities.—By the will of Mr. John Leschalles, late of Page Green, Tottenham, Middlesex, who died on Oct. 18 last, leaving a personal estate sworn under £500,000, each of the following institutions received £500, viz., the London Hospital, the City of London Hospital for Diseases of the Chest, Victoria Park; the Hospital for Consumption, Brompton; the Asylum for Idiots, Earlswood; the Cancer Hospital, West Brompton; the London Orphan Asylum, Watford; the Royal Hospital for Incurables, Putney; the Asylum for Female Orphans, Beddington, the City of London Truss Society; and St. Marks Hospital, City Road. All legacies are given duty free.—By the will of Miss Elizabeth Frances Webb, late of No. 29 Chesham Place, who died on October 6 last, the Gloucester Infirmary, the Oxford Infirmary, the Pimlico Dispensary, the Royal Hospital for Incurables, Putney, the Cancer Hospital, Brompton, and the Hospital for Sick Children, Great Ormond Street each receive £100. The residue of her real and personal estate she leaves to her executors absolutely; her wish, however, is that they should divide it between the Cancer Hospital, Brompton, the Royal Hospital for Incurables, Putney, and the Hospital for Sick Children, Great Ormond Street.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spa ed by at ention to this rule.

DR. J. B. N.—The MS. was returned for revision on Saturday. It should have reached your address the day following.

MR. A. D. D—The minimum.

DR. STRETCH-DOWSE'S papers will be continued soon as space permits.

PROF. POZZI'S communication on "Cerebral Localis ation," &c., will be continued in our next.

F.R.C.S., Dublin.—We have seen the article in the *Nineteenth Century;* comment upon it is unnecessary. We had one regret, that of reading the honoured signature, Thomas Watson, to such an essay.

M.B. Cantab.—You will find the same views in our chapter on "Morbid Anatomy;" they were put forward by an anonymous writer.

DR. J. S.—Some cases of recovery are undoubtedly recorded. See our report.

MISS WILLIAMS.—Extract received.

REV. S., Torquay.—Cutting from *Figaro* and *Standard* received.

KING'S COLLEGE HOSPITAL.—We are asked to announce that the hours for operations at this hospital have been altered to Wednesday and Saturday at 1.30.

UNIV. LOND.—The dates of examinations for 1878 are now fixed, and will be found on reference to our advertising columns in present number.

DR. PHILLIPS.—The author of "The Text-book of Veterinary Obstetrics" is the same.

REV. DR. B.—Paper received; will probably be useful.

A LOVER OF DOGS.—We should certainly not advocate any indiscriminate slaughter.

L.S.D. would be glad to know who has the appointing of "Inspectors of Factories," and to whom should application be made.

TEETOTALLER.—Our opinions have already been expressed.

DR. HERBERT L.—Consult Erichsen's or Holme's "System of Surgery."

HUMANITARIAN asks when Dr. Winslow's promised paper will appear.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Recognisant Medicine. By Bholanoth Bose, M.D. London: J. & A. Churchill.

Principles of Rational Therapeutics. By Bholanoth Bose, M.D. London: J. & A. Churchill.

Atlas of Human Anatomy. Part II. By R. J. Godlee, F.R.C.S. London: J. & A. Churchill.

The Elements of Therapeutics. By Dr. Binz. Translated by E. I Sparks, M.B. London: J. & A. Churchill.

The Dietetic Reformer. Pacific Medical Journal. Homœopathic Review. Obstetrical Journal. Druggists' Advertiser. Home Chronicler. Le Progrès Medical. La France Medicale. Allgemeine Weiner Medizinische Zeitung. Clinic. Students' Journal. Guy's Hospital Gazette. Practitioner, &c., &c.

VACANCIES.

Asylum for the Insane, Mavisbank.—Resident Medical Superintendent. Minimum Salary, £600, with residence, &c. Further particulars of Messrs. J. and W. Pollard, 137 Princes street, Edinburgh. (See Advt.)

Charing Cross Hospital.—Medical Registrar and Surgical Registrar. Full particulars of the Secretary. Applications before the 22nd inst.

County Down Infirmary Downpatrick.—House Surgeon and Registrar. (See Advt.)

Dundalk Union, Ravensdale Dispensary.—Medical Officer. Salary, £120. Election, Jan. 1.

Guest Hospital, Dudley.—Resident Medical Officer. Salary, £120, with board, &c. Applications before the 15th prox. to the Secretary.

Kent and Canterbury Hospital.—House Surgeon and Dispenser. Salary, £50, with board and lodging. Applications to the Secretary, Canterbury.

Manchester, St. Mary's Hospital.—House and Obstetric Surgeon. Salary, £200, with board and lodging. Applicants must address Dr. Radford, at the Hospital.

Queen's College, Galway.—Professorship of Materia Medica. Election, Dec. 15. (See Advt.)

University of Edinburgh.—Examinership in Anatomy, Materia Medica, Midwifery, and Clinical Surgery. Full particulars of the Secretary. Applications before Jan. 14.

Urlingford Union, Urlingford Dispensary.—Medical Officer. Salary, £100. Elec-tion, Dec. 20.

Waterford District Lunatic Asylum. Resident Medical Superintendent. Full particulars to be had of the Under Secretary, Dublin Castle. (See Advt.)

APPOINTMENTS.

CLAYTON, N. G., L.R.C.S.Edin., L.R.C.P.Edin., second Medical Officer to the Galway Union Workhouse.

DAVIDSON, J. M., M.B., Medical Officer for the Parish of Kirkmichael, Dumfriesshire.

DAVIS, H., L.R.C.P.L., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 5 or Stoke-Climsland District of the Launceston Union.

FLINN, J. J., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Wem Rural Sanitary District.

FURNIVALL, H. W., M.R.C.S.E., Medical Officer and Public Vaccinator for the Woodbury District of the St. Thomas Union, Exeter.

HUGHES, H. R G., L.R.C.P.Ed., M.R.C S.E., a Surgeon to the Carnarvonshire and Anglesey Infirmary, Bangor.

LAWLOR, J. S., M.D., C.M., Medical Officer, &c., for the Tallaght Dispensary District of the South Dublin Union.

MCCONAGHY, R., L.R.C.P.Ed., L.R.C.S Ed., Medical Officer, &c., for the Castlefin Dispensary District of the Strabane Union, co. Tyrone.

MOORHEAD, T. R. H., M.D., Medical Officer to the Workhouse Infirmary and Fever Hospital, Cootehill Union, co. Cavan.

OWEN, R. E., M.R.C.S.E., Medical Officer to the *Clio* training-ship off Beaumaris.

PATTERSON, J., M.D., Medical Officer, &c., for the Gweedore Division of the Falcaragh Dispensary District of the Dunfanaghy Union.

Births.

STARTIN.—Dec. 6, the wife of James Startin, M.R.C.S., of 17 Sackville Street, London, of a daughter.

Deaths.

BROSTER.—On Dec. 3, at Topsham, Devon, R. W. Broster, M.R.C.S., late of Beauminster.

LAWRENCE.—On Dec. 6, at 134 Adelaide Road, Regent's Park, Surgeon-Major L. A. Lawrence, M.D., formerly of Southampton, aged 64.

RUNCORN.—On Nov. 28, at St. Mary's Hospital, Manchester, Henry Runcorn, M.R.C.S.E., aged 65.

STARLING.—On Dec. 3, at Brighton, Thomas J. Starling, F.R.C.S., of Higham Ferrers, aged 67.

STEWART.—On Nov. 27, at Ealing, Charles J. Stewart, M.R.C.S., aged 45.

STRACHAN.—On Nov. 26, at Dollar, John Mitchell Strachan, M.D., aged 66.

TAYLOR.—On Nov. 30, at Botesdale, Suffolk, Robert Taylor, M.R.C.S., aged 47.

WESTROPP.—On Dec. 5, at 100 George Street, Limerick, Wm. Westropp, M.D., aged 73.

IRISH POOR-LAW INTELLIGENCE.

CORONER'S MEDICAL WITNESSES IN DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The *Freeman's Journal* having published an editorial statement on this subject, which was altogether inaccurate and calculated to mislead the public, I addressed to its editor the following letter. It being apparently not desired that my explanatory statement should reach the citizens or the Corporation before the annual presentment for coroners' expenses was passed by the Town Council, my letter was withheld by the *Freeman*. I therefore appeal to you to give it publicity, in order that it may be understood what it is that the Irish Medical Association is contending for.

Yours very truly,
A. H. JACOB, M.D.

"TO THE EDITOR OF THE FREEMAN'S JOURNAL.

"SIR,—Your editorial notice of the recent proceedi ngs in the Queen's Bench in which I was plaintiff on behalf of the Irish Medical Association is, with every respect to you so erroneous both in argument and in fact that I must beg your permission to correct the misapprehension under which it cannot have failed to place your readers. The judgment of the Court, which condemned the employment of an individual salaried officer to give medical testimony in all cases was deliberately uttered, as the unanimous decision of the four judges after hearing three senior and one junior counsel in defence of the existing system. It may, therefore, be assumed that the Lord Chief Justice was acquainted with all the facts of the case. I contest the assumption that medical men are not as a rule perfectly capable of making *post-mortem* examinations, and I deny that in the average of inquest cases there is any mystery which the average medical man is unable to cope with, and should such difficulty arise there is power in the law to obtain readily the testimony of an expert either for *post-mortem* examination or for chemical analysis. What the Irish Medical Association contends for, and what the Court of Queen's Bench holds, is that the medical man who saw the deceased person before or immediately after death should be called to testify as to the cause of it. Surely this s in accord with common sense and with the interests of justice; and if there has been no medical man in attendance, surely the practitioner who lives "at or near the place of death," *i.e.*, the next neighbour of the deceased, is more likely to throw light upon his history and habits than a stranger who never heard of him until called to view the body in the Morgue. In connection with this view of the matter I have read with astonishment your editorial remark, "Abuse is quite impossible when a doctor who has attended a man whose death is inquired into is invariably summoned, and his evidence is taken in common with that offered by the standing witness." Writing thus, you were evidently not informed of the fact sworn to in the recent proceedings, and proved by the books of the Corporation, viz., that in only nine cases out of the whole number of inquest (261) held in Dublin within the year was the private medical attendant of the deceased person called as a witness, though he probably knew all about the matter, while in almost every case in which medical evidence was taken at all, saving those in hospitals, the testimony offered to the jury was that of a gentleman who resided at a distance from deceased, never heard of his name in most instances, and who swore to the cause of death from a view of the outside of the body. I challenge denial of this fact, which I say is the natural result of the system. I cannot say whether the police, when called in case of sudden death, do usually make any inquiry as to whethef or not a medical man had been in attendance at or before the death. If they do, I believe they are under no rule to report the names of the attending doctor to the coroner. Should they do so, the coroner is absolutely deterred by the present system from calling such doctor as a witness, for if he does, he must pay him one or two guineas' fee, besides paying also the salary of the standing medical witness, and the rates are thus charged with double expense. I humbly submit that the Lord Chief Justice took a proper view when he said that such a system fettered the discretion of the coroner and prevented him calling for the evidence which he knew to be best; and I assert that abuses have occurred, and are liable to occur at any moment, because verdicts, perhaps, involving the life of an accused person are every day arrived at in the absence of the evidence which would most certainly enable the jury to arrive at the truth. The present salaried medical witness has his proper place, and a valuable function as an expert in special cases, but his employment in such capacity should not—as it does—exclude testimony of still greater value. As to the existence of a feeling that the Dublin salaried witness system is the best, and as to any "demand for it in the sister country," I can only say that though a diligent reader of every English medical periodical of any standing, I know of no such demand or feeling, and I do not believe that a system which makes one person the witness of the cause of death of hundreds would be tolerated for a day in England.—Yours very truly,

ARCHIBALD H. JACOB,
M.D., Dublin, F.R.C.S.

GALWAY UNION.

THE business was the election of the medical officer. Capt. O'Hara objected to the election on the ground of informality in the resolution; there was an increase of salary to the second medical officer, who was to have £75 a year, and to make that alteration there should have been a notice of motion.

The clerk read—"Resolved, that on this day fortnight we appointed a second medical officer to this house, owing to the vacancy recently created; the salary of each

of the medical officers to be in future £75 per annum; and that advertisements be issued accordingly."

Mr. Ferdinand contended that that was a distinct resolution, arrived at after a fortnight's notice had been given to have but one medical officer, and being a distinct resolution, arrived at deliberately, it was competent for the board to proceed at once to the election. The objection of Capt. O'Hara was the merest quibble.

Captain O'Hara reiterated his arguments, contending the resolution, or notice of motion, or whatever it was, of Mr. O'Flaherty, was informal and illegal, and called upon the chairman to rule accordingly that the election could not be proceeded with.

Mr. Ferdinand again pointed out that the initiatory procedings were quite regular, and held that it was competent for anyone to propose a candidate.

Mr. Bernard O'Flaherty rose, and was about proposing Dr. Clayton, when

The chairman said he would hold by his decision; he had made his ruling, and would abide by it; he would recieve no resolution.

FEES OF MEDICAL WITNESSES

ATTENDING

CORONERS' INQUESTS.

IMPORTANT CASE.

COURT OF QUEEN'S BENCH, DUBLIN,

Nov. 17th, 1877.

(Before the Lord Chief Justice, Mr. Justice O'Brien, Mr. Justice Fitzgerald, and Mr. Justice Barry.)

The Queen *at the Prosecution of* Archibald Hamilton Jacob, M.D. *against* George Wm. Finlay, *Auditor of Accounts for the Local Government Board.*

(Continued from our last.)

Mr. Justice O'Brien asked for the 28th section of the Act.

Mr. Purcell, Q.C., handed his lordship the Statute.

Mr. Waters, Q.C., again submitted that this was not illegal unless it was contrary to the policy of the Act. Everything done here was sanctioned by the Legislature in that very Act. They were only following out what the Legislature had prescribed in the Act for the payment of the coroner. The coroner was paid a certain sum out of the rates. Such a mode of payment was not contrary to law. They saw it adopted in every profession. They saw solicitors acting for different bodies at annual salaries although there were fees prescribed for them, and yet no one would say that this was contrary to the policy of the law.

The Chief Justice—Solicitors acting at certain salaries?

Mr. Waters—Yes, my lord. There is an Act of Parliament directing what fees shall be paid to attorneys and solicitors, and yet every day we see attorneys and solicitors acting for public bodies, and making a bargain with them to do the whole of their business for certain sums, and foregoing their fees, and no man has suggested that that is contrary to the policy of the law.

Mr. Justice Barry said that the cases would be parallel f there were an Act of Parliament directing that certain solicitors should be called in, and if certain solicitors were paid less than the statute fees.

Mr. Waters, Q C., submitted that this arrangement was not an illegal one—that it was one made for the benefit of the public, and that the Court should uphold it.

Mr. Wm. O'Brien appeared for the Medical Witness. He referred to the 34th and 35th Vic., cap. 109, sec. 12. He read the section which related to the duties of the Public Auditor, and provided that any person aggrieved by the allowance or disallowance in matters of account before the auditor was entitled to come before the Court of Queen's Bench. They would now see whether Dr. Jacob was in any way aggrieved. He (counsel) had heard of a man feeling aggrieved at seeing another man intoxicated, but he heard it said that the cause of his being aggrieved was that he was sober himself. (Laughter.) Now he (counsel) would respectfully remind the Court that the effect of their decision, if they decided in favour of the other side on the question of the legality of this payment, would be that Dr. Egan would have to refund the amount to the corporation. The Court would thus see how far they would be thus led into the wood by a party coming there to question a matter on the ground that the payment was not sufficient. It was, undoubtedly, settled law that the coroner might apply to the Queen's Bench to compel the corporation to pay to him his own salary and all his disbursements. What if an application were made on the part of the coroner for a refund of a sum of money? He submitted that the auditor had properly exercised his judgment when the case came before him. The conditional order obtained here was to bring up the decision of the auditor in order that it might be quashed, on the ground that the payment which he allowed was against public policy. There was no right there to raise an argument of this kind on a question of public policy. It was the fact of the payment alone that they were entitled to question—the allowance or disallowance, as it appeared in figures. If this payment were made in pursuance of a corrupt or illegal agreement, it would come within the jurisdiction of the Court. What were the elements that exist upon the evidence before the Court? First of all, the corporation possessed no power to bind Dr. Egan. He received no benefit by reason of their concurrence. He was designated by the coroner, and the corporation had nothing to say to him. There was no consideration between him and the corporation, and that made the difference between this case and the case of Hayes *v.* The Corporation of Dublin, because in that case there was a corrupt consideration to refund a sum of money, and that was the principle on which the case of Wright *v.* The Corporation of Liverpool was decided. That case was decided in 1859. It was reported on page 359. The marginal note sets forth that an agreement between a municipal corporation and the clerk of the peace of the borough was entered into on his appointment by the corporation that he should accept a fixed salary instead of fees. The element in that case was that he had received the fees in the first instance, and that he agreed to repay them. The Vice-Chancellor (Sir Page Wood) said there were two grounds of public policy on which the agreement would be illegal: An office of trust was a matter in respect to which no bargain should be allowed, and persons who made the appointment were forbidden to receive any payment in reference to the appointment; every illegal payment for an appointment should be considered corrupt. Counsel read the Vice-Chancellor's decision, to the effect that if a body of trustees or a corporation said to an intended officer, "You will be entitled to certain fees for the duties of your office, but you must accept a fixed salary and agree to make over to us the balance of certain fees, an arrangement like that would be obnoxious to the statute."

Mr. Justice Barry said that here the corporation not only appropiated the fees, but they appointed the officer. The corporation had no power to interfere with him. The corporation had over and over again suggested and approved of the appointment of individuals. Dr. White might appoint any other witness. The coroner might not retain him; he need not have called him in a second time. In this case the money was never collected, and he (Mr. Justice Barry) was at a loss to see what illegality or what corruption existed in the case to induce the Court to revise or determine against the payment for services admittedly

rendered, and for which Dr. Egan would be entitled to claim.

Mr. O'Brien, Q.C., referred to the 9th and 10th Vic., cap. 37, which originally contemplated counties or large territorial divisions for which several coroners might be appointed, and it gave power to the Lord-Lieutenant to divide these districts.

Mr. Justice Barry said that counsel need not trouble himself with that.

Mr. O'Brien said that the Act of Parliament provided against the possible exercise of a corrupt discretion, because it required that the coroner should summon a regularly qualified medical practitioner (counsel referred to sec. 33 of the Coroners' Act, which required that the medical man should be at the time in actual practice at or near where the death happened). Counsel then asked—Was the coroner to summon the same man only once or twice or ten times over, or was he to make the circuit of the medical men of the city, and after he had gone round a certain number go the round of them again? Or was he to adopt a see-saw system, and summon one gentleman one time and another another time, or was he to summon the members of the Medical Council? Supposing he had appointed Dr. Egan, had he not a perfect right to do so? Dr. Egan was a legally qualified medical practitioner, and the selection of him as a general witness was only a practical exercise of his discretion.

Mr. Justice Barry—Can you contend that the coroner has an unfettered discretion?

Mr. O'Brien, Q.C.—Yes. (Counsel then referred to the paragraphs in the coroner's affidavit relating to his summoning the medical evidence—Dr. Egan and others—for the purpose of showing that the discretion of the coroner was not fettered by the present arrangement. He could not see how it could be contended that there was anything illegal or corrupt in the case).

Mr. Justice O'Brien—How does he get the money back which he pays to the other independent medical witnesses?

Mr. O'Brien, Q.C.—He gets it back from the grand jury. This objection was never made till the last audit; it was never raised during the whole time that Surgeon Porter—a distinguished man—acted, and Surgeon Porter may be taken as an excellent judge of the etiquette of his profession. I submit that there is no case here of a corrupt agreement, and no case of an illegal payment.

Mr. Justice Fitzgerald—The agreement may not be illegal; the question is whether the allowance is illegal.

Mr. O'Brien, Q.C.—No doubt but the auditor made the inquiry, and he finds that this sum was due for fees.

Mr. Justice Barry again referred to the case of Hayes *v.* The Corporation, in which he said that the agreement was that he was to be paid a certain amount of salary, but he was not to get the fees of the office, and the Court of Exchequer Chamber held that to be an illegal agreement. The auditor here passed the salary as being perfectly legal.

Mr. O'Brien, Q.C.—This is not a case in which the parties are aggrieved, and the only question is to determine the fact of the payment. I submit it would transgress the jurisdiction of this Court, the money having been paid for services duly rendered, to question the payment because it is suggested that it is against the policy of the law.

Mr. Justice Barry—What the auditor has allowed is not a certain number of fees—not the aggregate amount of fees—but a fixed salary.

Mr O'Brien, Q.C.—That is met by the statement that it was allowed for fees paid to the medical witnesses.

Mr. Justice Barry—But it is shown that there were over 150 inquests, and that the medical witness was only paid for 75.

Mr. O'Brien, Q.C.—The validity of that objection depends on whether it appeared that the sum allowed by Mr. Finlay exceeded the sum to which the fees amounted. I would ask your lordships to consider how Mr. Finlay arrived at this item for £37 10s. Suppose he arrived at it by an algebraic formula, or by any other process of calculation; the fact remains that Dr. Egan was summoned as a medical witness, and he was entitled to the payment he received. What is there corrupt in the agreement to vitiate this payment?

Mr. Justice Barry—It appears to me to be an extraordinary state of the law, if, supposing we arrive at the conclusion that this agreement is against public policy and illegal, that notwithstanding that, because in Mr. Finlay's mind the allowance consists of fees given to a fixed officer, that it cannot yet be questioned.

Mr. O'Brien—I submit you cannot remove a payment where the payment was due.

Mr. Justice O'Brien—The auditor has ascertained that the number of inquests exceeded the number which would have brought the amount up to £75?

Mr. O'Brien—He has. I submit that there is no ground in point of law for this motion.

Mr. Justice Barry observed that the payments were for £18 10s. and £37 10s., and there was not a word about fees. It was thus shown that the medical witnesses were not paid fees, but another thing altogether, a fixed stipend

Mr. Justice Fitzgerald—This money, I believe, has been actually paid?

Mr. O'Brien—Yes; and I hope it will remain where it is.

Mr. S. Walker, Q.C., appeared for the public auditor, and said it would seem to him to be rather a difficult duty put on the auditor that he should call for other documents than those before him, and to question the legality or illegality of an agreement between the coroner and the medical witness. His duty was to control or check the accounts, and, as far as Mr. Finlay was concerned, it would be a curious result of this case if he were now called upon to discharge duties that it was never intended he should be called on to discharge. What were the documents laid before Mr. Finlay at the time of the audit? "Paid Wm. Dudley White for fees for acting as a medical witness, £18 15s.;" "Paid Dr. R. W. Egan £37 10s., remuneration as a medical witness." Counsel referred to the 28th sec. of the Act fixing the amount of the remuneration. It would, so far as the Act of Parliament was concerned, have been a perfectly legal payment if the coroner had added a shilling to every £1. It was not Mr. Finlay's duty to go into questions of etiquette. Counsel submitted that on the construction of the 33rd section of the Act the coroner had a perfect right to summon Dr. Egan at every inquest. These being the material facts before Mr. Finlay—items for £18 15s. and £37 10s.—he sees that the medical witnesses were proper persons to be paid for their attendance at inquests; and secondly, he sees that the amounts paid are legitimate amounts. I apprehend that when Mr. Finlay ascertained that the amounts were legitimate, and that the sums charged against the ratepayers were proper sums, he discharged his duty in passing them. I say, my lords, you are not called upon to bring up some alleged agreement between the coroner and the medical witness. An onerous duty was imposed on Mr. Finlay, and he should not be asked to go beyond what is his proper duty. I say that on the materials before Mr. Finlay everything was legal and right, and that there was nothing before him contrary to public policy.

Mr. Justice Barry—There was a written document produced here that was laid before him stating all about this agreement. But don't understand me as suggesting that Mr. Finlay did any thing wrong; but still, if the thing is illegal——

Mr. Walker, Q.C.—The question is, whether, in this particular case, Mr. Finlay was bound to decide any such question, whether even, with the document before him, it was a wholly illegal payment.

Mr. Justice Barry—He allowed it; I don't say there is any blame due to him.

Mr. Walker, Q.C.—So far as regards Mr. Finlay, he discharged his duties when he ascertained that the sums charged here for medical witnesses were sums not exceeding what was allowed by Act of Parliament, not exceeding the sums mentioned in the schedule.

Mr. Justice Fitzgerald—Your argument is that before

we award the *certiorari*, we must consider that Mr. Finlay was in error.

Mr. Walker, Q.C.—Yes, my lord, if any agreement was made with the Corporation.

Mr. O'Brien, Q.C.—There is no such agreement.

Mr. Waters, Q.C.—The only document referred to was a report of No. 3 Committee, which has nothing to say to this.

Mr. Justice O'Brien observed that there was a positive statement to the effect that after Mr. Porter resigned Dr. Mapother succeeded. The salary was afterwards to be equally divided between Dr. White and Dr. Egan, and if the fees did not amount to £75 the medical witnesses were to be paid only for the number of inquests they attended. He understood Mr. Walker to say that when Dr. Egan was appointed the previous arrangement was continued with him.

Mr. Waters, Q.C.—Yes, Dr. White said he would pay the fees according to schedule—£1 1s. for attendance as a witness, and £2 2s. for a post-mortem examinations, but the medical witness was never to receive more than £75.

Mr. Walker, Q.C.—It amounts to this, that the sums mentioned in the schedule is reduced. But all I am anxious for is, that Mr. Finlay's duties should be defined by this Court. Mr. Finlay states that he looked into the matter as to whether too much was charged. He states so in his certificate, in which he says that he allowed the payments because the 28th Sec. of the Act, 9th and 10th Vic., cap. 37, and the Schedule (C) thereto, empowered the corporation, to whom the fiscal powers of the grand jury of the City of Dublin had been transferred by the Act 12th and 13th Vic., cap. 97, to allow the sum of £1 1s. to the coroner's medical witness at each inquiry, and because the number of inquests held by the city coroners during the year exceed 150, and, consequently, the corporation were legally entitled to pay such medical witness, and even a larger sum if they thought proper. As regarded the legality of paying Drs. White and Egan for those services to the exclusion of other medical practitioners in the city, which had been disputed by Dr. Jacob, relying on the language of the 33rd sec. of the Act 9th and 10th Vic., cap. 37, he held with Baron Dowse in the opinion given by him to the Corporation when at the Bar, that any medical practitioner residing in the city, as Drs. Egan and White did, who might be brought to an inquest by a city coroner as his medical witness, might fairly be considered as being in actual practice at or near the place where the death happened, and a sufficient compliance with the provisions of the section above-referred to. Counsel, in conclusion, submitted that Mr. Finlay had done all that he ought to have done.

Mr. David Fitzgerald, who also appeared for the public auditor, said he was anxious to call their lordships' attention to the position which Mr. Finlay held under the Local Government Act, an office which was intended for the protection of ratepayers; and he would further call attention to the position of Dr. Jacob as a ratepayer, who came in there as a prosecutor to complain of an allowance by which he was aggrieved. The auditor was bound by this section of the Local Government Act, under which the liability was imposed on him, to come in there and defend his decision when questioned. He (counsel) was not concerned there with the *locus standi* of Dr. Egan. He was there to defend the auditor. Now, what was the grievance of which this ratepayer had to complain, for Dr. Jacob was there in no other capacity? He could not come there as President of the Medical Council, but simply as a prosecutor to ask under this section of the Local Government Act what he is entitled to do if he is aggrieved. He came there to question an allowance paid last August twelvemonth to Drs. White and Egan as medical witnesses. It was sworn by the coroner and by the medical witness that if the medical witness were paid the maximum amount of fees he was entitled to in that year, it would amount to £180 6s. Now, this ratepayer complained that instead of having to pay his proportion of £180 6s. he would only have to pay his portion of £75. Now, was he a person aggrieved at all? He applied for a *certiorari* on the ground that he was an aggrieved ratepayer.

Mr. Justice Barry—You are assuming that there is only one sort of grievance—a pecuniary grievance; there is such a thing as a sentimental grievance.

Mr. Fitzgerald—The only grievance known to a ratepayer is a pecuniary grievance, and in this case the grievis a *damnum sine injuria*. This payment here cannot be questioned on the ground of fact; it is admitted that the payment was made, and the only objection is on the ground of illegality. He submitted that the prosecutor has no grievance of which he could complain as a ratepayer. The only person who could be aggrieved within the meaning of the section was a ratepayer, and the only way in which a ratepayer could be aggrieved was through his pocket. The clauses of the Act were framed for the purpose of protecting the ratepayers. He (counsel) was entitled to point out what was the policy of the Local Government Act. The only person who could be aggrieved in a case of this kind was a ratepayer, and the only way in which a ratepayer could be touched was through his pocket. As President of the Medical Council, or of any other trade or profession, Dr. Jacob could have no *locus standi* at all there; his only grievance in that way was a *damnum sine injuria*. As a ratepayer he paid a smaller contribution than he should have to pay if Mr. Finlay did not recognise this arrangement. A great deal had been said about the policy of the Coroners' Act, and the way in which the payments should be made. It was necessary for the argument on the other side to say that receipts had not been given by Drs. White and Egan.

Mr. Justice O'Brien—I see that the receipts here are given by these gentlemen for fees for their attendance.

Mr. Fitzgerald—They object that no receipts were passed by Drs. White and Egan.

(To be continued.)

Case of Poisoning by Salicylic Acid.

AT the Medical Society of Posen, according to the *Centralblatt*, the following case was made the subject of discussion :—

In February, 1876, a peasant had an attack of acute rheumatism in the left knee and instep; to soothe his pain, his attendant injected, subcutaneously, a centigramme of strychnine, then ordered six packets of salicylic scid, containing about 75 centigrammes each, to be taken from hour to hour. Immediately after taking the first the patient perspired profusely; his strength, however, diminished to such a dgree that his wife hesitated about giving him the fourth packet; but the patient insisted on taking it, and immediately afterwards was seized with headache and vomiting, which lasted during the night.

In the morning he was unconscious, but in moments of temporary sensibility he cried out, "my head." All efforts to restore him were unavailing, and he died forty hours after taking the first powder.

There was no autopsy. The German journal does not think his death was attributable to cerebral rheumatism, but that the symptoms were those of poisoning. It was discovered that the salicylic acid employed was old, and had undergone chemical alteration.

Stricker believes that we should always be assured of the purity of the acid, and that it should always be employed in crystals. If this rule had been followed it is more than probable that this death would not have had to be recorded and regretted.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 19, 1877.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Nervous Deafness. By George P. Field, Aural Surgeon to St. Mary's Hospital .. 507
The Otology of the Last Ten Years. By Dr. Guerder, of Longwy. Translated from the "Annales des Maladies de l'Oreille, du Larynx et des Organes Connexes." By W. Douglas Hemming, M.R.C.S., Clinical Assistant, Central Throat and Ear Hospital 509
Acute Alcoholic Poisoning—Recovery. By F. T. Porter, L.R.C.S., &c. 510

CLINICAL RECORDS.

Compound Fracture of Leg, with Extraordinary Complications. By Dr. O'Flanagan 510

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society—
Pathology of Tetanus and Hydrophobia 512
Medical Society of Dublin—
Inaugural Address 513
Three Hundred and Thirty Cases of Phthisis 514

SPECIAL REPORT

On the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom. Chapter V.—Rabies: its Etiology and Symptoms.... 515

LEADING ARTICLES.

The Discussion on Tetanus and Hydrophobia at the Medico-Chirurgical Society 519
Shall the Spread of Syphilitic Poison be Prevented? 520

NOTES ON CURRENT TOPICS.

The Surgical Aid Society and its Method of Dispensing Relief 522
The Immediate Cure of Drunkenness..... 522
Lithotomy and Surgery in China..... 523
Sanitas 523
Leech-Fishing in Greece..... 523
Diagnosis of Diabetes 523
The Public and Chloral Hydrate..... 524
Succussion of the Body in Nephritic Colic. 524
Cæsarian Operation Successfully Performed 524

PAGE

Temporary Aphasia 524
Diagnosis of Pregnancy 524
Wood Pavement 524
Colocynth..... 524
Adulteration Everywhere 525
The Dublin Mortality 525

CORRESPONDENCE.

New Thoughts on Hydrophobia 525

LITERATURE.

A Manual of Ophthalmic Surgery 525
Spinal Disease and Spinal Curvature 526
The Twentieth Century 527

MEDICAL NEWS.

University of London 528
Royal College of Physicians of London.... 528
Royal College of Surgeons of England 528
The Sanitary Institute of Great Britain .. 528
Death of Dr. Hawkins..... 528
Administration of Chloroform during Labour 528

NOTICES TO CORRESPONDENTS.

Vacancies..... 529
Appointments 529
Birth 529
Deaths 529

Original Communications.

NERVOUS DEAFNESS.

By GEORGE P. FIELD,
Aural Surgeon to St. Mary's Hospital.

Injuries to the head, from whatever cause, are among the most frequent sources of nervous deafness.

Even very slight blows or falls may so interfere with the proper functions of the brain or labyrinth as to cause incurable deafness, either from laceration of the parts concerned, or from effusion of blood or serum inside the ear.

In many of these cases, upon examination with the speculum, no trace whatever of disease or injury can be discovered, the membrana tympani, in fact, looking perfectly healthy.

It may be asked, "how then do we arrive at a correct diagnosis. How do we distinguish between loss of hearing due to mischief in the labyrinth, from deafness caused by disease of the middle or external portions of the auditory apparatus?" The vibrating tuning-fork is our best guide, but it will be seen hereafter that it is not a certain one.

In treating ear diseases it is important to bear in mind that the organ of hearing is made up of two fundamentally different parts. First, a sound-conducting, and secondly, a sound-perceiving portion. The first comprises those delicate structures whose province it is to carry sonorous vibrations to the second, the sound-perceiving portion, which latter consists of the complex structure of the auditory nerve, &c.

If the vibrating tuning-fork is placed on the head of a deaf person, he will probably state that he hears the sound most in the deaf or deafer ear, which fact at once informs the surgeon that there is some disease in the conveying portion of the auditory apparatus, that is, in the external or middle ear, producing an obstruction to the passage of sound, either in or out of the ear.

Upon the other hand, if the patient hears the tuning-fork in the better ear, there exists probably some lesion of the labyrinth or auditory nerve. In other words, the loss of hearing arises from disease of the sound-perceiving portion of the ear.

In this experiment the vibrations of the tuning-fork are carried by the bones of the head to the inner ear, and the same obstruction which makes the patient deaf to ordinary sounds, intensifies that of the tuning-fork by retaining its vibration within the ear, whereas on the healthy side these vibrations pass out through the external meatus without opposition, and are consequently only heard to a very slight extent. This may be realised by any one not deaf, by placing a vibrating tuning-fork upon his forehead, and then closing one ear with his finger, when the sound will be much greater upon the side which he has thus temporarily obstructed. Much care, however, is necessary in order to obtain a correct statement from a patient as to the side upon which he hears the tuning-fork best.

A deaf person being fully impressed with the idea that he ought to hear more plainly on his *sound* side, will generally at first answer in accordance with this preconceived notion as to what he *ought* to hear, rather than state what he actually *does* hear. A few trials, will, however, elucidate the truth, and as nerve deafness is comparatively rare, it will be well to accept evidence of its presence with great caution.

It is commonly supposed that nervous deafness is more frequently met with in persons of nervous temperament, than in others; but such in my experience is not the case.

In illustration of true nervous deafness, I will read the records of a few cases of disease of the nervous apparatus, added to affections of the middle ear.

Case I.—G. C., æt. 5, was brought to me at the hospital, September 15th, 1876, suffering from complete deafness in both ears. His mother stated that eighteen months before he fell down stairs, alighting on his head, was picked up in an insensible condition, and remained so for nearly a week. He had been totally deaf ever since the accident.

Fortunately, he was still able to talk, having learned to speak tolerably well before the injury, otherwise he

would have remained dumb, as well as deaf. He could not hear the tuning-fork pressed to his forehead, or even a pistol fired off close to his ear. His mother had an idea he could hear to some extent, as he appeared to recognise knocking sounds. The faculty, however, of distinguishing the concussion thus produced in all cases of total deafness, is due to the patients *feeling* the vibration without *hearing* them.

Stamping on the ground, or clapping the hands, will often attract the attention of totally deaf persons in the same way. The hearing having been lost, all the other senses are brought into greater use, and approach nearer perfection.

The precise nature of the injury received in these cases cannot always be determined, but in a great many instances effusion of serum or hæmorrhage into the semicircular canals or cochlea, may give rise to this form of deafness, or it may take place from laceration of the tissues of the membranous labyrinth.

Absolute deafness is the principal symptom of disease of the auditory nerve, and giddiness, *tinnitus aurium*, paroxysms of vertigo, faintness, and vomiting, may all be associated with the graver forms of nervous deafness. According to Hughlings Jackson the paroxysm always depends upon affection of the auditory expansion in the labyrinth. (*a*)

From *post-mortem* examinations, Toynbee found "atrophy of the auditory nerve thirteen times, in persons from sixty to ninety years of age. In others he found imperfect structure, and various diseases of both membranous and osseous semicircular canals. In some, black pigment deposited in the cochlea, also blood in the vestibule. In another, blood in the cochlea; in another, there were dark specks on the lamina spiralis in both ears, and this last individual had fallen on his head some years previously, and had subsequently suffered from deafness."

With regard to the treatment of this form of nerve deafness, if the case arises from recent injury to the head, or other cause offering strong evidence of effusion of blood having taken place, leeches, purgatives, and counter-irritants, may be resorted to, for it is within the bounds of possibility that absorption may be thus facilitated; but if the disease have become chronic, no treatment will be of use, the administration of quinine, for instance, doing more harm than good, and I have never seen any beneficial result, at any rate, as far as the hearing goes, from the use of electricity. Ice bags applied to the head in typhoid fever, I believe to be a frequent source of mischief to the labyrinth; therefore such applications should be used with great caution. Extreme cold of any kind, such as a continuous draught of cold air, is not uncommonly the starting point of this form of ear disease. It may originate in an attack of mumps, in which case one side only is usually implicated.

I have lately had a case of this kind in a young gentleman where no sign of mischief could be detected in the membrana tympani. The mumps had attacked him sharply three months previously, and had left him quite deaf in one ear, and at present there seems very little hope of its being relieved.

CASE II.—*Nervous Deafness after Typhoid Fever.*

E. H., a girl, æt. 10, was brought to me at the hospital totally deaf, the consequence of typhoid fever, and as this had occurred when she was two years old, there was accompanying dumbness.

At the time of the attack she had been able to hear and talk as well as any child of her age, but her knowledge of speech was too slight to be permanent. Her general health had completely broken down. I prescribed,

Potas. bromid. gr. iij.;
Tinct. nucis. vom. ℥ij. t. d.;
Aqua. ℥ss.

And cod-liver oil occasionally.

She has now been under my care for some time, and a slight gradual improvement has taken place, both in hearing and power of speech.

This case is scarcely typical of nervous deafness. Yet I mention it here as being very nearly allied to the class under consideration, and it teaches us to be guarded against giving an unfavourable prognosis in cases that so closely simulate affection of the auditory nerve.

It is, of course, extremely common to find deafness more or less severe, occurring during the acute stage of fever, especially typhus, and this is *always* commensurate with the amount of nervous prostration induced by the fever, and the severity of the other nervous symptoms. Most commonly as convalescence approaches, this passes off, but occasionally it is prolonged for some time subsequent to renewal of health, and in some cases it is permanent. It thus closely resembles the more extensive injury to the nervous system, occasionally occurring and resulting in melancholia or mania, which in like manner may be either temporary or permanent. Loss of the other special senses is much more rare, so also is motor paralysis, but cases of these nervous lesions are also reported.

There are several—perhaps many—cases on record of almost complete recovery from what at first appeared to be incurable deafness after typhoid and other fevers. These are instances in which it is very difficult to make at once a correct diagnosis; and I would make it a rule never to come to a hasty decision, but to treat every such case in a young child upon the chance of the disease not having permanently injured the nerve apparatus.

Auditory nerve disease, supervening a disease of middle ear.—In these patients the power of hearing is very dull, but not altogether lost, and upon improving the condition of the conducting structures, amelioration of the symptoms will take place. Perfect hearing hardly ever is regained when the nerve has been thus involved, but by clearing and repairing the road to the inner ear, we enable our patient to make use of the little power of hearing left to him.

CASE III.—*Sub-acute inflammation of middle ear, of both sides. Complete closure of Eustachian tubes, with extension of the disease to the labyrinth, originating in severe cold.*

C. H., æt. 58, came to the hospital August, 1875, complaining of loss of hearing in both ears of several years duration. Deafness had been getting gradually worse since the cold, which was caught from sitting at an open window.

I found that she could not hear the tuning-fork vibrated close to outer ears. The tympanic membranes were dark-brown in colour, and sunken inwards. I could not converse with this patient in the slightest, except through an ear-trumpet.

I removed the obstruction in the Eustachian tubes, and gradually improved the condition of the middle ear, and was extremely gratified at the result, this being a decided improvement in the hearing, which, in such a bad case, was very satisfactory.

No alteration took place in the condition of the auditory nerve, but the slight power it had left was enabled to be made use of.

CASE IV.—*Chronic catarrh, and slight deafness for many years. Subsequent sunstroke caused great increase of deafness, implicating the nerve apparatus.*

A gentleman who had been British Consul in the Holy Land, was sent to consult me by Dr. Handfield Jones, Aug. 11th, 1877. He could feel the vibration, but could not hear the tuning-fork when placed upon his head. Could not hear the watch in contact with either ear. He could hear a little in the right ear when he placed his hand behind the ear, or used a speaking-tube; but on the left side he was totally deaf.

In this patient, by getting the mucous membrane of his throat into a healthy condition, and by using Politzer's bag twice a week, the Eustachian tubes were kept open, and his hearing improved considerably. He was

(*a*) *Lancet*, p. 417, March 24th.

thus enabled to hear my watch tick at a few inches from his right ear, a sound that he had not been able to hear for seven years.

CASE V.—*Deafness from sudden concussion.*

Mr. B. came under my care September, 1876. He had been slightly deaf for many years, could hear my watch two inches right side, four inches left. He stated that while standing near a big gun it was fired—unexpectedly to him—after which he was deaf.

I found that there was extreme concavity of both tympanic membranes—they had been blown forcibly inwards without rupture. I used Politzer's bag, which relieved him instantly; and with subsequent treatment gradual improvement took place, notwithstanding the permanent injury to the labyrinth which he had sustained from the shock; such accidents are not uncommon, the membrana tympani being seldom ruptured, unless there should happen to be obstruction in the Eustachian tube.

Artillery men and boiler makers, who are so frequently exposed to shocks of concussion, are liable to chronic inflammation of the external ear coming on gradually, but they seldom suffer any sudden injury, and perhaps this may be attributed to their hardly ever being taken by surprise when a gun is fired, or a blow is struck, for it is probable that by the action of the internal muscles of the ear, especially the stapedius, the parts are placed in a position favourable to the reception of such shocks. We all know how much less we feel the shock of a great noise if we know that it is going to take place.

Diseases of the many important structures which are in relation with the internal ear, may extend to the auditory nerve. Some cases of deafness may occur without any very definable cause, especially in women, in whom, sometimes, very slight shocks, caused by distressing news, will give rise to sudden deafness.

A patient came to me at St. Mary's a short time ago with almost total deafness, which came in a moment, after hearing of the death of one of her children.

These cases are difficult of explanation. They are similar to those instances of sudden nervous shock, in which the hair turns white in the course of a few hours.

Another instance came before me a few months ago in which a bootmaker suddenly lost his hearing when his wife died.

Pregnancy and suckling sometimes seem to take a part in causing deafness. A lady consulted me the other day who always becomes deaf four months before a confinement, and gradually recovers after giving up suckling her child; and there are many instances on record of women whose hearing becomes affected while suckling their children.

Bilious attacks, commencing with nausea, giddiness, &c., may cause sudden loss of hearing, and this is probably the result of the poisoned state of the blood, as it may be also in deafness, concurrent with gout, syphilis, fever, &c.

Hereditary syphilis is a common cause of nervous deafness. It makes its appearance generally between ten and sixteen years, and is more common in females than in males. It is generally associated with an inflammatory affection of the eyes.

A very interesting case of this sort has been for a considerable time under my care at the hospital. It is a woman, and directly her ears get better her eyes fail; and when her eyes improve she becomes terribly deaf. And this very day a similar case was sent to me from the Victoria Ward.

In conclusion, true nervous deafness is generally to be diagnosed by the use of the tuning-fork; but cases sometimes occur in which its indications are uncertain. No case should be considered irremediable until after due trial of remedies. Cases of partial deafness, superadded to disease of the middle ear, are to be relieved, but not cured. And the whole class of nervous deafness, it must be remembered, although an unfavourable one for remedial measures, is rare comparatively to other forms of loss of hearing.

THE OTOLOGY OF THE LAST TEN YEARS.

By DR. GUERDER, of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes,*

By W. DOUGLAS HEMMING, M.R.C.S.,
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(*Continued from page* 330.)

PART I.—ANATOMY AND PHYSIOLOGY.

Foramen of Rivinus.—It might be thought that the question of the perforation or imperforation of the tympanic membrane had been long since settled. The existence of an opening at the end of the short process of the malleus was considered as a rarity, produced by an arrest of development, or as the result of the drying of the anatomical preparation (Troeltsch). Boschalek reopened the subject, and maintained that the existence of the foramen of Rivinus was a constant and normal fact. Von Patruban in 1868, at the meeting of Physicians in Vienna, made a communication, based on a study of 300 tympanic membranes, healthy or diseased, in which he had constantly found the opening. Above the small process there always exist one or two little channels in the membrane which place the auditory meatus in communication with the tympanum. He caused a small stream of mercury to pass through the hole, and it now appeared in the tympanum, and was shown to the assembly. Gruber admitted the frequency of this opening, principally in pathological specimens, and thought that disease would have great influence on its extent. The production of an opening at this spot is the more easy, because the radiating fibres are wanting at the end of the short process, and if the existence of the foramen is not constant, as believed by Von Patruban and Politzer, (*a*) it must be considered as very frequently present.

Blood vessels of the Membrana Tympani.—Moritz Popper, (*b*) by dint of great precautions, has succeeded perfectly in making injections of the ear, and has given us an exact description of the tympanic vessels. In his preparations, the veins and arteries are seen as regular striæ arranged in certain directions, which extend from the line of insertion of the malleus handle towards the periphery, where, getting smaller and smaller, they form, at a certain distance from the circumference, a very fine network. At the point of insertion of the extremity of the malleus handle in the tympanum a square space is found with the angles rounded off, which is occupied by a plexus of larger vessels. This plexus is formed by the ramifications of the arterial branch which descends along the handle of the malleus. Outside of this branch two other smaller branches, coming from the upper surface of the auditory meatus, take part in the formation of this plexus. These vessels are the principal sources of nutrition of the tympanum, but besides them the membrane receives other arterial twigs all coming from the auditory meatus. These vessels are situated at the periphery of the membrane in the form of short roots, the larger extremities of which are turned towards the periphery, and the smaller meeting with those coming from the centre of the membrane form a capillary network taking the form of a crown.

When the external surface of an injected membrane is examined under the microscope, there may be seen below the vessels above described, another network so fine that the thickness of the coats does not allow of its being well distinguished. With patience, after maceration, the mucous coat may be isolated with its vessels. This vascular network of the mucous membrane, contrary to what Gerlach says, presents a character exclusively capillary—there is nothing to indicate whether the vessels are arterial or venous.

After macerating the injected membranes in a concentrated solution of gum, Popper was able to study the

(*a*) Monats. fur Ohren, 1869. No. 5.
(*b*) *Wiener Med. Wochenschrift.* 1870.

connection of the two vascular plexuses by means of transverse sections. The examination of these sections under the microscope gave him the following results: in the external layer the vascular network is situated in the sub-epidermic cellular tissue. It is at the point of the malleus handle that it is thickest. In this situation the closest vessels make long loops which penetrate to the external layer of epidermis: the spaces surrounding these loops are filled with rounded epithelial cells. The loops are formed in a space the shape of a V, the point of which corresponds to the point of the malleus handle, and the base to the superior wall of the external auditory meatus.

The vessels of the mucous layer constitute a network with larger meshes, which at the periphery communicate with vessels of the external layer. Topper has often found on the internal layer of the membrane capillary excrescences in the form of hemispheres or elongated ovals, but never in the form of a finger, as Gerlach has described them under the name of villosities.

Lymphatics.—According to Kessel (*a*) the lymphatics of the membrana tympani form a cutaneous layer which is constituted by a fine network found under the network of Malpighi. They often interlace with the blood capillaries, and unite ultimately with branches which are directed backwards and towards the periphery. In the mucous layer also, a network is found with variable sized swellings. These are directed also towards the periphery or pass across the tunica propria, under the form of large sinuses, whence start capillaries which go to communicate with those of the cutaneous layer. Naselopp (*b*) has described a lymphatic ganglion which exists at the junction of the superior border of the tympanic membrane with the tympanic cavity. To prepare it the mucous membrane and the periosteum of the superior wall of the cavity must be raised near the superior edge of the membrane, the mucous membrane must be stripped off the drumhead, as far as the external process of the malleus; section must be made and hardened in alcohol. By sections there may be found in the submucous cellular tissue a microscopic body, oval in form, traversed by a capillary, surrounded with cellular tissue, and from which prolongations extend to form a network enclosing a large number of lymphatic corpuscles.

Nerves of the Membrana Tympani.—Popper (*c*) following Cohnheim's method (chloride of gold), has been able to study the nerves on the membranes of dogs, from which he had removed the mucous and cutaneous layers. From both sides of the handle of the malleus, principally at its posterior border, start fifty or sixty beautiful parallel striæ, some of which, gradually becoming thinner and thinner, reach the external quadrant of the tympanal surface. From another side of the periphery start seventy or 100 similar striæ converging towards the centre of the membrane; these penetrate to the inner quadrant but never reach the central plexus which surrounds the handle of the malleus. These striæ consist of nervous twigs of from two to six fibres. They give off at different angles single and sometimes double fibres. These efferent fibres form a very beautiful plexus of large meshes, ultimately formed only of primitive fibres; these are dotted with nuclei like the trunks. All the trunks and nervous plexuses are found in the sub-epidermic layer. In the internal layer in some preparations were seen large coloured striæ, composed of pale nervous fibres with elongated nuclei. The distribution of these nerves without being as regular as in the external layer, follows, always more or less, the direction of the radii of the membrane. From the branches start small twigs, but no plexus exists composed only of primitive fibres. According to Kessel (*d*) the nerves of the mucous layer come partly from the tympanic plexus, but more from the cutaneous network, the branches of which traverse the tunica propria.

(*a*) *Med. Centralblatt.* 1869.
(*b*) *Centralblatt fur Med. Wissenschaft.* 1869.
(*c*) *Loc cit.*
(*d*) *Med. Centralblatt.* 1869.

ACUTE ALCOHOLIC POISONING—RECOVERY.

By F. T. PORTER, L.R.C.S., &c.

THE following case may be of interest in connection with the question now exciting much notice, especially in England, of the simulation of alcoholic intoxication by apoplexy, and *vice versâ*.

On the evening of Saturday, Oct. 20, I was summoned to see A. B——, an old woman, æt. 75. She was then in a helpless condition. The extremities and skin generally were cold; pulse feeble, and almost imperceptible. Heart's action feeble and irregular, first sound being scarcely audible. Both pupils were dilated, and the face was extremely pale. The breathing was stertorous, and frothy mucus poured freely from both mouth and nostrils. There was no paralysis of the limbs, their movements, however, being merely automatic, speech and consciousness being for the time suspended. This condition of the patient set in suddenly. There was no previous thickness of speech, staggering, noisy talking, or any other symptom that would have led one to suppose that the patient had been under the influence of drink, neither was there any odour of alcohol.

The treatment consisted in the application of strong sinapisms to the nape of the neck and præcordia, as also to calves of both legs, 5 grains of calomel were administered, and ammonia freely exhibited in mixture. Consciousness returned in four hours, and all the bad symptoms suddenly subsided. The patient then admitted to me that she had been secretly drinking the entire of the morning and afternoon of Saturday. Before receiving this statement I had looked on the case as probably one of cerebral congestion with fatty or hypertrophied heart.

This case is an instance of the great difficulty of distinguishing the effects of drink from those of disease, or *vice versâ*. It is an easy matter to decide the question when noisy talk, thick speech, and alcoholic odour tell the tale; but it is not so easy when there has been no preliminary stage of excitement, and when a patient has reached an age which may justify one in assuming that she is a subject of organic disease.

The case is interesting as an instance of the difficulty of diagnosis. The sudden appearance and sudden amelioration of the symptoms, the recovery of the patient at such an age (75), and good effects of ammonia are worthy of notice.

Clinical Records.

COMPOUND FRACTURE OF LEG WITH EXTRAORDINARY COMPLICATIONS.

By DR. O'FLANAGAN.

To the general practitioner, whose work in surgery is rather scant, few things occur more interesting and anxious than attendance on a bad case of compound fracture. It fell to my lot lately to attend on such a case, a general description of which I give below, trusting that it may possess some interest for others also.

S. S., æt. 40, innkeeper, about dusk—that is between ten and eleven p.m.—on 4th July of the present year, while crossing in a dog-cart, a colliery railway at an embankment, the situation of which was only partially known to him, was "upset," horse, conveyance, and all, down the embankment, and received thereby an oblique and splintered compound fracture of left leg immediately above the ankle. He was picked up and conveyed to some cottages near at hand, and two surgeons in the neighbourhood were sent for. The wounded limb was bleeding very much, and being a man of "nerve" he bathed it himself in cold water, "reduced" the protruding bone (the tibia) to its place, and had the whole bound up with splints made on the spot from a bandbox, before the arrival of either of the surgeons. When these gentleman did come, in view partly of the distance

from his home (ten miles), and also of the grave nature of the case, they advised him to remain and be treated where he was. This recommendation he refused, and then the senior of the two accompanied him home in the dog-cart, keeping steady with his hands the injured leg all the way.

Five hours after the accident, namely at 3 30 a.m., on 5th July I was called to see him; the obliging surgeon having meantime retired from the case. I found him subdued and feeble from shock and loss of blood, calm and clear of intellect, but complaining of much pain. Having listened to a brief outline of the case, and assured myself that there was now no hæmorrhage, I prepared a mixture of medium doses of hydrate of chloral and full doses of solution of muriate of morphia and aromatic spirits of ammonia, to be given hourly till my return; and then set out to Sunderland on horseback in search of further assistance and a cradle splint. I was lucky in finding both, and arrived back at 8 a.m. with Dr. Abrath and a Salter's swing.

Notwithstanding the morphia and chloral, patient had experienced so much pain during my absence, that an hour before my return he had the bandages loosed, and after that had fallen asleep.

On examination now, we found two small wounds, each corresponding with the broken bones; one was situated upon inner side of leg, three inches above inner ankle; the other was over fibula, 2½ inches from outer ankle. The entire limb from toes to knee was much swollen but not discoloured, the dorsum of foot especially being glazy and a "sickly white." In view of the probability of the fracture, especially from fibula, extending into the ankle-joint, and in view also of the certain laceration of some large veins, Dr. Abrath asked me to obtain the patient's consent to amputation being done. While I respected the Doctor's opinion very much, this I would not do. Accordingly he "set" the fracture, placed the limb in Salter's swing, injected solution of morphia hypodermically into leg, applied carbolic dressings to wounds, and we left patient at 11 a.m. after he had expressed himself as much relieved.

Six p.m.—I visited patient again, who reports himself as having slept a little, and had as nourishment some beef-tea. He further says that pain is tolerable. Nine p.m.—Pain still tolerable, but states there is much heat in leg. Has passed urine naturally. Pulse 110, strong. Ordered to continue mixture of hydrate of chloral and morphia, to take a saline draught to move bowels, and to keep cold water applied to leg.

July 6th.—Saw patient at 9 a.m. Has passed a restless night, but reports pain as being "no worse." Bowels have been moved freely during the night. Urine free also. There is little change in condition of leg, but dorsum of foot down to toes is now very black. Nine leeches to be applied to foot and lower part of leg. Free bleeding followed the leech-bites, and patient again expressed himself as relieved. Besides the carbolised dressings for wounds, prescribed now a lotion for leg; this to be moderate quantities of acetate of lead, sulphate of zinc, acetic acid, tincture of arnica, tincture of opium, water. To have internally every two hours mixture composed of liquor ammonia acetates, spirit of nitrous ether, aromatic spirits of ammonia, tincture hyoscyamus. Nine p.m.—Patient says he is much relieved, and that leg feels comfortable.

Ten a.m. on 7th.—Has passed only a moderate night; slept a little. Complains of leg generally, but of heel, calf, and top of foot in particular. Skin is dry, notwithstanding diaphoretic mixture as above given freely, tongue foul, much thirst; pulse 118. The same number of leeches to be applied again Continue mixture and lotion. To relieve thirst to have potass-water, soda-water, or ginger-beer, according to desire; and to support strength to have beef-tea, chicken-broth, and plenty of good claret. Saline draught as before to move bowels.

Eight p.m.—Leeches have bitten well, patient expresses himself as much relieved, bowels have moved freely, leg looks well, and colour of foot much improved.

Nine a.m. 8th.—Lotion had run out during the night, pain in leg so bad that patient undid the fixings of splint; pulse 126, tongue foul, thirst urgent, no perspiration. Complains of much pain at knee over inner condyle, leg looks angry, no suppuration from wounds, which look angry also. Inner side of thigh from knee upwards is red and hard in a line an inch or more in breadth, over the chief vessels. Continue treatment as before except the leeching. Two p.m.—Says leg feels easier, but complains much of knee. As the fragments became displaced by the interference with the splint during the night, and as the symptoms looked grave generally, I judged fit to have Dr. Abrath again in consultation. He came at 7 p.m., replaced the leg in position, and concurred in the general treatment.

Eleven p.m.—Patient describes his state as "tolerable," but to command sleep and thereby improve his general condition, I gave him a draught containing eighty minims solution of morphia.

Nine a.m., 9th July.—Patient has slept the whole night through, describes his condition as "easy and comfortable," leg and foot looking well and swelling much less. Pulse 120, tongue better, moist, but still foul. Urine copious, perspiration still absent.

Eight p.m.—Saw him again with Dr. Abrath, who being in the neighbourhood, called casually. Reports having had a good day, slept at intervals, and took plenty of nourishment, leg looks decidedly better. Had just awoke from a sleep at the time of our visit, and was wandering a little in mind, which arose possibly from the morphia given the night before, and which Dr. Abrath advised me now not to repeat. All other treatment as before.

Nine a.m. 10th.—Patient had a bad night, slept none, leg looks much worse. Pulse 138, no perspiration, skin yellow and sickly, countenance wild and anxious, tongue slightly tremulous, delirium well marked, but uncertain whether this was *alcoholic* or *traumatic*, probably a conbination of both. In addition to good claret liberally as before, to have good whisky or brandy now and again; and for drugs medium doses of solution of morphia and tincture of digitalis. Eight p.m.—No abatement of symptons since morning, no sleep, delirium greater, pulse 146, hard and strong.

At nine p.m. gave him draught containing 25 grains hydrate of chloral and 30 minims tincture of digitalis, and as this took no effect, at half-past nine I repeated the dose. Patient immediatly fell into a sleep, which in a little time bec ime stertorous; slight perspiration appeared now. Dr. Abrath arrived at eleven p.m., and fearful of having overdone the thing in doses of narcotics, we in consultation determined to arouse him by means of sinapisms to pit of stomach and thighs, and by strong liquor ammoni ı to the nostrils. At midnight he awoke much calmer for his two hours' sleep, but although able to answer questions, was unconscious, and could not recognise persons about him. Gave now, on Dr. Abrath's recommendation, two-drachm doses of tincture cinchona every hour. At two a.m. on 11th, he fell asleep, and slept till four a.m. Throughout the whole of this day was most delirious and violent, wanted to be out of bed, and to displace swing, so that it was impossible to apply any dressing to leg. Pulse 140, redness and hardness of inner side of thigh increased, abdomen much enlarged. There was certainly no want of complications now, as in addition to the delirium, the possibility of blood-poisoning from phlebitis or lymphatitis was by no means remote. In view of all this, I determined to support strength as before, to continue the tincture of cinchona as an antiseptic, and to give frequently medium doses of tincture of digitalis and hydrate of chloral to procure sleep. The local treatment was by blistering fluid applied in the track of the femoral vein.

July 12th.—Patient calmer, but more feeble and unconscious; has slept moderately at intervals during the night. Pulse 132; blister has risen well on thigh. The abdomen is now much enlarged, and is tympanitic to per-

cussion; added to this there is hiccough which is most distressing. For hiccough give ice and champagne, and support strength as before. Of drugs give tincture cinchona alone.

Eight p.m.—Patient no worse, himself much improved, hiccough gone; but abdomen so much enlarged, that patient is moved or handled with difficulty. As I now detect fluctuation in leg in neighbourhood of wound over tibia, I again send for Dr. Abrath. Meantime I determine to use turpentine for relief of abdominal symptoms. Three ounces of this was given as enema in a small quantity of suds, and other three ounces as a draught. Urine was taken away by catheter. About midnight Dr. Abrath arrived, who incised leg, liberating thereby a quantity of unhealthy pus and removing a splinter of bone about the size of a shilling. Over leg generally he made several small incisions, which relieved tension and allowed serum to exude, and then wrapped the leg in cotton wool. In the turpentine treatment he concurred so far as to encourage me to apply over abdomen hot flannels saturated with same.

Eight a.m. 13th.—Patient generally no worse, a little better if anything; state of abdomen unchanged. Give now a pill every hour, containing one grain of opium and two of capsicum. Nourishment as before.

July 14th.—Has passed a good night, pulse 122; he is more frequently conscious and for longer periods; leg also looks better. Chief danger is now apparently abdominal, and this from paralysis of muscular coat of small intestines, as the swelling is much the same. Give now tincture nux vomica, sulphate of quinine, dilute sulphuric acid and peppermint water. At night Dr. Abrath brought a small galvanic battery, the poles of which he applied to umbilicus and rectum, producing thereby *some noise* by the expulsion of flatus. From this period till nineteenth (when he regained full consciousness) his state varied from day to day. The tympanitis continued, often he was very wild and incoherent, seldom rational, but from first to last he almost never refused his medicine or nourishment.

About the end of the third week the bowels fell considerably. The wound over tibia progressed well under the carbolic treatment. An opening had to be made under outer ankle to allow the matter to escape, which had burrowed from wound over fibula. In eight weeks from the date of accident, he was able to sit for a little time out of bed; and in eleven weeks, all wounds were skinned over. About the tenth week from incautious exercise on crutches a secondary abscess threatened to form in neighbourhood of chief wound, but this soon disappeared under repeated leeching, *free use* of blistering fluid, and anti-rheumatic treatment, with rest.

By the middle of October the swelling was very much reduced, there was some pain and stiffness yet at ankle-joint but he moved about freely on crutch and stick, and could take any amount of carriage exercise. With a few baths in fresh sea water, temperance, and *proper care on his own part*, he gradually and rapidly improved, and he is now, before Christmas, walking about without artificial aid, and without deformity, and with very little lameness.

Remarks.—A practitioner in attendance on such a case as the above is often placed in considerable difficulty. If he rashly amputates at first—and the proper time—he deprives the patient of a limb, and perhaps also fails to save his life. If, on the other hand, he fails to amputate his own conscience and the public concur in condemning him for his failure if the patient dies. The man of judgment should treat every case on its own merits, without any regard to *public opinion* afterwards.

Houghton-le-Spring, Durham.

A DEATH from typhus fever occurred last week in the Shropshire County Gaol, which makes the sixth that has occurred in that building this year amongst the prisoners. The jury have appended a recommendation to their verdict that a strict investigation into the cause should, at once, be undertaken.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

PATHOLOGY OF TETANUS AND HYDROPHOBIA.

AT the last meeting of this Society there was a long and interesting discussion on the pathology of these diseases, based on a paper read by Dr. JOSEPH COATS, of Glasgow.—In tetanus, said Dr. COATS, there were hyperæmics of the central nervous system. In the cord and medulla oblongata, pons, corpora quadrigemina, and corpus striatum, but chiefly in the first, there is a granular material around the vessels. In the medulla oblongata it is noted that a longitudinal vessel in the posterior parts is particularly affected, and that here, as well as in other parts, there are occasional hæmorrhages. In the convolutions there is an exudation of a yellow fluid outside the smallest vessels, the medium-sized ones having mostly escaped. In hydrophobia there is, in the central nervous system, an aggregation of leucocytes around the blood vessels. In the cord, medulla oblongata, pons, and corpora quadrigemina, it is the medium-sized vessels which are so affected; in the convolutions it is those of small or capillary size. The salivary glands are infiltrated with leucocytes, which have special relations with the blood vessels. The mucous glands of the larynx are similarly affected, though much less intensely. The kidneys are hyperæmic, with aggregation of white blood corpuscles within them. The pathology of these two diseases was then discussed, and it was pointed out that there is a great similarity in the distribution of the lesions in the central nervous system, as well as a certain analogy in the kind of lesion. The special distribution of the lesion is compared to the localisation of the tubercles in tubercular meningitis, and is ascribed to physiological and anatomical peculiarities of the circulation. Attention was also drawn to the fact that in hydrophobia the lesions are not confined to the central nervous system. The special localisation of the symptoms in both diseases—in the tongue, throat, and neck—is associated with the special prevalence of the lesions in the medulla oblongata. It was concluded that in tetanus and hydrophobia we seem to have two different poisons, each of which, circulating in the blood, attacks the central nervous system. These agents irritate the nervous system; but as they are different in nature, so the kind of irritation they produce is different. There is, however, a remarkable similarity in the localities indicated by them, and these seem to be specially the spinal cord, medulla oblongata, and corpora quadrigemina, and, to a lesser degree, the cerebral convolutions. The irritation seems to centre in the medulla oblongata, and in a particular region of it, this localisation being probably determined by the anatomical and physiological relations of the nutrient vessels. The high temperature met with in hydrophobia, and sometimes in tetanus, is regarded as not inconsistent with these views.——Dr. ALTHAUS acknowledged the value of the paper and the microscopical preparations accompanying it. Although the symptoms of tetanus pointed to lesions in the medulla oblongata, Dr. Lockhart Clarke had failed to detect them. He asked whether the cervical sympathetic ganglia had been examined in hydrophobia, for in that disease many of the symptoms resembled the phenomena produced by sections of the sympathetic. He doubted whether the lesions above-mentioned were characteristic of the disease, as similar changes were met with in certain inflammatory affections, as in acute ascending spinal paralysis; nor was it proved that tetanus depends on a special poison, as was evidently the case with hydrophobia, which had been, in numerous instances, transmitted from one individual to another by inoculation. The difference between the two diseases was enormous, and the clonic intermittent convulsions of one contrasted with the persistent tonic spasms of the other.—Dr. DICKINSON remarked that the morbid appearance which had been found had been observed by him in many other nervous disorders, so that he doubted whether the microscope alone would discriminate the two diseases. Dr. J. A. Wilson, many years ago, advocated the blood-origin of traumatic tetanus, and that a blood-poison was the source of traumatic tetanus seemed almost as certain, since it was invariably accompanied by an open wound, and was preceded by a period of incubation. Lastly, the anatomical changes described must be regarded as a step only in the series of pathological processes constituting either of these diseases.—Dr. GOWERS said the changes noticed in the parotid gland and kidney in hydrophobia were an important addition to our

knowledge of these diseases. He compared the latter to the early affections in the kidney in scarlet fever described by Dr. Klein. Another important point was the identity in the nervous lesions in the dog and man. The observations detailed favoured the view that there are lesions perfectly distinctive of hydrophobia from tetanus. In six cases of hydrophobia which he had examined himself, the changes in the nervous centres were so great and so similar as to appear to him quite characteristic. In five of the cases there was not only a massing of leucocytes about the blood vessels, but an infiltration of the tissues with them. In fact, in some places it seemed as if the process had only to advance a step further in order for the medulla to be riddled with foci of suppuration. The changes were far less extensive in the spinal cord. In cases of tetanus he had examined, he had found changes similar to that described by Dr. Coats, but the changes rather predominated in the cord than in the medulla. In interpreting the morbid appearances observed the effect of severe congestion should be taken into account. Such congestions due to the paroxysms interfering with respiration, would be more intense in tetanus than in hydrophobia, and might assist in producing the extravasations of blood and the accumulations of granular matter observed around the blood-vessels were the only spaces where granular matter could aggregate, this perivascular limitation of the granular material could hardly be taken as evidence that the cause of tetanus acted through the vessels. In fact, Dr. Gowers thought that the nervous lesions in the two diseases are in harmony with the current theories of their nature, viz., that in tetanus it was generally held that the symptoms were due to the effect produced by an irritated or inflamed nerve. In many cases an ascending inflammation has been traced in the nerve, and this was believed to excite the disease, although it was possible that some poison, analogous to the rheumatic poison, might predispose to or actually induce tetanus, as in the idiopathic or rheumatic form of it. Hydrophobia, on the other hand, is regarded as the result of a special poison which, circulating in the blood, passes from the vessels, irritates the nerve centres, and produces the profound vascular lesions met with. In tetanus the comparatively slighter vascular lesions were more in harmony with stimulation by a peripheral irritation than by a poison circulating in the blood.—Dr. T. C. TURNER remarked that aggregations of leucocytes, even to the extent of the "miliary abscess," might be produced in a very short time, even after death. In one case of sudden death, he found a large collection of leucocytes between and around the gastric glands; and he thought that such a change was due to congestion, sufficient to alter the wall of the vessel, and allow of the exudation of leucocytes. In a *post-mortem* examination of a case of hydrophobia, he found the exudation of leucocytes above described. The appearance was most marked in the grey matter of the cord, and he noticed that in the dorsal regions the white matter was softened.—Sir JOSEPH FAYRER was somewhat disappointed with the discussion, as he had hoped to have heard something about the diseases themselves, as to their phenomena, and what can be done to cure them.—Dr. BUZZARD, referring to Dr. Coats's observation, that special arteries of the nervous centres were most affected, said that this selective property of the hydrophobic poison was not more difficult to explain than the affinity of certain mineral poisons for particular tissues or organs. He was reminded of Virchow's doctrine of special affinities, and the question arises whether these may not be due to some chemical constitution of the affected regions by virtue of which these parts, more than others, attract from the blood substances for which they have an affinity. He thought, therefore, that there was not much more to be gained from microscopical examinations, and that the chemical analyst might now step in and try to explain facts beyond the power of the microscope to fathom.—Mr. CURLING remarked that the clinical history of these cases did not bear out the changes found, for these latter involved so much organic change in the nerve centres as would, it might be supposed, have produced paralysis. Referring to the long incubation that sometimes is obtained in hydrophobia, he said it was an interesting question as to what had become of the virus during all the time that elapsed from the infliction of the wound and the development of the symptoms. The view that tetanus is a blood disease was not borne out by treatment; for in tetanus, if the case be taken early, and the nerve proceeding from the wound divided, the disease may be arrested.—Mr. HOWSE agreed with Dr. Coats in thinking that tetanus was due to a poison. He remarked that injuries were most prone to tetanus where foul material, such as London mud, was deeply ground into the tissues, and this was strong evidence as to tetanus being due to a local poison.—Dr. GREENFIELD said it was important to distinguish between facts of morbid anatomy and the pathology of a disease. He protested against our views of pathology being solely grounded upon what is seen with the eye, and he did not think that as yet the changes in the nervous centres in hydrophobia and tetanus—changes which, according to his own observations, were extremely variable—afforded any proof that they were any other than the results of irritation. Similar results had been observed in chorea and scarlet fever; and it was questionable how far some of them might not be the result of the same conditions, *e.g.*, high temperature, common to some cases of these affections, rather than essential to and characteristic of one disease in particular. Hence too much stress could not be laid upon their occurrence as explanatory of the true pathology of these diseases.—Dr. JOHN HARLEY said that in his experiments on the action of aconite upon the dog, he had been able to produce all the symptoms of hydrophobia, and had attributed them to extensive hyperæmia of the spinal cord.—The PRESIDENT (Dr. C. West) called the attention of the Society to a large field of observation yet unexplored, namely, the tetanus of new-born children, so prevalent in some lying-in hospitals in Paris; as their study might throw some light upon the nature and causation of the disease. He also strongly animadverted upon the growing tendency to ignore the results of clinical observation, and to look too narrowly into the changes observed in organs by the microscope after death. He could not forget that in Sydenham's day morbid anatomy was almost unknown, and yet the knowledge of disease was great, for it was derived from the careful study of the phenomena presented in the course of the disease, and he feared that the tendency nowadays was to lay too much stress upon what one appeared to see with the eye, and so to study the one as not to see the other and more important aspect. Nor did he find that these advances in the direction of *post-mortem* observation had done very much to put a stop to wild theories—theories as extravagant as those which prevailed a century or more ago. Then humoral pathology prevailed, and men talked of "fermentation of the blood," and the like; but now precisely the same class of explanations are started, with this exception, that in those days such explanations did not affect to be clothed in the garb of scientific knowledge.—Dr. COATS, in reply, said that he by no means asserted that the lesions described were the essence of either disease, but were only the evidence of irritation, probably a poison acting on the blood vessels. The two diseases were absolutely different, but both may be due to the action of some morbid poison. He objected to the term, "miliary abscess," applied by Dr. Gardner to large collections of leucocytes, as an abscess implies pus, and pus is a fluid. He said that there was no distinction of nervous tissue, and therefore he would not expect to have any paralytic symptoms. As to the incubation of hydrophobia, it was not more wonderful than what occurred in acute miliary tuberculosis from the infection of a caseous focus, which may have persisted for an indefinite period.

MEDICAL SOCIETY OF DUBLIN.

THE First Meeting of the Session 1877-78 was held on Wednesday, November 14th, 1877.

Dr. GORDON, President, in the chair.

Dr. DUFFEY, hon. secretary, read the minutes of the previous meeting, and also the report adopted by the Council, giving a *résumé* of the proceedings of the Society for the past session. The Council recommended the reception of *viva voce* examinations, with the view of enhancing the value of the Society's *Transactions* by enabling those who have neither the time nor inclination to prepare written papers to give the Society the benefit of their experience.

The minutes were confirmed, and

The PRESIDENT then delivered the

INAUGURAL ADDRESS,

in which he congratulated the Society on having completed in their last a most successful session. The communications made had been of the most practical nature, thus preserving the original character of the Society, which was in the 61st year of its existence, and which was founded for the collection of material and philosophical intelligence. After allud-

ing at some length to the success with which the aims of the Society had been furthered by its members, among whom he instanced many eminent names, the President said it was their boast that they were, above all things, an eminently practical Society, and the reason of their being so was to be found in the universality of their works, for they had included in the sphere of their labours the whole round of medical science, of medical art, and of medical method. In conclusion, he referred to the loss which the Society had sustained by the death of four of its members—Dr. Mollin, Dr. Wilson, Dr. Percival, and Dr. Cronyn.

Dr. HAYDEN then communicated to the Society an abstract of

THREE HUNDRED AND THIRTY CASES OF PHTHISIS,

with observations on symptoms and treatment. He said he only recognised three forms of phthisis—viz., tubercular, broncho-pneumonic or caseous, and cirrhotic or fibroid. So-called syphilitic phthisis, though he would not be understood as denying its existence, had not yet made good its claim as a distinct species. Hæmorrhagic phthisis was only a form of tubercular phthisis, characterised by early and copious hæmorrhage. So-called miller's, miner's, flax-dresser's, and iron-worker's phthisis were only modified forms of fibroid phthisis. In that paper he aimed only at presenting a clinical conspectus of the disease. He did not propose to enter on the debated question whether tuberculosis was ever primary, or rather whether it was not always the product of defective absorption of a strumous or inflammatory deposit. In reference to that portion of the subject, he would only observe that he believed that primary tuberculosis of the lungs was not only possible, but of very frequent occurrence. After briefly describing the symptoms in the various forms of the disease, Dr. Hayden said that for the past twelve years he had noted incidentally, as time permitted, many—perhaps one-fourth—of the cases of phthisis which came under his notice, and had thus collected a total of 330 cases. These had been recorded under the following ten headings:—Name, age, occupation, duration of illness, lung affected, stage of the disease, family health, complexion, hæmoptysis, and general observations. Of the 330 cases, 209 were males and 112 females; sex not stated, 9; the ages ranging between 7 and 75, and the occupations embracing almost every trade and calling known to the city of Dublin. Both lungs were affected in 194 of the 330 cases—that is to say, in the proportion of 58·78 per cent. of the total. Of these 194 cases, both lungs were equally affected, as far as could have been ascertained clinically, in 21. The right lung was affected in a greater degree than the left in 79 cases, and the left affected in a greater degree than the right in 94. The lung only was affected in 126 cases—that is to say, the right lung only in 65, and the left lung only in 61. As regarded the stage of the disease, the first stage was exhibited in 45, the second stage in 146, and the third stage in 93. The family health was reported as having been good in 205; as having been phthisical in 78—*i.e.*, 27 per cent.; and not stated in 41. The complexion of the patients was dark in 179 cases; fair (under which term he meant to include sandy, brunette, all shades of brown—in fact, every complexion except dark), in 131 instances; and not stated, 13. Hæmoptysis occurred in 188 of the 329 cases reported of in relation to this symptom—that was in the proportion of 57·49 per cent. Hæmoptysis occurred once in 60 cases; more than once in 128—*i.e.*, in the proportion of 62·75 per cent. of the whole. There was no hæmoptysis in 120, and no no statement is made in regard to it in 3 cases. Clubbing of the fingers existed in 124 cases; it did not exist in 36, and no statement in regard to it was made in 144. Femoral phlebitis existed in 3 cases, laryngeal ulceration in 2, diabetes mellitus in 2, valvular disease of the heart in 1, fistula in ano in 3, and amenorrhœa in 15. Excavation was noted in 93 cases. As calculated from the answers of the patients, this stage of the disease had been established within six months from the first period of illness in 34 cases; within twenty-four months in 44; and after twenty-four months in only 4 cases; the period "not stated," 11 cases. The preponderance of males, in the proportion of nearly two to one, was noteworthy, and, he believed, fairly represented the relative proportion in which phthisis affected the working classes, from which 7-8ths of these cases had been drawn. Dr. Hayden then proceeded to classify the cases according to age, and afterwards made a few general remarks on the tables from which he had been quoting. He said that, as might be expected, from the slow progress of the disease after 45 years, both lungs were affected in a larger proportion of cases at that period of life than any other, whilst both lungs were less frequently affected relatively to number between the ages of 15 and 25 years. Where one lung only was affected, the right maintained a preponderance at all periods, save the third (15 to 25 years) and the last (over 45 years). Hæmoptysis was most frequent between the ages of 25 to 35 years, and at all periods it occurred more than once, in the proportion of two to one cases in which it was exhibited. The proportion of phthisicals in whom hæmoptysis did not occur at any time was more than two-thirds. Clubbing of the fingers was presented at the several periods—viz., under 10 years, 10 to 15, 15 to 25, 25 to 35, 35 to 45, and over 45—in a proportion varying from one-third to nearly one-half of the cases. He had observed clubbing of the fingers of two kinds: one form was a peculiar expansion, with flattening of the finger ends; the other was incurvation of the nail. The former was that seen in connection with chronic and congenital disease of the heart, and the latter in phthisis. After some observations on the symptoms and general physical signs, dealing only with those of special diagnostic value, the author said he did not purpose entering generally into the question of the treatment of phthisis. Suitable change of climate was *par excellence* the remedy. A long sea voyage has frequently effected a cure, even in the third stage. Of medicines, cod-liver oil was the best, and animal fats of all kinds. Where cod-liver oil could not be taken, he had given arsenic after food in small doses; 3 to 5 minims of the liquor arsenicalis (B.P.), alone, or combined with one of the ferruginous syrups, or Parrish's syrup of phosphates. He had been induced to make a trial of arsenic in cases characterised by great and rapid wasting, from the remarkable results reported of arsenic-eating in Styria, and he was satisfied it was of great value when so given. Rich cream was a good substitute for cold-liver oil. Dover's powders given in 5 gr. doses once or twice in the course of the night was the best remedy for night sweats.

Dr. M'SWINEY said the session of the Society had been well inaugurated by the paper which had been presented by Dr. Hayden. It dealt with such a vast field, and included so many subjects, that it would be next to impossible to do more than glance at some of those subjects in a cursory way at one meeting of the Society. The fact that Dr. Hayden commenced his paper by laying down a classification of the forms of phthisis, in his (Dr. M'Swiney's) judgment, proved that they were not as yet in a position to classify the forms of phthisis which existed, any more than they were in a position to classify skin diseases, or the varieties of poisons which existed in a good many other departments of both medicine and surgery, the foundation of this difficulty being laid in the circumstance of the pathology of these affections not being accurately and precisely determined up to the present day. It struck him that Dr. Hayden omitted to state a fact of the greatest importance in connection with one aspect of the great subject of phthisis—viz., whether the hæmoptysis preceded or succeeded the other symptoms of the phthisical ailment. It had occured to him (the speaker) also that the experience of many persons would not bear out the *decubitus* which, it would seem, was observed by Dr. Hayden in the third stage of phthisis as being a prevalent *decubitus*. He (the speaker) had thought that in the majority of cases a patient suffering from an excavated lung would, if there were any acute inflammation, or any recurrent pneumonia or pleuritis present, recline on the affected lung, in order to afford greater scope for the play of the unaffected lung in the act of respiration. He did not think that Dr. Hayden had stated the percentage of recoveries. That was a vitally important point in the determination of the nature and prevalence and danger to life of phthisis. The author of the paper could probably give the meeting an idea of the percentage of mortality. He (Dr. M'Swiney) felt, in common with the other members present, what a valuable contribution this had been to the subject of phthisis.

Dr. HENRY KENNEDY: I would like to make a few remarks on this valuable communication of Dr. Hayden's, and in the first place would notice the position the author gave to that form of phthisis commencing as pneumonia, and now called caseous pneumonia. A few years since, the views of the late Niemeyer, who thought inflammation was the source

of phthisis, were very generally accepted, and for a while seemed to revolutionise the ideas held from the time of Laennec. Now these views I cannot accept, and have not hesitated on a former occasion to say so. If it were for no other reason than that pneumonia very generally attacks the base of the lung, it would satisfy my mind, whilst phthisis is found as commonly in the upper lobes; and I would ask any gentleman present how many cases of phthisis he has traced, commencing as pneumonia? An answer to this question may well be taken from the paper we have just heard, for out of 330 cases the author stated that in 8 only had pneumonia been the starting-point of phthisis. The fact is, that such an occurrence is very exceptional, as the figures given prove, and similar remarks may exactly be made in reference to hæmorrhage into the lung, which Niemeyer stated would cause tubercles. In my experience, it will not do so, unless there be also present the strumous diathesis, which, from some unaccountable reason, this author has entirely overlooked. Did time permit, I would venture to raise the question, How far cirrhosis of the lung, described by Sir D. Corrigan, is a form of phthisis? I certainly have examined a good many cases of this affection, when I could not find a trace of tubercle; and there are other points, too, which might easily be adduced, showing the difference between the two diseases. In reference to treatment, I am not in a position to say I have ever seen a case of tubercular phthisis cured; and yet, within the last quarter of a century, the advance made has been immense, and we are now able to bring the disease into a state—and in a considerable number of cases, too—in which it becomes quiescent, and the individual is enabled to follow out the ordinary avocations of life. Besides the means alluded to by the author, I may mention I have used the hyperphosphites in a considerable number of cases, and with good results; and where tonics can be borne, these are valuable agents. But they are capable of inducing hæmoptysis, and so require a certain amount of caution. I have also used an old remedy, and in a very large number of cases; and I am not sure but that, as a single remedy, it is equal to any other. I mean the viva ursi. It allays the cough, lessens the expectoration, and improves the general health; and in this way may be used when other agents have disagreed, or lost their effect. It is given usually in the form of powder, and in doses of from 5 to 10 grains.

Dr. HEAD thought the important point in the treatment and management of phthisis was its first cause. If they could ascertain the first cause, they would prevent a great number of cases running into phthisis. As Dr. Kennedy had remarked, what was called tubercular phthisis did not recover; but with reference to those other forms that presented physical signs and symptoms without the evidence of tubercle, many of those recovered. It was a very gloomy view to take of any case of phthisis—except in cases where the tubercular diathesis was very well marked—to say that no case of phthisis could recover.

Dr. AQUILA SMITH did not hear Dr. Hayden—in connection with the cases of phthisis occurring in females—take any notice of the cases in which the catamenia was suppressed. Every practical physician would recognise that as a very important diagnostic fact. Dr. Hayden had alluded to the clubbing of the fingers. He (the speaker) thought that should be considered in relation to the stage of the disease in which it was observed. The impression had often occurred to him, on looking at casts of clubbed fingers, that that condition very often depended upon the general emaciation of the patient. However, he never attached anything more than a secondary importance to it.

Dr. HAYDEN, in reply, said he had not noted the fact of whether hæmoptysis occurred before or after prominent symptoms of phthisis. From the circumstances of the cases it was impossible to have done so, because most of the patients came under his notice either as out-patients or interns of the hospital. He considered that partial hæmoptysis was not a great evil. He believed it frequently occurred as a first symptom of the disease, and when it occurred very copiously thus early, it was very often regarded as the cause of phthisis. With reference to the *decubitus*, he had merely set down what he regarded as an empirical fact—merely the result of clinical observation. All he could say was, that while he agreed with Dr. M'Swiney that in every form of pulmonary disease the *decubitus* was not on the unaffected side, yet such was the fact—and he (Dr. Hayden) merely gave it as a fact, and he feared not to reiterate the statement—that in at least 90 out of 100 cases of phthisis in the third stage *decubitus* was on the unaffected side, because lying on the affected side always produced cough. He had not stated the results of the cases, for he had not been able to follow them; but in the few cases that he had been able to follow, the result had been that about 8 or 9 out of the whole had recovered. All the rest he had lost sight of. He did not regard cirrhosis of the lung as tubercular. He quite agreed with Dr. Head that phthisis covered larger ground than tubercle. Pulmonary consumption included many other forms of disease than tubercular disease. He had used the hypophosphites very little, because he had a great objection to them; but if they were of avail, he would use them. Dr. Smith had reminded him about the amenorrhœa. In his list several such cases were noted. He supposed there were 40 or 50; he would go so far as to say that it was one of the earliest symptoms, and the friends and relatives of the patient regarded it as the cause of the disease, whereas it was a consequent symptom. He did not know whether the clubbed finger could be associated with any particular stage of phthisis; he thought it occurred in all stages; but it was best marked in the advanced stages, because of the surrounding waste of tissue.

The Society then adjourned.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER V.—RABIES, ITS ETIOLOGY AND SYMPTOMS.

(*Continued from page* 498.)

SYMPTOMS.

THE older writers have described it. Cælius Aurelianus, who collected his history of the malady from Eudemus, Soranus, and other writers, with whom we are little acquainted, tell us that rabies is immediately preceded by extreme irritability, unusual motions of the body, disturbed sleep, or absolute wakefulness, indigestion, stretchings, yawning, nausea, imaginary notions of bad weather, and no appetite for drink. To these symptoms, according to the same author, succeed, when the rabies begins, a desire to drink, with terror at the sight, sound, or name of water; the patient is afraid even of fomentations with oil; his pulse is dense, small, and irregular; sometimes a small degree of fever, convulsive motions of the stomach, spasms in the pericordia, numbness of the joints and torpor of the intestinal canal, frequent inclination to make water, trembling and catching of the limbs, voice hoarse, resembling the barking of a dog, spiral posture of the body, like that of a dog lying on the ground; anxiety when any person enters the room, as if apprehensive that he should bring water; redness of the face and eyes; body emaciated, the superior parts pale and sweating; *veretri frequens tensio, cum seminis involuntario jactu.* To the symptoms above-mentioned, Boerhaave adds the following: Lassitude, weight, and indolence in every muscle of the body, disturbed sleep, frequent startings, frightful dreams, convulsions, constant inquietude, depression, sighing, and love of solitude. If the patient be bled, the blood exhibits no morbid appearance. He now complains of a squeezing about his heart. He is terrified not only at the sight of any fluid, but even of any pellucid or reflecting body. He vomits viscid bilious phlegm, or poracious bile, grows hot and feverish. To a gradual exacerbation of these symptoms are now accumulated a dry projected tongue, open foaming mouth, extreme thirst, an irresistible inclination to spit at and bite those that are near him;

cold sweats, complete rabies, and on the fourth day the patient dies.

Dr. Mead copies Boerhaave without any material alteration, except in saying that death relieves the patient in two days after the first symptoms of rabies. The descriptions of the symptoms in individual cases, have been very varied, and as Lipscomb points out, it has been said, perhaps by way of apology for the inconsistency, and contradictions, manifest in the accounts of this disease, that there are scarcely two in which the symptoms perfectly agree. The remark is equally true and puerile, for neither are there two human bodies alike; nor are the symptoms of any other dissase in exact agreement in different persons (Fordyce). In reference to the wound, there is the greatest diversity, as to its appearance and as to its healing, and Lipscomb's remarks on this point nearly corresponds with modern observations; he informs us, that notwithstanding the violent effects, which occasionally follow the bite of a mad dog, the wound is generally not more difficult to be healed, than any other lacerated wound of the same part.

In a few weeks, or even a few days, extensive injuries have become cicatrised under the ordinary method of dressing, and even by the least skilful hands; neither pain, swelling, excessive soreness, nor any other indication of malignity supervening; and after they have been thus healed, they have remained perfectly well during the life of the wounded person, unaltered by or at the time of the subsequent rabies. This observation is justified by abundant experience, and it should operate as a caution to those, who relying on the description of the disease, given by inexperienced persons, expect to see the cicatrix of the wound, always become inflamed, hard, elevated, or ulcerated at the approach of rabies. On the other hand, there have been instances in which the wounds resisted every application, and for a long time constantly discharged a fœtid sanies very copiously; but sores so evidently tainted with malignity ought never to be permitted for a single hour uncauterised. It sometimes happens, indeed, that the wound, after having been regularly and perfectly healed, assumes an appearance of inflammation; as a pricking pain is felt in it, and it is surrounded with reddish or livid spots. Sometimes streaks run up the limb, and are sore when touched, and in other cases the wounded part becomes hard and swollen.

In reference to the supposed "hydrophobia," there has also been great diversity of opinion, but the majority of writers agree that the name is a misnomer, conveying a false idea. Without going further back than 1783, Berkenhout tells us the disease is commonly but improperly called the "hydrophobia," or dread of water. He says improperly, because this aversion to water, or to drink of every kind, is only one symptom of the disease in question, and that not constantly nor exclusively; for there are many examples on record sufficiently authenticated of this symptom, this hydrophobia, in patients not bitten by a dog or any other animal. He further says:—

"I am even inclined to assert that the hydrophobia is not generally a symptom of the disease produced by the bite of a mad dog. It rarely happens that the patient has any aversion to water or other liquid, until by experience he finds, an insuperable difficulty in swallowing. He then dreads the approach of water, having already found that the attempt to swallow any liquid produces a violent and painful convulsion, so that the symptom in question is rather a real difficulty of swallowing liquids than any dread of water. As far as my own experience reaches, I can with great truth aver that I have never yet met with a single patient who expressed any aversion to the sight, sound, or mention of water, until he had found by experience that drinking gave him pain."

Jesse Foot, who wrote in 1788 a pamphlet advocating excision of the bitten part, also says:—"Dr. Mead hath remarked, and with strict propriety in my opinion, that the word does not convey the true meaning of the effect of water upon the patient, when the frightful symptom is upon him, which is not a dread of water, but despair of gratifying thirst, through the impossibility of swallowing it."

These older observations correspond with those of modern observers. There is not dislike to water as water *per se*, or fluids as fluids *per se*, but consciousness being retained, and reflex excitability so exalted, the mental action, roused by the sight of water desired, but which cannot be swallowed, excites the distressing symptoms and spasms of the muscles of deglution, whence the name which it had so long possessed.

Here we have a difference between rabies in man and the lower animals. Dogs and wolves drink water with avidity. This is noted by Sauvages, "Constat repetita apud Gallo-provinciales experientia, canes luposque rabidos bibisse, manducasse, flumen transsisse, ut olim Marologii et bis Farolivii observatum: adeoque nec cibum nec potum aversari."

We have mentioned these old opinions to do justice to the older physicians.

As Lipscomb observes, the form and character of the disease, however, are so well ascertained, that a moderate portion of sagacity will be sufficient, to discriminate between its regular and ordinary course, and those adventitious symptoms, which sometimes depend upon constitutional peculiarity.

Dr. Holland, as we mentioned in a previous chapter, collected notes of 120 cases. He has analysed the symptoms, and before giving our own description, we have made an abstract of his analysis, so as to afford a standard of comparison with our own.

He informs us that authors reckon the first stage from the occurrence of the first symptom, to the time at which the horror of liquids presented itself. The propriety of making this division will be presently considered: but presuming for the moment that it is correct so to subdivide the disease, the symptoms in this stage are, once in every four cases, pain in the wound and adjacent parts, which become inflamed, or redder than natural; eight in every twelve cases, present—shiverings, sadness, anxiety, sleepiness, sighing, or loss of appetite; while in the remaining four (of these twelve cases), pain in the wound would have occurred once as the only symptom of this stage; and in the still remaining three cases, horror of liquids would have been the first deviation from health. Hence the first stage would have been entirely absent in one out of every four cases. It is therefore evident that the division made by authors of a first, and second stage, after the occurrence of the first symptom, is purely artificial, and not supported by fact.

There exists, then, but two periods in this disease, first, that of incubation, which we have yet to consider; and second, the period of development, including all the phenomena occurring, and time elapsing between the first symptom and the death.

The development of the disease is marked, as has been just stated, by pain in the wound; this occurs once in every four cases, or the parts become inflamed, or redder than usual, once in every twelve; while this symptom is altogether absent, the cicatrices remaining perfectly healthy in more than a third of all cases; to this follow shiverings, sadness, anxiety, sleepiness, sighing, or loss of appetite, twice in every three cases; then horror at the sight, sound, or mention of fluids; or in extreme cases, of anything connected with them; inability to attempt, or incapability of swallowing fluids, though the individual endeavours to take them, with occasional difficulty in taking solids, occurs most invariably; as in one case in which the patient had not any horror of liquids, could even plunge her hands and face into water, and keep water in the mouth without difficulty; yet it was impossible for her to swallow it. Hence a case cannot be considered to come under the term "hydrophobia," or to result from the bite of a rabid animal, in which the patient had neither horror of, nor difficulty in swallowing fluids. The first consciousness of horror of fluids, or difficulty in swallowing, has often occurred, on the patients, endeavouring to satisfy an unusually severe thirst, which latter became a marked

symptom in one of every eight cases. To this, spasm of the muscles of the throat, and occasionally of the face, followed four times in every fifteen cases. Nausea or vomiting occurred in three of every seven cases, while hurried respiration, oppression, dyspnœa, suffocative attacks, following the sight of fluids, or attempts to swallow, and often occurring even spontaneously, formed a symptom in two of every three cases, with a brilliant, wild, or haggard expression of the eyes, presenting itself seven times in every eighteen cases. General convulsions, alterations in hearing, feeling, and vision, occurred frequently all about the same time, in the proportion of seven to every eight cases of the first, one in six of the second, seven in fifteen of the third, and five in eleven cases of the last-mentioned symptom. The saliva begins to be secreted in increased quantity, at or about the time when these phenomena are well developed, and pours from the mouth, or is frequently spat out, in five out of every six cases. Delirium occurs about the same time, eight times in every twelve, and soon assumes a more or less furious character in the proportion of three to these twelve cases. The pupils become dilated five times in sixteen; contracted once in every thirty, eyes injected once in twenty, imperfect vision once in one hundred and twenty cases. Lastly, alteration of the sexual desires, as by priapism, ejection of semen, and once by the lustful character of the delirium, occurred once in every eight cases. When a convulsion of a more protracted and terrific character than than any of the former, producing asphyxia nine times in thirty-seven cases ; either that or collapse, once in every thirty, or coma once in forty cases, terminated a scene in which medicine can do naught but deplore her weakness, and lament that she is unable to check the course of a disease which leads with rapid strides to the grave.

The period of latency or incubation varies, as we have said, considerably. The wound may heal or may not heal, and the person bitten may pursue his or her ordinary avocation until the time premonitory symptoms occur, intimating the development of the disease. Virchow divided it into several stages, and the first, consisting of general and special manifestations. There are feelings of *malaise*, uneasiness, restlessness, loss of appetite, stiffness about the neck and throat, pyrexia, nausea, vomiting, headache, and excitement. But these symptoms are not always present, for the patient often suddenly developes the difficulty of swallowing liquids so characteristic of the disease. The local symptoms are sometimes present, sometimes absent. There may be irritation of the cicatrix in the neighbourhood of the bite, accompanied by shooting pains of the character of chronic rheumatism ; this symptom being one of the most persistent.

The cicatrix may become red, swollen, or inflamed, and, if unhealed, may assume an unhealthy appearance, discharging a thin ichorous fluid. The *morale* is changed, patients become depressed, lonely, quieter, and listless ; some are anxious about the bite, others endeavour to dismiss it from their memory. Many are usually irritable and ill-tempered. As Poland remarks, there often ensues a characteristic anxiety, attended with pain in the præcordia, and sense of weight and pressure on the chest. There is disturbed and broken sleep, the patient suddenly starting up in frightful dreams ; often sinking back into mental depression, and becoming apprehensive and gloomy. The generative organs are sometimes excited, inducing priapism and seminal ejections. There is loss of appetite and no desire for swallowing, a feeling of clamminess, sighing, and oppression of breathing, with unusually deep inspirations. The voice is rough ; there is a sense of languor and lassitude, great weakness and heaviness ; sometimes slight convulsive twitchings about the face and extremities ; the heart's action is strong. This description is based upon Poland, Tanner, Fleming, and some of the best writers, besides the descriptions afforded by individual authors who have had practical experience of the disease. In fact, one description is the copy of another.

The second or actually specific stage is that of irritation, dread of drinking being its chief character. It generally follows after the premonitory stage, but in some cases it may become developed at once, so rapid and sudden, as to take place without any preliminary manifestations.

It is ushered in with stiffness of the muscles of the throat, jaw, and root of the tongue, pains in the epigastrium and diaphragm, chilliness, and drowsiness. Next, there is hyperæsthesia of the eighth pair of cerebral nerves, as evinced by the convulsive spasms of the muscles of deglutition, rendering every attempt at swallowing difficult, and causing severe paroxysms. Hence the great dread of solids and fluids, and the subsequent dryness of the mouth and throat, with distressing burning thirst which cannot be quenched ; the spasms extend to the muscles of the larynx, inducing hurried respiration and a sense of suffocation ; the voice is changed and hoarse, the secretions of the mouth and fauces, which were at first frothy, become now viscid, and can only be expelled with difficulty, causing a hawking and barking noise in the effort ; the convulsive spasm afterwards involves the muscles of the general system through the spinal and cerebral nerves inducing convulsions, which may resemble tetanus and epilepsy, and may last from ten to twenty minutes. The thirst recalls the lines of Celsus (Liber V, cap. 27) : *Miserrimum genus morbi ; in quo simul æger et siti et aquæ metu cruciatur ; quo oppresis in angusto spes est.*

There is flatulency and vomiting of a dark-greenish bilious fluid ; the micturition is frequent, and in later stages the urine is passed involuntarily ; the senses are rendered morbidly acute, the surface of the body irritable and readily acted upon by the slightest gust of air, or even the feeling of the pulse, as inducing an accession of the convulsive paroxysm ; the sight or sound of fluids cannot be borne, as aggravating the attacks ; sometimes even the smell of particular things will do so. The mind becomes in a frightful state of anxiety and alarm ; there is a fear of even their best friends, and of being left alone ; there is no comfort or consolation, but indescribable despair, the sometime entire loss of control, exciting rage. Cælius Aurelianus noted this hyperæsthesia, and cautioned practitioners when bleeding such patients to prevent the sound of the blood being heard by them—*ne sonitu perculsi commoveantur*. Trousseau mentions a case of exalted sensibility of the nerves of scent. There is no sleep, and the patient is often talkative and verbose. The mental disturbance may be very slight, but, on the other hand, attended with temporary rabid impulses and delusions, sometimes causing an inclination to bite. The features present a wild sparkling appearance, the brows contracted, the eyes staring, the angles of the mouth retracted, and an intensely haggard and anxious aspect. As the disease progresses the paroxysms increase both in frequency and violence, and are oftentimes attended with great cerebral excitement, bordering upon wild maniacal fury; the duration of this stage may last from twenty-four to forty-eight hours ; it is generally short and severe. In rare instances the patient gives way to wild fury, he roars, howls, curses, strikes at the persons near him, and breaks or tears anything within his reach, after which exhaustion follows, from which he is roused by another paroxysm.

The third or paralytic stage, is the decline and last moments of the disease. It is attended with rapid depression and nervous exhaustion, intermission of the paroxysms, incoherency and delirium ; there is great emaciation, the mouth remains open, and the saliva runs out, or else passes back into the throat, causing a gurgling noise, and the urgent attempt to swallow or spit it out induces a choking sensation. (Poland.) The vehemence with which the patient spits out, in the earlier stages of the case, is to a bystander one of the most striking phenomena, though towards the end the jaw appears sometimes partially paralysed. (Fleming.)

The pulse becomes small, quick, and irregular, the skin bedewed with clammy sweat, the eyes dull and sunken, and the pupils large, and death takes place either from asphyxia during one of the convulsive attacks, or from exhaustion. The patient, however, may die quietly

sinking into a state of repose with abatement of all the symptoms; in one case being able to eat and drink, and expiring immediately on suddenly waking. The duration of the disease throughout its whole course varies from seventy-four hours to six or seven days; death generally occurs on the second, third, or fourth day. It has been fatal in sixteen hours.

DIAGNOSIS.

The symptoms are so characteristic that it should not be confounded with any other disease. The chief difficulty lies in the somewhat similar character of tetanus, but from our differential table, in our chapter of General Conclusions, the distinguishing features are very marked. In order still further to clear the diagnosis, we may point out still further differences, as shown by Dr. Holland, who also recognised this possible source of error.

1. Tetanus results from injuries of the most varied character.

2. The effects follow in a very short space of time, a week seldom, if ever, elapsing between the injury and the development of the symptoms; while the shortest interval between the bite and the first symptom of rabies was 12 days, the longest 334 days, and the average 61 days 18 hours in the 120 cases collected by Dr. Holland.

3. That anxiety, horror, dyspnœa, or convulsions at the sight of fluids form no part of the symptoms included under the term tetanus.

4. That in tetanus some of the muscles are often in a state of continuous rigidity, and that the convulsions occur at much shorter intervals, than in cases of rabies.

5. That delirium is a very rare symptom in tetanus, and a frequent one in rabies, occurring 80 times in 120 cases.

6. That in tetanus the secretion of saliva is seldom increased.

7. That in tetanus the muscles of the lower jaw are frequently in a state of continued tension.

8. Opisthotonos or emprosthotonos often terminates the case.

9. As Fleming remarks, physiologically while tetanus is a disease of the true spinal system of nerves, rabies involves the brain also, as evinced by the disorder of intellectual function, and special sense, even early in the disease.

In the nervous affections with which it may be confounded, we must consider the temperament and sex of the patient, and examine the symptoms collectively, when the diagnosis will not afford much difficulty. As regards mania, in which we have sometimes an aversion to liquids manifested by the patient, we must also bear in mind the general characteristics we have sketched, when the distinction will become apparent.

We do not apprehend there will be any difficulty in mistaking inflammatory affections of the throat, larynx, or neck, or certain diseases of the brain.

As regards pericarditis in the form described, auscultation will reveal the distinction.

Œsophagitis may present some difficulties, but the differential table we give from Holland will point out the essential points of difference:—

In Œsophagitis.	*In Rabies.*
1. Pain in the pharynx, throat, or along the spine, occurs as the earliest and invariable symptom.	1. Pain in the pharynx, throat, and along the spine occurred in 42 out of 120 cases, or about once in every three cases, and not as the earliest symptom.
2. The attempt at swallowing solid food causes intense pain, and in aggravated cases swallowing of even fluids is accompanied by pain, or may be totally impossible.	2. The attempts to swallow fluids, though not generally accompanied by intense pain, causes dyspnœa, convulsions, &c., while solids can be in most cases taken with comparative facility.
3. Horror of fluids reported to have occurred in but one case.	3. Horror of fluid, the most prominent symptom in 119 out of 120 cases.
4. The amount of difficulty in swallowing is in direct proportion to the extent and intensity of the pathological appearances found in the œsophagus.	4. No direct relation exists between the pathological state of the œsophagus as shown after death, and the intensity of the dysphagia.
5. Saliva abundantly secreted, expectoration difficult, and the time of the occurrence of these phenomena is not fixed.	5. Saliva secreted in great quantity, often flowing spontaneously from the mouth, and these symptoms always occurring among the last phenomena.
6. Urgent thirst in perhaps all cases.	6. Thirst was urgent in about one third of the cases.
7. Average duration of the disease, seven days.	7. Average duration, seventy hours and forty-eight minutes, or nearly three days.
8. Generally terminating in recovery.	8. Invariably terminating fatally.
9. Death caused by œdema of the glottis, gangrene, or rupture of the œsophagus.	9. Death most probably resulting from asphyxia, coma, or collapse; no case on record in which it was caused by either œdema of the glottis, gangrene, or rupture of œsophagus.

Fleming assures us it is not possible to mistake rabies for any other malady, or to doubt its existence when present; for if, during the stage of incubation, doubts and fears may exist, all uncertainty comes to an end when the disease really appears. The muscular debility complained of in many cases, the restless sleep out of which the patient starts up, his continual fidgetiness, his suspicious breathing, his sadness, and thirst after pleasure, and then his love of solitude, must awaken terrible fears in the physician: especially if there be no moral causes or organic lesions to satisfactorily account for these symptoms. The intense thirst, and general muscular pains and rigors, which might at first be ascribed to some grave febrile affection, are followed by a symptom that is almost pathognomonic of rabies, namely—a sudden difficulty in swallowing liquids, water in particular. When there is complete inability to drink, and when this dysphagia is immediately succeeded by tremor, on the patient carrying some liquid to his lips, all illusion is dispelled, and it becomes clear that he is under the fatal influence of the virus of rabies.

Case CX.— ——, female, æt. 12, bitten by a rabid dog.

Result and Time of Attack.—Eighty days after. Recovery.

Remarks.—The remedy used was curara, and when we are dealing with the general treatment we shall give full particulars of this poison, both as to dose, mode of administration, and its effects. It is one of the most dangerous poisons, requiring prudence and circumspection in using it, but as we said in June, 1877, the knowledge we have of the action of curara may reasonably encourage us to make further experiments with it; we feel gratified that we are enable to record another case of recovery after its use. Subcutaneous injections of morphia and chloroform were tried in vain, when Dr. Polli injected under the skin, at seven different times, in the space of five hours and a-half, twenty centigrammes of curara. The muscular trembling soon diminished, the spasms became less frequent, the hydrophobia and photophobia disappeared, and the anxiety gave place to calmness and serenity. Symptoms of paralysis appeared of a very pronounced character, and two days after the injection of the curara, some hydrophobic symptoms returned, which were completely relieved by a fresh dose of three centigrammes. Two months afterwards the patient moved her legs and arms but feebly, and with little energy, but she recovered slowly.

Reference.—Medical Press and Circular, June 13th, 1877, *All. Med. Berlin Centr. Zeitung, Le Paris Medical.*

Case CXI.— ——, male, æt. 19, bitten by a mad dog.

Result and Time of Attack.—Two months afterwards. Recovery.

Treatment.—Opium, morphia, chloroform, ether, and electro-magnetism.

Remarks.—The recovery was attributed to the use of this agent. The reporter says:—"The patient by this time having become entirely unmanageable, making attempts to bite those around him, he was secured and bound to a mattress, a copper wire being wound around both feet; the conductor of the negative pole was attached to this wire, and the conductor of the positive pole through a sponge saturated with vinegar and salt was applied to the throat, and over the spine and body generally with the full power of the battery. This produced instantaneous cessation of the spasms, and while under the influence of electricity the patient willingly drank liquids, but all the symptoms occurred when the current was interrupted." We look upon this case with suspicion, and consider the evidence unsatisfactory.

Reference.—*Dublin Medical Press*, p. 474. 1862. Dr. Lassing.

Case CXII.—Thomas Ottar, æt. 34, bitten on the hand by a dog supposed to be rabid.

Result and Time of Attack.—Two weeks after. Fatal, second day.

Treatment.—Morphine.

Reference.—*Dublin Medical Press*, p. 641. 1862.

Case CXIII.— ——, female, Rupert Street, Piccadilly.

Result and Time of Attack.—Twelve days after. Recovery.

Remarks.—Dr. Lipscomb in reporting this case asserts the symptoms were most decidedly marked, and as he believed the only hope presented by experience, lay in the speedy and immediate influence of mercury, he salivated his patient by inunction of strong mercurial ointment. He recommends its use in every case either by ordinary inunction, by fumigation, or by rubbing calomel on the inside of the cheeks near the orifices of the parotid ducts, so as to be applied, as he says, "to the principal seat of the disease;" mercury has been tried and failed as a specific.

Reference.—Dr. Lipscomb's pamphlet. 1809.

Case CXIV.— ——

Remarks.—Acute laryngitis may occasionally be mistaken for it. Mayo notes that such a case occurred at the Middlesex Hospital, and a doubt existed as to the nature of the complaint. After death it was cleared up by the previous history and by the intense inflammation of the larynx found at the *post-mortem*.

Case CXV.— ——.

Remarks.—Dr. Bardsley, of Manchester, has related a case where a female servant, without any ostensible object, applied some irritating substance to one of her legs, asserted that she had been bitten by a suspicious dog, and afterwards exhibited a train of hysterical symptoms, some of which assimilated with certain phenomena attendant on hydrophobia. This the Editor *Med. Chir. Review* (vol. v, p. 261), does not call simulation, but a species of mental aberration in a nervous female inducing acts which it was not in her power to resist.

Case CXVI.— ——.

Remarks.—Vidal also points out the necessity, of the practitioner remembering acute laryngitis, to save himself from making a cruel mistake, and he illustrates it by the following history, which he says will never be effaced from his memory: "In an hospital in a large town a patient had died, really of rabies. A short time afterwards a man suffering from very intense *angina* was received into the same hospital, and placed in the same ward. The physician was told by the pupil in charge that he had received a patient who had refused to drink; the idea of rabies at once presented itself to his mind. He visited his patient and tells him to drink, the patient replies that he cannot, as it impossible for fluids to pass down his throat. The physician insists, the patient refuses; force is employed, and he defends himself. He is bound, convulsions ensue; he is cauterised beneath the tongue, and dies during the day. The autopsy revealed the real nature of his affection." As Vidal says, after such details comment is unnecessary.

Case CXVII.—F. Metcalf, male, æt. 18, bitten on outside of his right hand and palm by a dog.

Result and Time of Attack.—Five months after. Fatal, in forty-six hours.

Remarks.—A very interesting case, well described.

Reference.—Dr. Moseley's pamphlet. 1807.

Case CXVIII.— ——, male, æt. 17, bitten by a dog on middle finger of right hand.

Result and Time of Attack.—One month after. Fatal.

Reference.—Prof. Plummer's pamphlet. 1809.

Case CXIX.—Hannah Lacase, æt. 30, bitten on little finger by a mad dog.

Result and Time of Attack.—Fifteen days after. Recovery.

Treatment.—The physician removed the skin where wound had been, and a drain was instituted. She was rubbed with ung. mercurial fort.

Remarks.—The author gravely says: "This is the only case of complete hydrophobia, from the bite of a mad dog successfully treated on record." Dr. Moseley evidently overlooked the case of hydrophobia, successfully treated by Dr. Arnold, of Leicester, and reported by him in a pamphlet of 245 pages, published in 1793, every detail of which is elaborated with almost tedious minuteness.

Reference.—Dr. Moseley's pamphlet. 1808.

(To be continued.)

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 19, 1877.

THE DISCUSSION ON TETANUS AND HYDROPHOBIA AT THE MEDICO-CHIRURGICAL SOCIETY.

THE paper that was read, and the discussion which took place, at this society on the pathology of tetanus and hydrophobia, were particularly opportune, considering the large amount of attention which one of these diseases has been recently attracting. At the same time, if any of the members expected that night to hear anything new on the subject they must have been sadly disappointed. The whole discussion only served to show how little we know of the pathology of these affections, and that what we do know of their pathology has been obtained, and is likely to be obtained more from clinical observation based upon our previous knowledge of the physiology of the nervous system, than upon any morbid appearance to be found after death. If there was one part of the discussion more suggestive than another, more original, and more in accordance with views that we have long entertained, it was that part in which the President (Dr. C. West), took the opportunity to deprecate the growing ten-

dency to a too exclusive study of disease from the side of morbid anatomy. He had been struck, and we think justly so, with the growing tendency to ignore the results of clinical observation, and to look too narrowly into the changes observed in organs by the microscope after death. In Sydenham's day, morbid anatomy was almost unknown, and yet the knowledge of disease was great for it was derived from the careful study of the phenomena presented in the course of the disease. Surely, more was to be gained in the treatment of disease from studying it when in progress than when its results were completed, and it was beyond interference. Nor did he find that the recent accumulation of *post mortem* observations had done much to put a stop to wild and extravagant theories. In former days they talked of "fermentation of the blood" and the like, and now precisely the same class of explanations are started, with the exception that in those days the explanation was not, as it is now, clothed in the garb of scientific knowledge. In endorsing these opinions, we do not forget how much the advancement of scientific medicine is indebted to the study of morbid anatomy That celebrated passage of Morgagni which one of our contemporaries regularly parades before its readers, is as deserving of attention now as it was in the days when he wrote it. The light which morbid anatomy has thrown upon diseases of the heart, diseases of the blood-vessels, diseases of the kidneys, and many other affections besides is not to be forgotten. Nevertheless, the animadversions of Dr. West are just and timely, and are fully borne out by the character and results of the very discussion by which they were elicited. It is not, however, the mere study of morbid anatomy, however minute, that should be discouraged, but only a too exclusive attention to it, and the misinterpretation of the facts which it reveals. As Dr. Greenfield remarked it was important to distinguish between facts of pathological anatomy and the pathology of a disease. The great error into which we are in danger of falling is, that of grounding our views of the pathology of a disease "upon what is seen with the eye." With regard to the present question, which has received, or will receive, more attention in our "Report on the Nature and Treatment of Hydrophobia," we doubt, with Dr. Greenfield, and others, whether the morbid appearance described by Dr. Coats, can be looked upon as the true explanation of the pathology of these diseases. There is every reason to believe that the morbid appearance observed in hydrophobia is a result and not the cause of the conditions on which the disease essentially depends, or that in the words of Dr. Greenfield, the changes in the nervous centres in hydrophobia and tetanus do not afford any proof than that they are any other than the results of irritation. The hyperæmic state of the blood-vessels, the extravasation of blood, and the collection of leucocytes around the vessels, might all have been owing, as Dr. T. C. Turner remarked, to vascular congestion sufficient to alter the vessel-wall and allow of the exudation of leucocytes, while Dr. Gowers also admitted that the effects of severe congestion must be taken into account. Such congestions of all the organs of the body, from paroxysms interfering with respiration would be more intense in tetanus than in hydrophobia, and probably for this reason the extravasations of blood, are not only more marked in tetanus but might assist in producing the accumulation of the granular matter observed around the blood-vessels. Moreover, as Dr. Gowers further remarked, the effects of congestion would be greater in organs already in a condition of increased functional activity, whilst the limitation of the granular material to the vicinity of the vessels was owing to the fact that the spaces around the vessels were the only spaces where granular matter could aggregate. This suggestion, therefore, of the parts and its results, which, be it remembered, are comparatively slight and unequal to the production of any paralytic lesion, must be looked upon as the result of some antecedent cause upon which the disease primarily depends, and perhaps they are no more to be viewed as pathogenic of these convulsive affections than the changes observed in the medulla oblongata of persons who have died from epilepsy are to be regarded as the essential causal condition of this latter affection. The increased vascularity of the medulla, the dilatation and increased thickness of the blood-vessels, as ascertained by careful measurement, the increased hardness of the medulla from the exudations of granular matter—all these changes have been well described by Schrœder van der Kolk, but were never regarded by him in any other light than as a result of the repeated congestions to which the parts had been subject during the repeated and numerous convulsions from which the patient had suffered during life. The great difference of opinion expressed before the society as to the pathology of so common a disease as traumatic tetanus would not promise much for our better acquaintance with the nature of hydrophobia, were it not that the dependence of the latter affection upon a morbid poison was a settled and well-established point in pathology. While some members, as Dr. Dickinson, contended that a blood-poison was the source of traumatic tetanus, while others, as Dr. Gowers, were in doubt as to what view to take of it, there were some, as Mr. Curling, who considered it to be purely and primarily a nervous disorder due to eccentric nervous irritation. Thus we see that the rival doctrines of humoral pathology and nervine pathology have their representatives now as they had centuries ago, and that notwithstanding all the researches that have been made into morbid histology, we still have much to learn respecting the true pathology of disease.

SHALL THE SPREAD OF SYPHILITIC POISON BE PREVENTED?

In an able and well-considered paper, having the above as its title, Dr. Swayze, of Philadelphia, discusses this, which is, unquestionably, one of the most important topics that can engage the attention of the members of our profession. This article appears in the numbers of the *Medical and Surgical Reporter* for the 6th, 13th and 20th of October, 1877, and it is with deep regret we find ourselves unable, from pressure on our space, to publish it *in extenso*.

He draws a fine picture of the silent and insidious manner in which this poison spreads through every grade of society, affecting the innocent as well as the guilty, and its evil effects extending from generation to generation. He draws attention to the readiness with which people

call for and submit to legislative enactments protecting them from the ravages of small-pox, cholera, typhus, typhoid, and other malignant contagious diseases ; against the indiscriminate sale of poisons, and against the evils of drunkenness and its offspring, dipsomania.

In dealing with these evils he marks the fact that none are hardy enough to maintain that no protective steps ought to be taken against them, since they are but the just and retributive judgments that God has wisely appended as punishments for violation of His righteous laws ; yet, in dealing with this greater evil, such is the line of argument adopted.

The following are some of the facts which he advances in support of his views :—

"It is estimated that there are now 12,000 prostitutes in the city of New York, and not less than 100,000 harlots in the United States. Philadelphia, Baltimore, Washington, and San Francisco are at this hour reeking with syphilitic pollution from prostitution." Experience in the syphilitic wards of our hospitals reveal shocking truths of which general society seldom dreams.

"Dr. Sims last year stated in his inaugural address to the American Medical Association that 25,000 cases of venereal diseases are annually registered in the out-patient department of Guy's Hospital, and that upwards of 100,000 of the poor in London affected with syphilis annually apply at the hospitals for relief."

About 10,000 cases of venereal diseases are annually treated in the public institutions of New York, to say nothing of those who seek private advice. It is authoritatively estimated that 30,000 males are daily infected with venereal poison in the large cities of the United States, a large proportion of whom are residents in inland towns, whither they return to spread contagion.

Alluding to the nature of the diseases which have their origin in the poison of syphilis, Dr. Swayze says, "Its invasion is confined to no special region of the human organisation. It feeds the seed-germs of scrofula in their direst forms. It developes in spleen, liver, and lungs incurable diseases. It silences the hearing, robs the eye of its sight, invades the brain, crumbles the teeth, perforates the throat, consumes the nose, denudes the scalp, pollutes the skin of the whole body, and perpetuates these scourges through the blood of successive generations who are unjustly compelled to accept and endure inheritances of wretchedness." A graphic and not overdrawn picture of the evils attendant upon this terrible disease.

He asks the very pertinent question : Why should legal efforts be made to interfere with the dissemination of obscene literature, and with other adjuncts of prostitution, while the poison of its physical contagion is left to spread disease and death on every side ? He points out how utterly impotent for good the various efforts of midnight missions and Magdalen societies are as far as the great masses of fallen women are concerned, however praiseworthy these efforts may be viewed in the light of individual reformation.

"The total number of women admitted into the Magdalen Home in Philadelphia in 1876 was 21 ; the number admitted into the Midnight Mission was 46 ; the number admitted into the Rosina Home was about the same. Mayor Stockley's chief, who has given the subject twelve years' study, estimates that there are 10,000 women supported by prostitution, and 5,000 more drifting into the same condition. The amount of disease that will be spread by the infected of this great number, compared with the amount prevented by the work of the Mission, can scarcely be estimated."

"Some years ago the city of St. Louis adopted a system of controlling the "social evil," embracing something of the Paris system, but more perfect in detail, and more successful in effect. At the expiration of eight months' trial of the St. Louis ordinance, from July 25th, 1870, to March 25th, 1871, the following results were reported :—

	THEN.	NOW.	DEC.
Prostititutes registered - -	718	480	238
Houses of ill-fame - - -	119	99	20
Prostitutes found diseased -	58	18	40
Sent to hospital - - -	40	10	30
Treated at their residences -	18	8	10

"During the said eight months there were in all 947 registrations ; of these but 480 remained at the expiration of that time, making a decrease of 46 per cent. in two-thirds of a year. As food for reflection, these additional items are important ; of the 947 registered, 702 entered upon this mode of life from choice ; 101 because they were seduced ; 87 because their husbands treated them badly ; and 57 because of necessity. The number of men who sought the society of these women did not increase, but grew less, notwithstanding the immunity from disease. This was doubtless the result of the wholesome observation by the officers of the law to which these men liable. When the St. Louis ordinance had been in operation two years the Chief of Police reported that *the number of public women had uniformly decreased each year ; that soliciting upon the streets had been almost entirely discontinued ; that a considerable number of these women were reclaimed ; that private prostitution had been materially checked ; that juvenile prostitution was almost wholly removed ; that deaths among the fallen women had largely decreased, and disease was in a great measure prevented.*"

What more magnificent results could be attained than than these ? What self-glorification would take place on the part of the various societies for the repression of vice and reclamation of fallen women if they could claim them as their own ? A decrease of 238 in the number of prostitutes registered, of 20 in the number of houses of ill-fame, of 40 in the number of prostitutes found diseased, of 30 in the number sent to hospital, and of 10 in the number treated at their own houses. Cessation of solicitation in the streets, one of the most fruitful causes for the increase and continuation of this evil, and juvenile prostitution almost wholly removed. Such facts speak for themselves and require no comment.

In answer to the question, What can be done to prevent the spread of syphilitic diseases ? the opinion of Professor Gross, who has brought the light of his earnest vigorous thought to bear upon this subject, furnishes the profession and the world with a practical reply. He affirmed, in 1874, that "inasmuch as no preventive measures hitherto devised are at all trustworthy ; and, inasmuch as the greatest risks of infection occur at houses of ill-fame, the only way by which these risks can be reduced to their greatest minimum is by the legal regulation of prostitution,

a remedy that could not fail to be productive of vast good in promoting the national health."

Dr. J. Marion Sims, President of the American Medical Association, in 1876, in his address to the Association, earnestly proposed that health boards be established in towns and cities.

Briefly, we must condense the rest of this valuable paper into a few words. Dr. Swayze advocates legal restriction of prostitution, registration of houses and women, regular inspection of the latter, and sequestration in the event of disease; *inspection of those who resort to their society*, and the necessity for their holding certificates to the effect that they are free from disease, such certificates to be frequently renewed; inspection of the crews of all vessels arriving in port, and the members of the army at stated intervals.

We sympathise with Dr. Swayze in the suggestion that men as well as women should be subject to restrictions and inspection, but how to put such a scheme into working order will require consideration.

Notes on Current Topics.

The Surgical Aid Society and its Method of Dispensing Relief.

THE annual meeting of the Surgical Aid Society was held at the Cannon Street Hotel on Monday last, the Lord Mayor occupying the chair on the occasion. The income of the Society for the past year amounted to upwards of £3,321, whilst the sum expended on surgical appliances was only £2,507. A considerable balance, therefore, will be carried to the next year's account or invested, so that the much talked of commercial depression and the large sums drawn from the pockets of the benevolent for other and more special purposes has not apparently affected the income of the Surgical Aid Society, whose committee, it was said, had been enabled to relieve every case that came before it, thereby earning the congratulations of its friends. Nevertheless, the system of administering relief formed a bone of contention among the subscribers present, and the question of compelling maimed and crippled invalids to undertake a wasting and fatiguing canvass for letters when the cost of the instrument happened to exceed the value of the subscribers' letters was justly and loudly condemned, and a governor present, Mr. Roger Eykyn, feeling the injustice inflicted on a deserving class, moved a resolution to the effect—"That in the opinion of this meeting the system of administering relief in present use by the Society is capable of amendment. The Committee is therefore respectfully requested to draw up a scheme which would both relieve the applicants from the burthensome task of collecting letters, and also provide that cases may, after due investigation, receive prompt relief, on the recommendation of a subscriber." It is to be regretted that this gentleman yielded to the overtures of the Committee and withdrew his motion, especially as he was armed with 150 proxies, and had 250 subscribers entirely with him asking for a change in the mode of administering relief. A member of the committee talked about the value of bringing applicants and the benevolent into contact, so as to utilise the halt, the blind, and the lame for advertising the claims of the Society, and bringing it more prominently into notice.

Of the 2,724 cases relieved by the Surgical Aid Society during the year, nearly 2,000 of them must have been relieved at a cost of something less than the lowest sum subscribed by any individual subscriber. Whilst of the seven hundred and odd patients requiring more expensive instruments or appliances, these made special payments of £346 towards the additional cost of the same. Is this the excuse offered by a member of the Committee a reasonable one? namely, that "in a society where the benefits bestowed are so varied and the cost of the appliances are so unequal, it would be impossible to give to every subscriber the power suggested, otherwise a contributor of half-a-guinea might claim the privilege of recommending two patients, each requiring an appliance costing the Society ten times the amount of the personal subscription."

Such a mode of reasoning certainly betrays a desire to avoid the question at issue; and surely it will not be denied the Society was established for the relief of the afflicted, and not to confer privileges on subscribers.

The Immediate Cure of Drunkenness.

THE *St. Louis Clinical Record* (quoted in the *Pacific Medical and Surgical Journal*), states that Dr. McKinley, of Cincinnati, has been engaged for several years in curing the appetite for intoxicating liquors by a mode of treatment peculiar to himself. One case was that of a patient who had considerable abdominal dropsy at the time of treatment. Between the 10th and 13th of December he was compelled to take large and repeated doses of whisky; at the same he had to take large doses of calomel, followed by two or three large doses of ipecacuanha, washed down each time with whisky. On the 11th he was desperately sick and thought he was dying—more whisky ordered. On the 13th he was again sick and more whisky was ordered, but during the night he requested his wife to remove all liquor out of his bedroom, as he had turned against it. He has never tasted any since, his taste for it was entirely gone and has never returned. During the 15th and 16th he took several one-grain doses of ipecacuanha, given every hour. On the 17th the dropsy was all gone, the patient downstairs, appetite good, and tongue normal. The ferruginous tonics were ordered, his recovery was complete, and there was no return of this appetite for alcoholic drinks. Dr. McElvoy, who watched this and other cases under Dr. McKinley's care, concludes:—1. That medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition. 2. That what is done by specialists in the treatment of chronic drunkenness, can and should be done equally well by the profession at large. 3. That reformation by the aid of medicine has solid and real foundation in changes of structure on which appetite depends, which purely moral reformations lack, and are, therefore, less permanent.

SMALL-POX caused 25 deaths last week, all being registered within the London area.

Lithotomy and Surgery in China.

At a meeting of the San Franciso Medical Society, Dr. S. G. Kerr gave an interesting account of his experience in China, where he practised medicine and surgery for many years as the medical officer of the missionary societies. The absence of anything like surgery in China, and the success attending the operations of foreign surgeons, render these hospitals very attractive to sufferers. Dr. Kerr was stationed in the district of Canton. In that region calculous affections abound to an extraordinary extent. He had operated on 420 cases, very few of which lived beyond a hundred miles distant. On the other hand, in some hospitals in the more northerly districts scarcely a case was known. The cause he could not explain. The country was alluvial, and the inhabitants used river water; but they always boiled it, as tea was their drink, and this would precipitate any mineral matters. Of the 420 cases alluded to, 50 were urethral calculi. There were 18 cases of preputial calculus, from which 400 stones, large and small, were removed. They were easily removed by simply slitting open the prepuce, and yet there was no Chinese surgeon capable of doing as much as this. The largest stone weighed 7½ ounces, and the total weight of all the stones was 25½ pounds. Some statistics adduced by Dr. Kerr, show that lithotomy was the safest operation for aged persons.

Elephantiasis was very common in China, affecting chiefly the scrotum and legs. The operation of removing the diseased scrotum was common and successful. Tumours weighing 20, 30, and even 40 pounds were thus removed, care being taken to preserve intact the testicles and urethra. The operation for cataract was frequently performed, but was not so successful as that for lithotomy, owing to the impossibility of procuring proper instruments, and the defective organisation of the patients.

Syphilis is very common in China; from the historical records it must have prevailed there at a very early period. Small-pox was common, and in fact, epidemic almost every year; but in many cities and populous districts people generally were about as well-protected by vaccination as those of our own country.

Sanitas.

This is a word which lately must have frequently met the eye of those who are daily going "to and fro" through the streets of London. It is one of those disinfectant and antiseptic fluids for which there is now so great a demand both on the score of cleanliness and for sanitary purposes. The fluid consists of peroxide of hydrogen, camphoric peroxide, camphoric acid, and camphor, and is made by exposing a large quantity of turpentine floating on water to a hot blast of air. It has been supposed that the healthy atmosphere of a pine-wood or a grove of the *Eucalyptus globulus* trees is due to the presence of peroxide of hydrogen and camphoraceous substances produced by the resinous oils secreted by those trees and which have been found to be obtainable from common turpentine. We doubt whether it contains much peroxide of hydrogen, but, nevertheless it is a valuable disinfectant, capable of being used in various ways and having certain advantages over all other disinfectants.

Leech Fishing in Greece.

A strange scene, according to M. Belle (writing in *Tour de Monde*) is to be witnessed on the borders of Lake Copios, near the site of the ancient Orchomena, in Greece. Ragged individuals are observed to enter the water up to their knees, and stand a short time among the rushes and reeds. Then they come out, sit on a stone, and scrape their legs, which are covered with black spots. They are leech-fishers. The fisher, in this case, is his own bait. For two or three months these miserable creatures, all foreigners, will make as much as twenty francs a day, and they spend about half of it in drink. A few individuals, however, at the end of the season, carry off considerable sums, but this class do not themselves enter the lake; they drive in old worn-out horses. Presently a trembling seizes the unhappy animal. He is then brought out, his legs and belly covered with a slimy mass of annelids. Staggering a few paces he falls on his side with contracted nostrils and leaden eye. The leeches are detached, and the horse is turned into the neighbouring waste land for four or five days in order to become a fresh victim. As the end of the season approaches, however, the horse, exhausted and considered difficult to sell, is at last not granted such respite. He is brought from the lake only for the time necessary for the removal of the leeches. He is not even allowed to eat, and his whole body is then delivered up to the hungry animals. M. Belle says he has seen even the eyelids disappear under a thick layer of leeches. Ere long the horse has not strength enough to drag himself out of the marsh, so he is brought out by his owner, scraped, and flayed while yet alive.

Diagnosis of Diabetes.

In the *Berliner Klinische Wochenschrift* (Nos. 41 and 42, 1876) Dr. Vert shows the importance of making an early diagnosis of this disease. The invasion of diabetes is seldom sudden, and when the disease is completely developed it is rarely, if ever, curable. The writer draws particular attention to the nervous symptoms which often precede the appearance of the disease. The urine should be examined in all nervous affections of a doubtful nature. Having ascertained the presence of sugar, we must next find out whether the glycosuria is permanent or temporary. Temporary glycosuria, or melituria, may occur suddenly after much cerebral excitement in persons who are otherwise healthy. It may occur after poisoning by carbonic oxide, after traumatic injuries, such as falls or blows upon the head, and after wounds of the brain, or alcoholic excesses. It may also accompany certain other affections, such as sciatica, cerebral apoplexy, mania, and phthisis. Quincke has found sugar in the urine after poisoning by morphia.

Changes in the character of an individual, an abnormal irritability of temper, insomnia, an extreme feeling of fatigue, disorders of vision, itching of the skin, pruritus of the genital organs, especially the vulva, and more or less protracted headache, are often the premonitory symptoms of diabetes. In all nervous affections of a doubtful nature, continual headaches, and especially in corpulent individuals, Dr. Vert tests the urine for sugar. During the last two or three years he has recognised diabetes in eight cases in which there were no other symptoms to

lead him to suspect the presence of this disease. With regard to boils and carbuncles, their relation to diabetes is so well known that it is unnecessary to insist upon it.

The Public and Chloral Hydrate.

THE medical profession will be quite prepared to endorse the approval of the Lords of the Privy Council of a resolution agreed to by the Pharmaceutical Society declaring that chloral hydrate and its preparations ought to be deemed poisons within the meaning of the Pharmacy Act, 1868. The habit of chloral drinking has become so common among a certain portion of the public, and has been attended with so many serious and even atal consequences that it was high time a stop was put to it. Chloral, indeed, is one of the last drugs the sale of which should be under no restrictions, and the taking of which should be left to the discretion of the individual. In the first place, it is a very poisonous drug, and even a moderate dose of it has more than once proved fatal. The system, moreover, cannot become, without the greatest risk, habituated to large and increasing doses of it, as in the case of laudanum. Its effects, too, vary with the peculiar idiosyncrasy of the individual, so that a dose which would be perfectly harmless to one person might be attended by serious consequences to another. Lastly, there is a good deal of impure chloral in the market—a fact which would be much aggravated if its sale were placed under no restrictions. So struck was Professor Liebreich, the discoverer of the drug, with the dangers attending the use of impure chloral, and the difficulty of testing the syrup generally sold, that he has arranged with Messrs. Corbyn, Stacey, and Co. to supply a syrup the purity of which he can himself guarantee.

Succussion of the Body in Nephritic Colic.

IN a paper read before the San Francisco Medical Society, Dr. Joseph Haine remarks that, during a severe attack of nephritic colic, to which he was subject, he had a heavy fall from a ladder, soon after which he expelled a calculus from the urethra. Some time afterwards he was attending a patient who suffered intensely from the same disease, the pain remaining for over twenty-four hours in the same place. Thinking that in his own case the fall had something to do with the expulsion of the calculus, and the usual treatment having failed to give much relief, he made his patient jump out of his bed and from a chair. The treatment, rough and singular as it was, appeared to be successful, as within three hours afterwards he expelled a calculus, with immediate relief. In some respects such a method of treatment is open to objection; but if vegetable diuretics, in conjunction with large quantities of mucilaginous drinks, are prescribed at the same time, we do not see why it should not be successful in other similar cases.

THE well known and much respected representative of the Universities of Glasgow and St. Andrew's, Dr. Allen Thomson, will not again take part in the deliberations of the General Medical Council, he having resigned on account of advanced age and other causes. Dr. Bell Pettigrew has been elected to the vacant chair.

Cæsarean Operation Successfully Performed.

DR. J. H. MEARS reports a successful case of this nature, performed by him, in the city of Montery, Mexico, the details of which are published in the *Med. and Surg. Reporter*, Oct. 27th, 1877, p. 329. The dressings in this case consisted of a piece of linen smeared with a mixture of glycerine and carbolic acid, immediately over the wound, and cold compresses over that again. The under dressing was not raised for four days. Opiates were given at night. Wound healed by first intention. Patient sat up on the fifteenth day after operation, and was about on twenty-fifth day.

Temporary Aphasia.

DR. SCHLANGENHAUSEN (*Centralblatt*, April, 1877) records the case of a young woman, who on learning she was deserted by her lover, became insensible for a quarter of an hour and on regaining consciousness found she could not speak. In place of the desired words, she repeated, ti, te, to. She understood everything which was going on around her, and could express her meaning in writing, but not without much delay over articular words. The aphasia passed away in about five hours. Dr. Schlangenhausen think that the series of changes which went on in the brain were sudden contraction of the vessels, causing loss of consciousness, succeded by dilatation and hyperæmia, which were greatest in the regions supplied by the arteria fossæ Sylvii.

Diagnosis of Pregnancy.

PROFESSOR WM. GOODELL, University of Pennsylvania, lays great stress upon the state of the cervix, as a diagnostic point, in examining for pregnancy. He lays down the following general rule, "When the cervix feels as hard as the tip of the nose, pregnancy does not exist; when as soft as the lips, the womb most probably contains a fœtus."

Wood Pavement.

THE *Philadelphia Medical Reporter* refers to the opinion expressed by the *Lancet* on this subject, and says: After the *Lancet* has watched the spread of wooden pavements as long as we in Philadelphia have, they will experience far greater satisfaction in watching their cessation. It is a thoroughly exploded humbug, which seems now to have reached our slow-going English cousins.

Colocynth.

JAMES I. TUCKER, in the *Chicago Medical Journal*, asserts that colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium, provided it be employed in proper doses. Enough of the tincture of colocynth is used to render water slightly bitter; of this a teaspoonful, *pro re nata*, will afford speedy relief from violent griping.

LONDON again showed the lowest death-rate last week of the four principal cities in the United Kingdom, with 23 per 1,000 of the population, whilst Dublin registered the highest death-rate of any town, in the first or second category, viz., 37 per 1,000.

Adulteration Everywhere.

THE readers of the last Annual Report of the English Local Government Board will experience no surprise at the outcry against analysts and prosecutors which has been the theme of the druggist's trade journals ever since the passing of the Adulteration Act.

In the metropolis in 1876-77 there were 4,177 samples of food and 110 samples of drugs submitted for analysis. Of the former there were 515, or about one-eighth of the whole number examined, pronounced adulterated; but of the 110 samples of the latter examined, only 7 were found to be either more or less adulterated. In Manchester sophistication appears to be practised to a serious extent; of 149 samples of food examined, nearly one-half, or 68 were adulterated. In Liverpool more than one-fourth, or 73, out of 219 samples of food were adulterated; of drugs, only 3 samples were analysed, but one of these was found adulterated. In Bristol 58 samples of food out of 180 examined were adulterated. In Birmingham, of 67 samples of food and 25 of drugs, 25 of the former and 9 of the latter were adulterated. In Leeds nearly one-fourth, or 21, out of 95 samples of food were found to be "unduly mixed" with foreign substances.

Such an *exposé* as this, with which we may class the trade in "killed" seed lately exposed in the London Police Courts, is an eloquent commentary on the honesty of our country, and it is useful because it relieves us of any scruple in enforcing the law against those guilty of adulteration frauds. It is evident that the law needs even greater stringency and greater firmness in its administration that now exists.

The Dublin Mortality.

THE alarmingly increasing death-rate to which we have called attention from time to time for the last three months has, during the week which ended December 8th, reached the extraordinary total of 37·0 per 1,000 of the population. This is one-fourth greater than the average fatality of the same period of the last ten years, nearly two-thirds worse than London, about two-thirds worse than Glasgow, and one-sixth worse than Edinburgh. We understand that small-pox has acquired alarming prominence in the disease register of the city of Dublin, and altogether the state of health of the city is worse than it has been for many years, except during the prevalence of epidemics.

THE statue of the late Dr. Graves is to be unveiled in the hall of the King and Queen's College of Physicians of Ireland, this day, Wednesday, the 19th inst., at 4.30 p.m. It adds to the interest of the occasion that the sculptor, Mr. Albert Bruce Joy, whose colossal statue of Mr. Laird, at Birkenhead, was lately unveiled, is the son of Dr. Joy, who for many years practised as a physician in Dublin, and wrote several articles for the "Cyclopædia of Practical Medicine," and who is now living in retirement in London.

THERE were five deaths from typhus and 21 from typhoid in London last week. The metropolis is, however, on the whole exceedingly healthy, the mortality from all causes being much under the average at this time of the year.

SCARLET FEVER is very prevalent just now in Sheffield; several cases have terminated fatally with exceptional rapidity.

Correspondence.

NEW THOUGHTS ON HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—1. All mad dogs have invariably "knots" under the tongue.

2. In human subjects, the mouth should be examined daily for these "knots," and when found should be opened.

3. I make bold to assert that the poison of the mad dog is due to "prussic acid," a constituent in the saliva of *man, dog, and the sheep*; and hence its powerful action on the nervous system. The symptoms affecting the head, throat, and spine are the same.

4. All bites should be treated with exposure to free chlorine, as evolved from a mixture of two parts of muriatic acid and one of nitric acid to destroy the virus.

5. When a dog exhibits symptoms of madness, a quantity of *ribgrass, or ribwort* should be pounded in a mortar, and the "expressed juice" placed within his reach, and a cure is effected. (Masters of hounds should take care to cultivate this grass around their kennels.)

6. When a dog is bitten by a snake on the nose, or any other part, he takes care to rub the same in the earth, and no harm ensues. Surely this simple plan, being always at hand, should be tried in preference to cauterisation.

7. Dr. Livingstone, in his travels, says that a mixture of ipecacuanha powder mixed with oil is a sure specific in hydrophobia, if rubbed into the bitten parts. (This is very likely, as this drug internally, in large doses, is a certain remedy in blood poisoning.)

8. To relieve the throat symptoms, the *alternate* use of chlorate of potash and ipecacuanha lozenges should be allowed; to say nothing of their prophylactic power.

9. Many years since three men were bitten by a mad dog in the park in Dublin; the one who rubbed in whiskey and salt mixed escaped; the other two who laughed at the remedy died raving mad.

I am, &c.,

JAMES BRUCE,
Late 33rd Regt.

12th Nov. 1877.

Literature.

A MANUAL OF OPHTHALMIC SURGERY. (a)

THIS little work, the author tells us, is not intended to supersede the larger works on Ophthalmic Surgery, but has been written to supply the surgeon in general practice and student with a short account of the various diseases and operations of the eye. It is written for the general profession, and not only for specialists. The work is divided into thirteen chapters. In chap. i. the author treats of Tinea Tarsi, Sty, Epiphora, Lachrymal Fistula, Entropium, &c. In chap. ii. he treats of the diseases which come under the head of Ophthalmia; in chap. iii. of Diseases of the Cornea; in chap. iv., v., and vi., of Lenses, and in chap. vii. of "Glasses." Chap. viii. is devoted to Affections of the Muscles of the Eye, chap. ix. to Affections of the Iris, Choroid, and Vitreous; chap. x. treats of Cataract; chap. xi. of Diseases of the Retina and Optic Nerve; chap. xii. of Glaucoma; and chap. xiii. of Injuries, Tumours, and Malformations. There are many references to Mr. Bowman, Mr. Critchett, and their celebrated operations, who have made the Hospital of Moorfields, London, such a centre of attraction to provincials and foreigners of all nations.

(a) "A Manual of Ophthalmic Surgery." By B. T. Lowne, F.R.C.S. Eng., Ophthalmic Surgeon to the Great Northern Hospital. Pp. 194. London: Smith, Elder, & Co.

In his chapter on Strabismus, Mr. Lowne points out that convergence and accommodation are physiologically connected, and that this connection is so strong that myopic persons accommodate when they converge, although such accommodation is a positive impediment to vision: for instance, a person, with myopia of 1-12th sees distinctly with either eye objects 12 inches in front of it; but if such a person uses both eyes he converges and accommodates. The object is never seen distinctly at 8″ or even 6″ from the eye: and this is probably one of the causes of progressive myopia. In hypermetropia, again, accommodation is necessary for distant objects, and hence convergence, or a tendency to convergence, is the result.

The operation for dividing the Rectus Tendon is thus described. The operation usually selected at Moorfields was devised by Mr. Critchett. It is performed in the following way: When the tendon of the internal rectus is to be divided, the eyelids having been fixed by a stop speculum, a fold of conjunctiva and subconjunctivæ tissue must be picked up with a pair of conjunctival forceps about two lines from the edge of the cornea and midway between the insertion of the internal and inferior rectus, and a snip made with a pair of strabismus scissors. A blunt hook is now passed through the opening, with its end resting on the sclerotic, and slipped under the tendon of the rectus. The eye is now rotated outwards by the hook, and the scissors are passed into the wound under the hook. The tendon is divided close to the sclerotic, by small snips with the scissors. The scissors having been withdrawn, a search should be made with the hook to discover if the whole tendon has been divided.

With regard to the great modern operation of iridectomy, Mr. Lowne shows that it has a most decided influence in checking a great number of destructive processes in the eye, accompanied by increase of intra-ocular tension: as chronic iritis, especially when it is recurrent, cyclitis, irido-choroiditis, and glaucoma. The *rationale* of its action is not understood, but a hard eye becomes soft, and usually permanently so, after this operation.

Mr. Lowne defines Sympathetic Ophthalmia as an insidious and very destructive form of irido-cyclitis, which is very prone to attack a sound eye as the result of injury to the other eye, and which usually leads to the destruction of the eye, unless its course can be checked. After an injury to an eye, the earliest symptoms of this affection in the other are lachrymation, fatigue, incontinence of light, and pain. This last may be absent; and, therefore, the disease often progresses in children to a dangerous extent before the parents are aware of it, unless they are cautioned by the practitioner. Its symptoms are—discoloured and swollen iris, hazy cornea, with minute granules of lymph, the aqueous is turbid, and the pupil blocked with similar granules.

In the chapter on Retinitis, Mr. Lowne thus describes *retinitis* when following on disease of the kidney. Both eyes are usually attacked. The disc is red and swollen, the veins are especially enlarged. Numerous white glutenous patches form around, and at some distance from, the disc. These ultimately form a broad ring around the disc, and are closely packed together, especially on its inner side: between the ring and the disc the retina is free from them, but beyond it numerous, often stellate, white patches are scattered over the retina. This condition is preceded by frequent hæmorrhages into the substance of the retina; it is characteristic of renal disease. There is contraction of the field of vision, after a time considerable amblyopia. This retinitis usually disappears after the cessation of the albiminuria.

Arcus Senilis, says Mr. Lowne, comes on at various ages like grey hairs, but affords no positive indication of declining powers. Interstitial corneitis usually affects both eyes simultaneously, and is undoubtedly very frequently, if not always due to inherited syphilis. It is frequently accompanied by deafness and the teeth first described by Mr. Hutchinson. The prognosis is almost always favourable. In ulcers of the cornea, Mr. Lowne speaks of the seton of a simple thread put into the temple under the hair as an excellent method of treatment.

The most interesting chapters in the book are those which treat of lenses or "glasses," as they are called. If a lens with a focus one inch behind it be considered to have the unit power, a glass with its focus two inches behind it is said to have half, and one with its focus three inches behind it, one-third of the unit power. In an ordinary glass lens, with one curved face and one flat one, the distance of the focus is about twice the diameter of the sphere, of which the face forms a part. In glasses with two convex-curved surfaces of equal curvature, the focal length and the diameter of the sphere, of which either surface is a part, are nearly equal. The power of the glass is the reciprocal of the focal length; thus, a convex glass with twelve inches focus length is called + 1-12th, and it has one-twelfth the power of a glass of one inch focal length. To find the conjugate focus for any point, we have only to subtract the reciprocal of the distance of the point in front counted in inches from the focal length of the glass, and we find the reciprocal of the distance of the corresponding focus.

For instance, suppose a glass having a power of + 1-12th, and that rays come from a point 300 inches from the lense, we find the conjugate forces of them thus: 1-12th − 1-300th = 1-12th nearly, for it is usual to disregard any fraction smaller than 1-240th.

Mr. Lowne considers that Liebreich's ophthalmoscope is the most useful to the beginner; and unless the observer's eye has an abnormal refractive power he will probably see best by putting a + 1-10th lens behind the perforation. There are also with this ophthalmoscope two "oculars," one of + $\frac{1}{2\frac{1}{2}}$, the other of + $\frac{1}{4}$. Then follows a clear description of how to use the ophthalmoscope. It is better not to have too bright a light. The mirror to be held close to the operator's eye about fifteen inches from that of the patient. The strongest ocular (2·5 inches focus) is held between the forefinger and thumb of left hand, whilst the little and ring fingers rest on the patient's temple, and the glass is held about $2\frac{1}{2}$″ in front of the patient's eye.

Presbyopia, the author says may at 35 be less than $\frac{1}{8}$, then objects at 8 inches can no longer be seen distinctly. At 45 it seldom exceeds 1-12th; at 60 1-24th. In all three cases a patient is called presbyotic. The deficiency is made up by convex glasses. The strength of lens depends on the near point desired, together with the near point of unaided vision. If a man wants to see at 8″ and can only see at 12″, we subtract 1-12th from 1-8th, and find 1-24th as the glass he requires. If a man of sixty can only see of an evening at 24 inches and wishes to see at 12 inches, we subtract 1-24th from 1-12th, and again 1-24th is the glass required. The reason why presbyopia becomes manifest in the evening is because the pupil is dilated, and hence the object is less distinct.

Hypermetropia, which is due to abnormal shortness of the antero-posterior diameter of the eyeball, is described. Persons with such like eyes require to shorten the focus of the eye, which they do by accommodating. Suppose the amount of accommodation required to see distant objects be 1-12th, then to see objects at 12 inches distance another 1-12th must be added, hence the whole accommodation required is 2-12th = 1-6th.

We commend this little work of Mr. Lowne to all practitioners not specialists, who wish to know how to treat ophthalmic cases successfully.

SPINAL DISEASE AND SPINAL CURVATURE.(a)

Considering the importance of the subject of spinal curvature, we hail with no small satisfaction the appearance

(a) "Spinal Disease and Spinal Curvature: Their Treatment by Suspension and the Use of the Plaster of Paris Bandage." By Lewis A. Sayre, M.D., of New York, Professor of Orthopædic Surgery in Bellevue Hospital Medical College, New York, &c. Pp. 121. London; Smith, Elder, and Co. 1877.

of a work which gives in a brief and yet concise manner a description of a treatment that bids fair to be widely and universally adopted by the profession at large, and not confined to specialists practising in metropolitan cities. The plan is so simple that it can be applied in a very few minutes by those engaged in country or dispensary practice, with simple materials that can be supplied at a very moderate cost. The little work before us is written by an American surgeon of considerable energy and ability, who visited our shores last summer, and gave personal demonstration of his method in London, Birmingham, Manchester, and Cork. At the meeting of the British Medical Association, held at Manchester last August, we had the opportunity of seeing this plan of treatment applied by Dr. Sayre himself, and we believe this work is the result of those demonstrations.

Dr. Sayre divides his subject into two parts, viz., Pott's Disease or Angular Curvature of the Spine, and Rotary Lateral Curvature of the Spine.

Our author, like most of his countrymen, is not guilty of suppression of the personal pronoun *Ego*, but throughout the work the same authoritative style is maintained. He commences as follows at p. 1 :—"Before dealing with the main object of this short essay, and stating some facts of interest and importance with regard to a method of treating curvature of the spine, which has been employed by *myself* to the exclusion of all other methods of local application during the past three years, *I* propose to review briefly some other points connected with Pott's disease. Holding, as *I* do, views that are somewhat at variance with those of standard authorities concerning the nature of *caries*, or *Pott's disease* of the spine, it will not be unprofitable, *I* think, to preface *my* remarks on the treatment by a short discussion of the pathology, etiology, and symptoms of the disease. It will be necessary also for *me* to describe *my* method of examining the subjects of the disease, as this is a point to which *I* attach much importance."

Having had considerable experience in the treatment of spinal curvature, we quite concur with Dr. Sayre's remarks at page 8, where he talks of the *principles of local treatment in Pott's curvature :*—"The great object in the treatment of Pott's disease is to maintain *rest of the affected parts* by such means as will not debar the patient from the benefits of fresh air, sunlight, and change of scene." This, in a word, comprises the great advantage of the locomotive method over the *stationary mode of treatment in spinal disease :* that is, where it can be carried out, maintaining perfect rest to diseased structures. At page 9 Dr. Sayre mentions the first case he applied this treatment in. He says :—"In November, 1874, a little boy, four years of age, was brought to me, having a sharp posterior curvature of the three last dorsal and the first lumbar vertebræ, together with partial paralysis of the rectum and one leg. The parents were *too poor* to buy any mechanical apparatus, and as it was impossible to send the child to hospital, I felt compelled to devise some plan by means of which he could be made comfortable whilst being transported to his home, nearly 150 miles distant trom New York.

"Accordingly I directed (he says) one of my assistants to suspend the boy by the arms in order to see what effect would be produced, and I noticed that as soon as the body was made pendent there was more motion in the paralysed limb than before, that the pain was very much relieved, and that the patient was breathing with greater ease. While he was suspended in this manner I pulled down his shirt, tied it between his legs, thus making it fit the body closely and smoothly; and then, commencing at the pelvis, I applied rollers saturated with plaster of Paris around the entire trunk. At first I was anxious concerning the effect that would be produced on the respiration, but inasmuch as the boy cried lustily, all my fears in that respect were quickly dispelled : so I went on reversing the bandage, bringing it back to the pelvis, again carrying it upwards, &c., until the body was completely encased by four or five thicknesses of the roller. The child was now laid with his face downwards on a sofa, and was instructed to remain there until the plaster had become firmly set."

The above is a brief outline of the method, which, however, was somewhat modified in detail by Dr. Sayre since his first application by the introduction of Diuner and thoracic pads, and strips of tin placed round the posterior part of the trunk, whilst the suspension of the body was made from a moveable tripod, constructed of wood or iron, standing eight to ten feet from the ground, from which was attached a leather collar embracing the head and neck of of the patient, and two leather straps passing round each arm at the axilla, which are then attached to a cross-bar. The patient is then raised from the ground by a double block and pulley, which is attached to the cross-bar before mentioned and the top of the tripod, the force being directed from the chin and occiput and from the arm-pits by the two axillary collars. In this suspended state the plaster of Paris bandages are then applied.

An accurate description of this method, giving details of treatment and a ready mode of application, appeared in the columns of this journal, page 378, on November 7th, 1877, from the pen of Mr. Ormsby, surgeon to the National Orthopædic Hospital of Ireland, to which paper we refer those who do not intend to purchase the work under review, and who are anxious to try this plan of treatment. At page 11 Dr. Sayre speaks authoritatively of the method, for he says :—"I have used it in more than 300 cases, and in each instance with great benefit." We come to the next point which has some interest, and that is, Is this method the invention of Dr. Sayre, or not? for on page 14 we meet with the following paragraph in Dr. Sayre's own words :—"Having recently understood that Dr. Joseph Bryan, of Lexington, Kentucky, had used plaster of Paris in this way in the treatment of Pott's disease prior to my first application of it, and not being able to find a printed statement of this system, I wrote to him on May 23rd, 1876, asking for information on the subject, and where I could find any published account of his mode of treatment. He replied, in a letter dated Lexington, Kentucky, May 29th, 1876, 'Some time during the months of July or August, 1874, I applied my first plaster of Paris splint to the back for Pott's disease of the spine. . . . . An account of my splint was never published.'" We also find in Dr. Sayre's work on "Orthopædic Surgery," page 374, when mentioning this method, no allusion whatever is made to Dr. Bryan. We presume that Sayre was unaware of Dr. B.'s existence, but we think it right to mention that Dr. Bryan was house surgeon in Bellevue Hospital, the institution with which Dr. Sayre is prominently connected in New York, and, to quote the words of an American reviewer of his work on Orthopædic Surgery in the February number of this year of the *Archives of Clinical Surgery*, published in New York, who concludes a portion of his remarks by the following words :—"Again we state that we cannot comprehend why Dr. Sayre did not do 'full justice' to Dr. Bryan in his work."

By mentioning these facts in connection with his method, far be it from our intention of robbing Dr. Sayre of any credit which we believe he fairly deserves. He has published the *method first*, which he states was an original idea of his own ; at considerable expense and exertion, he demonstrated the method publicly to large professional meetings in this country and America, and we again repeat, he fairly deserves any credit attached to the subject. In conclusion, we recommend his work as being one well worthy of perusal ; it has evidently been got up rather hurriedly, being principally written during the few months he was staying in England. He, however, illustrates his treatment by practical cases, besides giving a number of woodcuts and faithful large-sized photographs, which enhance the value of the volume considerably.

THE TWENTIETH CENTURY. (a)

THIS is a Psychological periodical. We are forced to this conclusion by the hypothesis that every journal must have some purpose or object, and inasmuch as no ray of

(a) "The Twentieth Century." An Illustrated Magazine of New Ideas for the Nineteenth. Edited by a Comprehensionist, No. 3.

amusement or instruction illumines its pages, we, therefore, conclude that it is issued as a unique and interesting emanation of lunacy, and with the intention of acquainting the public with one of the peculiar phases of mental disease. Three fourths of its pages contain rank inconceivable nonsense, not funny nonsense or egotistical nonsense, but real unalloyed stupid gibberish from which neither reader nor author can develop purpose or method. If our readers doubt our opinion, let them read an excerpt from the *pièce de resistance* of the magazine.

"Sympathy between Scoop Shape and Orange.

"The orange, as the exciting colour, says, 'Take me.' That is the reason why young ladies with golden hair are so attractive. The scoop shape is the form that says, 'Use me.'

"Sympathy between a Scoop and Beeswax.

"A scoop or hoe smooths the rough land—polishes it; the beeswax smooths the rough table—polishes it.

"Sympathy between Whirlpool, Scoop, and Beeswax.

"The whirlpool makes a hole in the water, a scoop makes a hole in the land, and beeswax makes a hole for the bees."

The "Comprehensionist" who pays a printer for littering the world with such rubbish can, surely, be none else than an uncontrolled lunatic, and, by no means, a favourable intellectual specimen, for we know that lunatics are usually readable, while the author of the "Twentieth Century"——Language failing us we stop.

Medical News.

University of London. — Examination in Subjects Relating to Public Health.—Richard P. Burke Taaffe, M.D., M.S., St. Bartholomew's Hospital.

Royal College of Physicians of London.—The following gentlemen were admitted Licentiates on December, 17, 1877—

Ashworth, J. Wallwork, Heaton Moor, Stockport.
Blake, W. Farewell, 25 Grafton St. East, W.C.
Cones, G. Augustus, 6 Devonshire Terrace, Kensington.
Cressey, George Henry, St. Bart. Hospital, E.C.
Cripps, Ed. Charles, 39 Charlwood Street, S.W.
Davies, Francis Joseph, 190 Stanhope St., N.W.
Deane, John Richard, 9 St. Mary's Road, W.
Dingle, William Alfred, Millbrook, Southampton.
Flint, Arthur, Park Hill, Croydon.
Hayman, Sidney Arthur, Eppping.
Husband, Walter Ed., St. Bart. Hospital, E.C.
Judson, Thomas Robert, 16 Wynell Road, S.E.
Meek, John W., 70 Stockwell Park Road, S.E.
O'Grady, W. Fitzwilliam, Workhouse Hosp., Manchester.
Pain, Alfred, Coultings, Bridgwater.
Parker, G. Roger, 35 Granville Square, W.C.
Poynder, J. Leopold, St. Luke's Hospital, E.C.
Proffitt, W. John Walthew, Burton-on-Trent.
Smith, Ferdinand Clarence, 18 Albert St.. N.W.
Sworder, Horace, Luton.
Wise, A. T. T., M.D. Brussels, 82 Sutherland Gardens, W.

Admitted Fellow—

Grabham, Michael Comport. M.D., Aberd., Madeira.

Royal College of Surgeons of England.—The following gentlemen having passed the prescribed examinations, received the Diploma of F.R.C.S. at a meeting of the Court on December 13th :—

Amphlett, Edward, M.B., Leamington.
Archer, W. Gammon, M.B., Birmingham.
Cantli, James, M.A. and M.B., Dufftown, Banffs.
Clarke, J. St. Thomas, L.R.C.P. Lond., Leicester.
Dent, C. Thomas, Chesham Street.
Elliott, N. Bruce, L.R.C.P. Lond., Denmark Hill.
Harsant, W. Henry, L.S.A., Bristol.
Paley, W. Edmund, L.R.C.P. Lond., Peterborough.
Taylor, J. Williams, Birmingham.
Verco, J. Cooke, Adelaide, South Australia.

The Sanitary Institute of Great Britain.—The Council of the Sanitary Institute resolved at their last meeting to hold a public meeting on the 30th of May next, and the two succeeding days for the discussion of the following subjects :—1st. The pollution of rivers and the acts passed in 1876 for the prevention of the same. 2nd. On the principles of water supply with special reference to improved water supply for London. Persons desirous of taking part in the discussion are invited to do so, and, to facilitate arrangements, are requested to inform the Council the subject upon which they desire to speak.

Death of Dr. Hawkins.—We have to announce the death of Dr. Francis Hawkins, who will be remembered chiefly in connection with the General Medical Council, of which he held the office of Registrar from the time of its constitution, about a score of years ago, until last year when he resigned the post, having earned the respect and esteem of all with whom he came in contact. The deceased had recently been staying at Brighton for the benefit of his health, where he seems to have caught a severe cold which developed after his removal to his residence in London into bronchial catarrh, to which he succumbed on Thursday last at the ripe age of 83.

Administration of Chloroform during Labour.

The following conclusions have been arrived at :—

1. Profound anæsthesia, with complete abolition of sensibility, retards, and sometimes suspends uterine contraction. In order to avoid hæmorrhage, incomplete anæsthesia is indicated.

2. Chloroform may render, sometimes, the employment of ergot and of the forceps necessary.

3. Chloroform does not afford an absolute immunity, as some authors have advanced, for accidents have been observed which without being fatal, have an influence on the production of puerperal maladies.

4. Chloroform should not be employed during the third period of labour.

5. The influence of chloroform in large doses during labour is not yet known, but merits the special attention of accoucheurs.

Dr. Miriat, of Massachusetts, questions whether the employment of anæsthetics in labour does not produce *post-partum* hæmorrhage.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched. these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Special Notice.—As Christmas Day intervenes before the publication of our next number we are anxious to go to press a day earlier than usual in order that the printers may not be compelled to work on that day. To facilitate this, the co-operation of our contributors is asked; and we shall feel obliged if writers of original papers, letters, &c., for insertion in our next will kindly return their proofs by Friday's instead of Saturday's post.

Drs. Carruther's, Nevins', and Worth's letters are in type, and will appear in our next. It would prevent disappointment if correspondents would kindly keep their communications as short as possible.

Dr. C. Shipley, Yorks.—As we have already inserted so many letters on the subject we intended the reply in our last to close the discussion. However, should your communication raise any points which have not been already discussed or replied to it shall appear in our next.

Mr. Redmayne.—Thanks for the *Courier*. The gentleman concerned has probably seen our strictures ere this.

Admiralty Appointments.—The next examination of candidates for commissions in the Royal Navy will be held at the University of London on the 11th February.

G. B. J.—The carelessnes of the postal authorities causes us a great deal of annoyance, and we regret you should also be a victim. The loss of MS. and proofs in the post is frequent; we hope yours have arrived by this time.

Fiat Justitia.—It would be manifestly unjust were we to insert such a sweeping condemnation either of the Company or of the medical officer selected, unless furnished with a statement of their advertised requirements. Because the appointment was given to D., who possessed only the qualification of M.R.C.S., over the heads of A. and B. who could show university degrees, we fail to see that an injustice was done thereby to the unsuccessful candidates, unless it was expressly

stated that applicants must possess the M.D. of some British University. A., B., C., might have been too old or too young, unable to produce the class of testimonials or other requirements of the Company, or D., possibly, possessed that—unfortunately—mightier qualification than university degrees or merit, *interest*, which is rarely absent in elections of the kind referred to by our correspondent. In any case we cannot insert the letter. *Fiat Justitia* compares D. as "a flea to the lions A. and B," nor pass our opinion upon the merits or demerits of the case on such insufficient data.

MICROSCOPES FOR PRACTITIONERS.—Our correspondent's question is difficult to answer, microscopes ranging in price from a few shillings to a couple of hundred pounds. If, however, he wants one for ordinary professional work we recommend a very moderate-priced stand with the best made objectives of either Pillischer, Ross, Smith and Beck, or Powell. The better the objectives the less fatigue to the eye. He will get an excellent small stand with inclining and rack movements for under or about £6, but he will not get a good high power objective under about £5 5s. The 1-5th with small angle is the glass we recommend for medical purposes. The low power (inch) given with the abovementioned small stand is a very fair glass; but, if expense is no object, it would be better to dispense with its ¼.

F. AUTERSON.—Unfortunately the treatment of diabetes is not much more effective now than it was twenty years ago. Strict attention to the diet, the prohibition of such articles of food as contain sugar or starch, the avoidance of a sudden change in the diet, frequent variations in the food, general hygienic treatment, with the assistance of such medicines as opium, codeia, ferruginous tonics, and great moderation in the use of alcoholic stimulants constitute the chief means by which we may hope to check the progress of those cases of diabetes that are most amenable to treatment.

DR. RYAN, Ballieborough.—Your letter on the Queen's University is withheld until next week to admit of a reply which could not be satisfactorily given at the late period at which it was received. It shall appear in our next.

VACANCIES.

Ballinasloe Union, Ahascragh Dispensary.—Medical Officer. Salary, £50. Election, Dec. 27.

County Down Infirmary, Downpatrick.—House Surgeon and Registrar. (See Advt.)

Dundalk Union, Ravensdale Dispensary.—Medical Officer. Salary, £120. Election, Jan. 1.

Mountbellew Union, Clonbrock Dispensary.—Medical Officer. Salary, £120. Election, Dec. 27.

Urlingford Union, Urlingford Dispensary.—Medical Officer. Salary, £100. Election, Dec. 20.

APPOINTMENTS.

ATKINSON, E. T., M.R.C.S.E., Medical Officer for the Richmond Rural District of the Richmond Union, Yorkshire.

BAKER, F. G., M.R.C.S.E., Junior House-Surgeon to the Borough Hospital, Birkenhead.

BROWNE, Lennox, F.R.C.S. Ed., Honorary Surgeon to the National Training School for Music.

DUNCAN, B. Arcedeckne, M.D., M.R.C.S., a Physician to the National Hospital for Heart Disease and Paralysis, Soho Square.

HEMMING, W. Douglas, M.R.C.S., Assistant-Surgeon to the Central London Throat and Ear Hospital.

LOE, J. S., M.R.C.S.E., Medical Officer for the No. 5 District of the Leeds Union.

LOWE, H. G., M.R.C.S.E., Resident Registrar and Pathologist to the General Hospital, Birmingham.

MALET, H., M.B., C.M., Resident Medical Officer to the General Hospital, Birmingham.

MURRAY, James, L.K.Q.C.P.I., Chloroformist to the Central London Throat and Ear Hospital.

NORMAN, G. A. M.B., L.R.C.P. Ed., Medical Officer for the Longford District of the Ashborne Union.

STEEL, George, R., M.R.C.S., Assistant-Surgeon to the Central London Throat and Ear Hospital.

Birth.

MACALISTER.—Dec. 8, at 15 Palmerston Road, Rathmines, the wife of Alexander Macalister, M.D., of a son, stillborn.

Deaths.

BLAKELEY.—On the 6th inst., at Brighton, Thomas Blakeley, M.D., aged 54.

BOOTH.—On the 27th ult., at Alderley, Cheshire, Byron Booth, M.R.C.S.E., aged 59.

COOKE.—On the 3rd inst., at Over, Cheshire, James Cooke, L.K.Q.C.P.I., aged 36.

DEAN.—On the 9th inst., at Upper Norwood, Peter Thomas Dean, L.R.C.P.Ed., aged 41.

DUNCAN.—On the 10th inst., at Wardle Road, Edinburgh, Alexander Campbell Duncan, M.D., late of the Indian Medical Service.

EVANS.—On the 10th inst., at St. Leonard's, Herbert Norman Evans, M.D., late of Hampstead, aged 75.

MACARTNEY.—On the 12th inst., at Pelham Crescent, South Kensington, James Macartney, M.D., late of Mexico, aged 67.

MCCREERY.—On the 5th inst., at Hartest, Bury St. Edmunds, John McCreery, L.K.Q.C.P.I., aged 25.

MALTON.—On the 8th inst., at Ramsgate, Charles James Abernethy Malton, F.R.C.S.E., aged 64.

MOOR.—On the 4th inst., at Leyton, Essex, Alfred Moor, L.R.C.P.L., aged 37.

SMITH.—On the 3rd inst., at Sedgley, John Smith, M.R.C.S.E., aged 43.

TRENCH.—On the 5th inst., at Bedford Street, Liverpool, Wm. Stewart Trench, M.D., aged 68.

CHRISTMAS HAMPERS

(WITH PRESENTS),

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" KINAHAN'S LL WHISKY,
" OLD TOM.

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CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

A New Treatment of Lumbar Abscess. By Osman Vincent, Surgeon to the National Orthopædic Hospital 529

On the Indications for the Use of the Trephine derived from Cerebral Localisations and the Relations of the Cranium to the Brain. By Dr. Samuel Pozzi, Professeur d'Anatomie a la Faculté de Medicine; Interne Laureat des Hôpitaux de Paris; Membre de la Société Anatomique et de la Société d'Anthropologie 530

Specialism. By John A. Byrne, M.B.Univ. Dublin, L.R.C.S., L.K.Q.C.P., Professor of Midwifery and Diseases of Women and Children in the Catholic University of Ireland..... 533

PAGE

CLINICAL RECORDS.

Rotunda Lying-in Hospital.—Three Cases of Puerperal Convulsions. With Abstract of Clinical Lecture. By Lombe Atthill, M.D., Master of the Hospital. Reported by J. C. Cameron, M.D. 536

SPECIAL REPORT

On the Nature of Rabies, and those Diseases Resembling It, in which Hydrophobia is a Prominent Symptom. Chapter VI.—Incubation, Frequency of Transmission and other Kindred Subjects 538

LEADING ARTICLES.

Darwinism in Germany 540
Dental Reform 542
The Queen's University 546

NOTES ON CURRENT TOPICS.

Metropolitan Hospital Sunday Fund..... 542
Vaccination and the Hackney Guardians .. 543

PAGE

An Evolutionist a Term of Reproach..... 543
The Milk Supply of London 543
Changes in the Pancreas in Diabetes..... 544
Caution in Regard to Calomel 544

CORRESPONDENCE.

The Queen's University 544
Results of the Contagious Diseases Acts .. 545
The Contagious Diseases Acts 545

The Profession and the Chemists 547

MEDICAL NEWS.

Royal College of Surgeons of England 547
Small-Pox at Harwich 547
South London School of Chemistry and Pharmacy..... 547

NOTICES TO CORRESPONDENTS.

Vacancies..... 547
Appointments 548
Deaths 548

Original Communications.

A NEW TREATMENT OF LUMBAR ABSCESS.

By OSMAN VINCENT,
Surgeon to the National Orthopædic Hospital.

I am not quite sure I am justified in the title of my communication with respect to the novelty of the treatment of lumbar abscess, but having searched somewhat widely into medical and surgical records, I cannot find any description of this treatment. Still I am none the less prepared to be informed to-night by some of the members here, that the washing out of lumbar abscess connected with caries of the vertebræ by means of sulphurous acid is not so novel as I supposed. If such is the case, it will only add interest to the discussion and information to ourselves.

The value of sulphurous acid (H_2SO^3) as a disinfectant has been established by many and crucial experiments. It has often been recommended by medical officers of health, and has great distinctive influence on vegetable life. It has a double action, it is a deoxidiser, and hence a deodorant and is extremely powerful in destroying low organisms. It was described by Van Helmont as early as 1600, as having a wonderful effect in prolonging human life taken as an internal remedy, and Colbatch experimented on it in 1689.

Sulphurous acid was first brought under my notice when House Surgeon at the Middlesex Hospital in 1866, by my esteemed master and friend, the late Campbell de Morgan, who then introduced it as a disinfectant, and used it freely to mop out the parts after his operations on bone, in much the same way as the chloride of zinc was used after all operations for cancer, which latter treatment is now so well known, and so intimately connected with his name.

Soon after this it occurred to me to use it in cases of lumbar abscess, and try if something could be done to render these distressing cases more hopeful.

We are taught by the authorities that a lumbar abscess should never be opened if it can possibly be avoided, and numbers of cases are cited where the patient's death has been hastened by this operation.

I have now had eighteen cases of lumbar abscess treated by injection of sulphurous acid, all of which have been successful, some of course more so than others, but in every case has the abscess been cured, the body of the diseased vertebræ become consolidated, and the patient able to perform the principal duties of life without detriment to himself, or a recurrence of the disease.

Of these eighteen, I have selected two cases to illustrate the treatment:—

Case I.—Oct. 14th, 1872.—A. C., a boy, æt. 8, has had angular disease for three years, and been allowed to walk about, wearing a support; there is marked deformity but no pain, the greatest prominence being over the middle dorsal vertebræ. In the right loin is a fluctuating swelling the size of a small orange, almost pointing. The general health enfeebled.

The next day, October 15th, I opened the abscess, and let out four ounces of healthy pus, injecting immediately one ounce of sulphurous acid, and one of water, mixed, and allowing the fluid to remain in the sac for a few seconds.

The operation caused no pain, nor was it followed by any feverish symptoms. The wound was kept open by a strip of lint, and a linseed poultice placed over the part. Strict recumbency ordered, and a light nourishing diet.

The following day the injection was repeated, the same proportion being used, and the part being covered with tenax instead of the poultice.

This treatment was continued for a week, when it was obliged to be stopped, as the skin round the incision suppurated. The slough, however, was soon removed by poulticing, and the injection and tenax again used daily.

Oct. 27th.—From this date until the 24th of December, the injection was used almost daily, until the discharge became very trivial, and on December 24th the wound quite healed.

Ten days after, I saw him, there was no return of the abscess, no pain, and no constitutional disturbance. There was much more consolidation in the borders of the

diseased vertebræ, and after another six weeks recumbency, I allowed him to get up with his instrument, and I heard soon afterwards he went to school and was able to play like the rest of the boys.

No bad symptom of any kind followed this operation, but the boy died three years after of pneumonia.

No *post-mortem* was allowed, so I was unable to discover the pathological changes that had taken place.

Case II.—Feb. 1876.—Alfred T., æt. 30, merchant. Had angular disease in childhood, not much deformity, fair amount of consolidation. Scars of abscesses in both groins.

Three months previously had great pain in the back, and noticed a lump in both loins. He consulted a well-known orthopædist, who ordered a support, and tonics. He wore the instrument twice, and then getting so much worse took to his bed, and was attended by a local practitioner. The lumps were poulticed until that in the left lumbar region broke and discharged copiously. A month after, I saw him and found him greatly pulled down and debilitated with a large abscess in the right loin, some prominence of the middle dorsal vertebræ, and a sinus discharging in the left loin. As he lived some distance away, I persuaded him to come into the National Orthopædic Hospital, where I could see him every day.

The day after his admission I freely opened the abscess in the right loin, and evacuated fourteen ounces of healthy pus, and then well washed out the sac with equal parts of sulphurous acid and water.

This caused him great pain, so much so, that he almost fainted. The part was dressed with tenax, and the patient ordered to lie on his right side, that the discharge might drain away easily.

He was ordered a liberal diet and port wine. The next day there was no febrile disturbance, and the operation was repeated this time without pain.

Three days after this the sinus healed, and after twenty-six days the discharge from the abscess being *nil*, the injection was discontinued. The wound soon healed, and at the end of two months he went to Margate, wearing the support previously ordered him. Three months after, he resumed his business, and a few days ago I saw him, just twenty months after the operation, and he was perfectly well locally and generally.

The notes of the other sixteen cases are very much of the same character, the only difference being in the amount of pain caused by the injection, which in some cases was severe, and in others trifling or altogether absent, and the slight character of the constitutional disturbance, which was often absent altogether. There is one point that I should like to ask the opinion of the meeting upon, and that is, that as a rule, though the injection went in white or colourless it came out black; and this was the more apparent in those cases that succeeded best, and I have never been able to give a good reason for this change.

I may be asked, why open to the air a large cavity, like a lumbar abscess, and run the risk of many evils, when the aspirator is at hand. I answer, that although we can draw off the pus by that means, we cannot prevent its reformation; and that the sulphurous acid acts on the pyogenic membrane in such a manner as to prevent the formation of pus, and if strict recumbency is made an essential part of the treatment, there is no reason to fear that this dreaded, but if taken in time, avoidable complication of angular disease may by this treatment be shorn of much, if not of all, its previous destructiveness.

The principal foreign cities last week showed a death-rate per 1,000 of their populations as follows:—Calcutta 39, Bombay 49, Madras 103; Paris 25; Geneva 25; Brussels 24; Amsterdam 22, Rotterdam 23, The Hague 18; Stockholm 25; Christiania 13; St. Petersburgh 31; Berlin 24, Hamburg 22, Dresden 19, Breslau 27, Munich 31; Vienna 24; Buda-Pesth 39; Rome 24, Turin 27, Venice 24; Alexandria 47; New York 22, Brooklyn 18, Philadelphia 16, and Boston 19.

ON THE INDICATIONS FOR THE USE OF TH TREPHINE

DERIVED FROM CEREBRAL LOCALISATION AND THE RELATION OF THE CRANIUM TO THE BRAIN.(a)

By DR. SAMUEL POZZI,
Professeur D'Anatomie a la Faculté de Medicine; Interne Laureat des Hôpitaux de Paris: Membre de la Société Anatomique et de la Société d'Anthropologie.

(*Continued from page* 467.)

The topography of the cerebral surface, the knowledge of the regions, where the motor centres are found, would remain without interest for surgical intervention, if we did not join to it the study of the relation of the skull to the brain.

To M. Broca belongs the credit of the method which serves us to determine this, with the greatest ease and exactness. The process consists in driving small pegs into the brain, through holes bored by a drill in the cranial walls, their number and their situation being carefully noted by the learned professor.

The cranium is then opened with a saw, and by the comparison resulting from the holes in the *calvarium*, with the pegs implanted in the hemispheres, and by taking detailed precautions, which I need not now enter on, we are able to draw exactly on the surface of the skull the principal fissures.

At the same time, we obtain the precise situation of the convolutions limited by them. We can thus obtain an intra-cranial plaster mould, of the design; each lobe being painted in a particular colour, each convolution in a special tinge, and the track of the sutures marked in white. The laboratory of anthropology, founded by M. Broca, already possesses a number of analogous specimens, and he has kindly allowed me to reproduce here a drawing of one of them.

More may be learnt by an examination of this plate, than by a long description; but I must observe that the drawing is a little above the natural size, though the proportions and relative distances, have been preserved as much as possible.

I am about to give a *résumé* of the results obtained by this method, by MM. Broca, Féré, and Foulhouze; those by M.M. Turner and Heftler, almost completely agree with the researches of French observers, though they were arrived at by methods much more complicated, but not of superior precision.

The Fissure of Rolando is notably placed behind the coronal suture; the superior extremity being at a distance in man of 47 to 48 millimetres, and, even exceptionally according to Broca, of 70 millimetres; in women of 45 to 47 millimetres (Féré); the inferior extremity at a distance of 28 millimetres. Knowing the course of the fissure of Rolando, relative to the cranium at the same time, we know the exact situation of the frontal and parietal ascending convolutions, which form, before and behind, the lips of this fissure.

As for the ovalar, or *para central* lobule, we must remember it is placed immediately in front of the superior extremity of the fissure, on the internal face of the hemisphere.

The Fissure of Sylvius.—Its anterior origin, on the external face of the brain, is situated five millimetres behind the exact point of the antero-inferior angle of the parietal, where this bone articulates with the frontal, and the large wing of the sphenoid; it is the special part of the skull designated by anthropologists under the name *Ptereon*.

The middle course of the fissure coincides with the tempero-parietal suture (Heftler), but it appears to me that it always more or less passes it.

The third frontal convolution is *à cheval* on the anterior branch of the bifurcation of the fissure of Sylvius, that is to say, it is immediately covered by the antero-inferior angle of the parietal.

(a) Translated from *Les Archives Générales de Medicine*, 1877, by Thomas M. Dolan, L.R.C.P. Ed., and revised by the Author.

We shall fall exactly upon the centre of language, occupying the posterior part of the convolutions, by departing from the *ptereon*, one centimetre and a half behind the coronal suture, and stopping two centimetres, above the squamous bone, which almost coincides with the fissure of Sylvius, as I shall show.

The parieto-occipital fissure is generally parallel and subjacent to the lambdoidal suture. It may be found, from one to four millimetres, either in front or behind the suture, or crossing its direction obliquely (Broca). According to Turner it will be found, a little below the suture, but in the method of determination employed by this anatomist, its relation must have been a little changed by deformity or softening of the brain.

From an examination of the specimens in the laboratory of anthropology, I am convinced that the culminating point of the frontal boss, corresponds with the anterior part of the first frontal convolution; the middle of the parietal boss corresponds to the superior part of the inferior parietal, or lobule *gyrus curvis*.

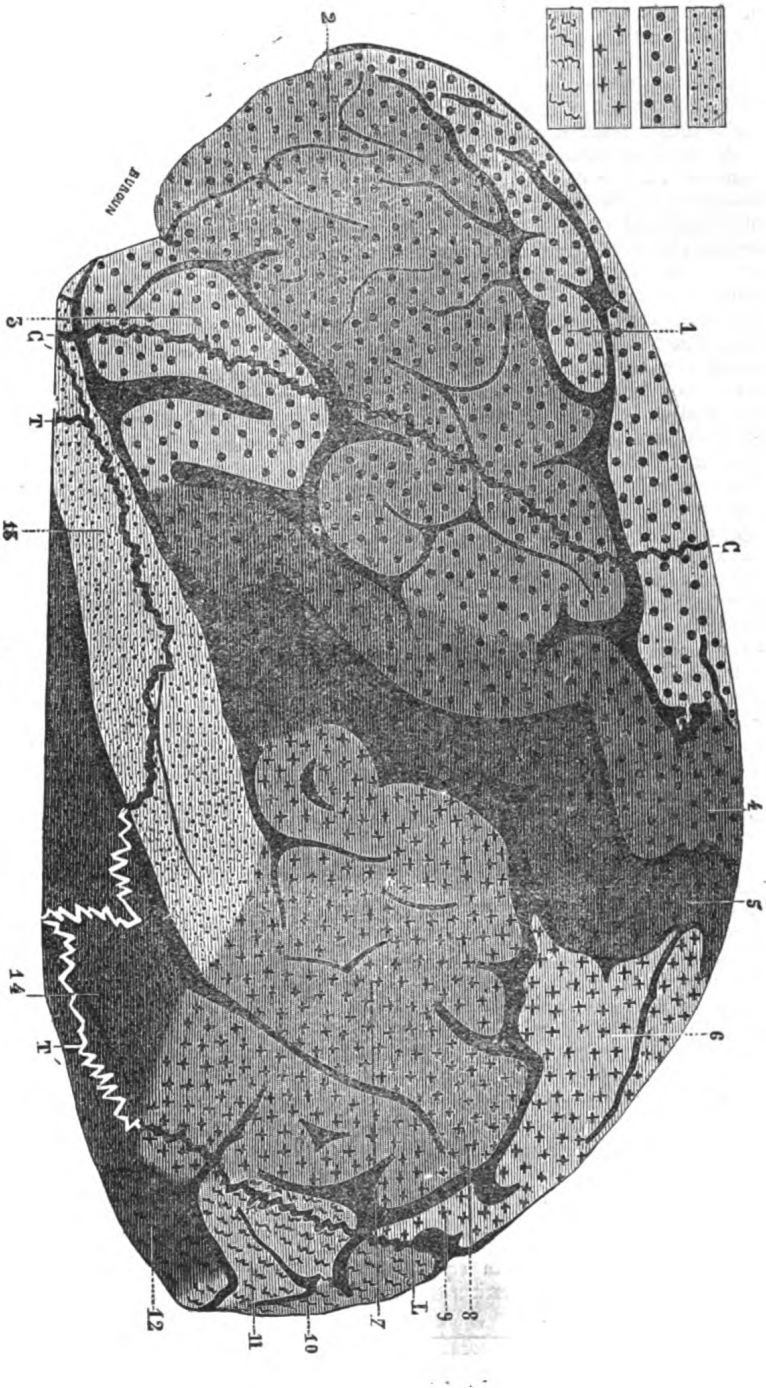

FIG V.

Cranial cap of Jenny, aged 50 years, on which has been designed, by the method of Broca, the cranio-cerebral topography. 1, 2, 3, 4. First, second, third, fourth frontal convolutions. 5. Ascending parietal convolution. 6. Superior parietal lobule. 7. Lobule "du pli courbe" (gyrus curvis). 8. Summit of "pli courbe" (gyrus curvis). 9. First convolution "de passage." 10, 11, 12. First, second, and third occipital convolutions. 13, 14. First and second temporal convolutions. C. Bregma. C. Ptéréon. C.C. Coronal sutures. T.T. Tempero-parietal suture. M.T. Lambdoidal suture.

The summit of this fold, *à cheval* on the parallel-temporal fissure, is three centimetres behind the middle.

I must mention the influence which may be exercised on the cranio-cerebral topography by certain particular states of the skeleton.

Thus M. Broca has noticed in a case of Toulousian deformity, a recoil of one centimetre, of the posterior extremity of the fissure of Rolando. M. Féré has found it advanced one centimetre in an insane subject, of sixty-six years, presenting a very apparent metoptic suture. (*a*) These are exceptions too rare to have much clinical importance.

The influence of age is another cause of alteration, and we find arising from it, constant modifications which deserve our attention.

In children, from six months to three years, (*b*) the relations are very different from those of the adult; above and below this age the differences are less remarkable, and later on have a tendency to disappear.

1. The frontal lobe exceeds behind, the coronal suture by an enormous quantity, relatively to the antero-posterior diameter of the head, by about forty-two millimetres; this tends to the much greater obliquity of the fissure of Silvius, in the infant, than in the adult. (*c*)

2. The tempero-sphenoidal lobe, rises in the middle twelve millimetres above the culminating point, of the tempero-parietal suture (see the great development of this lobe in the infant).

3. The occipital lobe is about fifteen millimetres in advance of the lambdoidal suture.

These differences are sufficiently notable, and have been established, after the observation of a sufficiently large number of facts, so that the surgeon may estimate their importance as well as the anatomist.

The same cannot be said of the peculiarity noticed in old people. After four observations M. de la Foulhouze (*d*) signalised a certain exaggeration of the Rolando-coronal distances, a slight advance of the parieto-occipital fissure, a trifling projection of the Silvian fissure, above the scale of the temporal bone, and a certain lowering of the first frontal convolution, relative to the frontal boss, which ordinarily covers it.

The ideas we are now examining are sufficiently satisfactory for the anatomist and the anthropologist, but the surgeon's work is on the living, and not on dead bodies, or skeletons, and he has need of a completeness of study, which will afford him certain stand-points, by means of which he can utilise, on the living, knowledge which would otherwise be perfectly barren of results.

The question of the cranio-cerebral topography in this particular view, is happily very much narrowed, and we have only to fix on the head the plans corresponding to the various motor centres. (*e*)

M. Broca has very exactly indicated the method to be followed, to drop on the third convolution. He says:—"Find on the patient the point, where the base of the external or orbital apophysis bends, and rises up again to connect itself with the temporal apophysis of the frontal bone. Drop from this point, through the temporal fossa a horizontal line, on which we take a length of five centimetres; we thus obtain a second point, corresponding almost to the point of the temporal lobe. From this second point, raise on the preceding line a perpendicular, on which measure two centimetres, and we shall arrive at a third point corresponding almost with the centre of the region of language; which, in other words, is situated in horizontal position, an equal distance from the fissure of Rolando, and the branch rising from the fissure of Silvius, and in the vertical direction, an equal distance from the second frontal sillion and the horizontal branch of the fissure of Sylvius."

(*a*) Ch. Féré, *loc. cit*

(*b*) P. de la Foulhouze, *Loc. cit.*, page 66.

(*c*) E. T. Hamy "Contributions to the Study of the Development of the Cerebral Lobes of Primates," "Anthrop. Review," . i., page 424.

(*d*) *Loc. cit.*, pages 70-73.

(*e*) "Anthrop. Review," t. v., page 242, 1876.

Individual variations, which are very great in the superior part of the hemispheres, are on the contrary sufficiently limited in the inferior part where, they do not exceed one centimetre, and are consequently smaller than the diameter of the crown of a trephine.

An operative procedure, based on the preceding indications, allows us then to fall with certainty on the "organ of language."

To find the motor centre (movements of the ears and hearing) situated on the first tempero-convolution, we have only to apply the trephine two centimetres below the point we have just determined on, that is to say, five centimetres from the external orbital apophysis—following a horizontal line—we shall thus fall precisely on the summit of this convolution.

As regards the *gyrus curvis*, the supposed centre of certain motions of the eyes, I have said before, that my observation of the specimens in the laboratory of anthropology had convinced me, that it was about three centimetres behind the culminating point of the parietal boss.

With a little practice, we easily recognise this boss; no doubt its summit may be determined by taking with a compass, the maximum bi-parietal diameter, and making the spot where the point of the compass stopped.

It remains for us to yet determine the position of three motor centres. Let us commence with the principal one, situated at the top of the superior termination of the fissure of Rolando, and extending over the superior parietal lobule, the third of the fourth convolution, and the third of the parietal ascending convolution.

The *Bregma* will be here our principal mark, the place of intersection of the coronal and bi-parietal sutures, and we have learnt that the summit of the fissure is found, from forty-seven to forty-eight millimetres, from this point in adult man. In certain subjects it is impossible to find the bregma, but though this circumstance is exceptional, we are provided with a method, sure and speedy, of determining its position. M. Broca has given it us by inventing the flexible auricular rule, for cephalometric researches which require its immediate application. (*a*) This instrument of excessive simplicity, and which we can almost construct in an instant if necessary, is made of two thin blades, AB., CD, with the elasticity of subtle and flexible steel, fixed at right and rectilinear angles when not used.

A small box pivot fixed at D, is introduced into the ear, and the horizontal branch AB, is brought under the nasal aperture. The vertical branch CD, is still rectilinear; it is bent to bring it to the other ear, thus passing over the summit of the head, and the point where it cuts the median line, gives us the *Bregma*.

Now, a distance of forty-seven millimetres behind, is the summit of the fissure of Rolando. The inferior extremity or foot of this fissure may be found by availing ourselves of a method, inspired by that which M. Broca employs, to reach the third frontal convolution.

M. Lucas Championniére has proposed (*b*) it, and I have verified on many specimens the exactness of his proceeding. Take behind the external orbital apophysis a horizontal line of seven centimetres; on the posterior extremity of this raise a perpendicular of three centimetres, and the superior extremity of this last line corresponds with the inferior or external extremity of the fissure of Rolando. Once in possession of the two extreme points of this line, we can easily design it on the shaved head. By examining figures three and four, we can see with what facility we are able to fix, on the motor centres, of the superior and inferior members.

(*a*) Broca, P.; flexible auricular guide. "Proceedings of Anthropological Society," Paris, 1873, Second Series, tome viii., p. 147.

(*b*) "Proceedings of Surgical Society; Meeting 14th Feb., 1877." New Series, tome iii., p. 121. This author has varied the process a little, his first indications were vague and much less accurate. "If a horizontal line is fixed behind the anterior orbital apophysis, and five centimetres, taken on this line, behind, we arrive a little above the inferior extremity, of the fissure of Rolando; we know exactly where to find it." *Journal of Practical Medicine and Surgery*, October, 1877, p. 437.

SPECIALISM. (a)

By JOHN A. BYRNE, M.B. Univ. Dub., L.R.C.S., L.K.Q.C.P.

Professor of Midwifery and Diseases of Women and Children, in the Catholic University of Ireland.

It is now some time since I inaugurated my first course of lectures in this School. On that occasion I gave a slight sketch of the history of that branch which I was appointed to teach, and I endeavoured to trace that history to remote times, and to show that our Irish School of Midwifery has been able to keep on a level with the most renowned Continental and British schools. And, indeed, it may be said without boasting, that even yet Dublin ranks as one of the most practical schools of obstetric medicine in Europe. For this we are indebted to the labours of our predecessors who founded the two great *Maternité* institutions of which our city may be justly proud, and which have been not only the means of doing incalculable benefit to society at large by giving the most skilful aid to those requiring it, but further, being great educational establishments, have trained up a class of practitioners, whose experience and knowledge have been of the greatest benefit to those requiring their services in all parts of the world, and have induced many foreign medical men and students to visit Ireland, and to avail themselves of the opportunities for the acquisition of information and practical skill which they offer.

Ireland has passed through many vicissitudes of sorrow and suffering, revolutions and civil wars, and other changes, have swept over the land; gaunt famine and its satellite, pestilence, have, with pitiless hand, smote down our people by millions—

> Macies, et nova febrium
> Terris incubuit cohers,

while a swelling tide of emigration bore away a double tithe of those who survived, fleeing from the once teeming land upon which a blight had literally descended, that seemed to seal up the springs of her former fruitfulness. Our country has been arrayed by Nature with no mere sterile beauty, but has been also endowed with a fertility amply sufficient to support a population much greater than that which it maintains at present. The pseudo-philosophical notions of hostile and seli-conceited *doctrinaires* would, indeed, persuade us, that this is about the number which, according to the plan of the great Creator of the Universe, the soil of our island was designed to nourish, and which cannot be exceeded without grievous suffering and the deterioration of the race. Flocks and herds may multiply in compound ratio: for them the Irish pastures afford nutriment in unstinted abundance. It is the human Irish animal alone for which, we are told, the Irish air contains a restricted supply of oxygen; it is he alone that cannot thrive, except within well defined limits, on his native soil. According to these *doctrinaires*, the Irish people should never, henceforth, increase in number, but remain *in statu quo*. But in spite of these minimising theories, the Irish race still lives and will continue to live, thrive, and increase, to prove the folly of such doctrines.

Now it may be asked by those not familar with the great advances which medical science has made: Are there not sufficient means for affording relief to the sufferer from disease or accident, in the numerous hospitals of this city? and also, are they not amply sufficient for affording instruction to the numerous pupils who come to Dublin from the four Provinces, for the purpose of acquiring practical information in the different departments of surgery and medicine? No doubt, all these hospitals are capable of imparting knowledge of the most general and varied kind to the student who is anxious to profit by opportunities offered to him, and also of giving the greatest relief to those seeking admission within their walls. And I have no hesitation in saying, that in every one of the hospitals in this city, the poorest applicant can have advice and treatment as skilful, as if he were in a private residence, and paying for medical attendance. Nay, in many instances the hospital patient has the benefit of appliances and remedial means, excelling those within the reach of persons unable to afford much for relief outside. But all who are familiar with hospital practice are well aware, that such is the demand for admission into those admirably managed institutions, that there is ample room for their further development, and the direction which I would most gladly see this development take, is the formation of special hospitals for the treatment of special diseases.

I am aware that I am treading on debatable ground. Many hold the opinion, that specialists in surgery and medicine are not required, and that the mind which is hampered by attention to, and study of, a special subject is cramped and fettered by being confined within too narrow a range, and that speciality in the treatment of disease is a retrograde movement instead of an advance. Now all must candidly acknowledge, that in the earlier periods of surgery and medicine, the greatest explorers and writers were men who did not make any special branch of study their aim and object, but explored and investigated the whole domain of medical knowledge, and sought with great energy and perseverance to grasp all the materials within their reach, to group together and classify disease, and thus to found a science which is based upon research, observation, and discovery. When we read those old classic authors, and remember the times and circumstances in which they worked, we cannot fail to be struck with admiration at their zeal, at the amount of knowledge to which they had attained, and at the vast discoveries which they made, in defiance of the difficulties which beset them on every side.

And when we come to a later period in the great history of medicine, who will not admire the zeal, the ability, the patient investigation, in spite of obstacles nearly insurmountable, of Harvey, the Hunters, and others, whose names are as familiar to us as household words. Yes, "there were giants in those days," and posterity will be always indebted to them for their wonderful discoveries, and for the groundwork which they laid, on which to build up a science that is not yet, and perhaps may never be, a perfect one.

When we look, however, at the vast progress which has been made in recent years in the knowledge of medicine—and when I speak of medicine, I mean it in the fullest sense of the word, that is including surgery, physic, obstetrics, and the special diseases of women—the area of the knowledge to be acquired is so vast, that I think nearly all of those who listen to me, and who are familiar with the matter, will agree with me, that special departments of medical learning are not merely necessary for the practitioners in large cities who wish to acquire a reputation of a character especially select, but are also of the greatest importance to the student who desires to become thoroughly familiar with the diseases of local importance. I do not mean to say, that general information and a thorough acquaintance with hospital practice in the surgical and medical wards can be dispensed with. On the contrary, a general acquaintance with disease can only be acquired in this way; and it is of the greatest importance that every student should make use of the advantages which our great hospitals afford, and profit by the observation of disease and the teaching of their staffs. For otherwise, he will not benefit by following the teaching on special subjects. For the same general laws of the progress of disease which he learns by observation at the bedside in the hospital, will be found by him to guide and direct the course of disease in special organs.

I will adduce as an example the department of ophthalmology. Can any student expect to learn the course of disease, of alteration of structure, of morbid or sympathetic changes in so essential an organ as the eye, unless his mind has been trained by watching the changes which disease produces in other important organs or parts? No, he cannot; but when he has profited by his experience of

(a) Abstract of Lecture delivered at the Catholic University School of Medicine.

general hospital practice, and by the observation of the course and progress of general and local disease and its treatment, then he can take himself and the knowledge which he has gained to the investigation and study of special diseases, *ab universali ad particularem*. Thus it will be seen, that I insist on the acquisition of general medical knowledge in the first instance as an indispensable condition in order to train the mind to habits of observation and reflection. But this being presupposed, I now come to the consideration of the question which I take leave to bring under your notice. Whether, in the present very advanced state of medical science a further development and increase of knowledge can be better secured by general or by special hospitals, or at least by special departments in general hospitals;—whether, in fact, it is best to leave the instruction of our young men in special diseases to those who practise general surgery or medicine?

It would appear that the division of labour in this, as in other cases, is the best means for promoting the interests of science. Medical science, as I have already said, has made such advances within recent times, that it is no easy task to keep pace with its progress in its more difficult branches. Hence comes that tendency to specialism, in those more difficult departments of our profession which is daily growing both in direction and intensity. The advantages of this course, are in my opinion very obvious. The general surgeon is more interested in the treatment of those accidents and injuries and surgical diseases which ordinarily fill the hospital wards, affording him abundant opportunities for developing and exercising his skill in diagnosis and management, and the performance of critical operations upon which the preservation of life and limb so often depends. Even here, however, we do not find that all cases are alike indiscriminately welcomed by every practitioner. Even in hospital practice, such cases are selected by each surgeon as he thinks likely to assist him in improving, in the way he desires, his skill in manual interference and operative dexterity. Cases of minor lesions and those which call for special treatment are not as attractive, and if I may be permitted such a phrase, do not awaken such competitive interest, as those affections which require brilliant and decisive operations.

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And here, in this assembly, I hope I may be permitted to pay a passing tribute of respect to the memory and the talents of one of the noblest spirits that has ever adorned our profession. He was not only a most able surgeon, but by his splendid talents, his efforts, his perseverance, his influence, his single-mindedness, and his energy, he created a School of Ophthalmic Surgery in this city, which was previously without one, and he has left us as a monument of his genius and energy the special hospital of St. Mark's, of which we may well be proud, and which has done incalculable benefit to suffering humanity; and from an educational point of view if he left no other legacy to his country, it should be grateful to him for this. Of him, gentlemen, we all, as Irishmen, should be proud. His name should never be mentioned but in a spirit of affection, and regret that he should have departed at a comparatively early age from the position which his talents were so well calculated to adorn. He not only founded a new and practical school of ophthalmic and aural surgery in this city, but he devoted himself to the literature connected with this special department. Until failing health compelled him to retire from practice, his name and fame were not only disseminated in every portion of that Ireland which he loved so well, but his writings and teaching acquired for him a Continental reputation. Nor should we forget that to him we are indebted for those charming memoirs of Molyneaux, Swift, and other illustrious Irishmen which appeared in the journals of the day; and we can all remember how well he vindicated Dean Swift from the imputation of having been an insane idiot. Truly we may say of him *nihil tetiget quod non ornairt*. He was a genuine Irishman, heart and soul; and he always acknowledged the fact with pride. He has passed away, but his memory will long live both in the annals of surgical science and Irish literature, and in the bead-roll of the benefactors of our city.

Clarum et venerabile nomen,
Gentibus et multum nostræ quod profuit urbi.

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Some persons, perhaps, may deem me an exaggerator. But, if there are any gentlemen present who were my predecessors or contemporaries, I ask them whether I have undervalued or misstated the prevailing tone of general hospital practice or teaching in this city. What special knowledge had any of them on finishing their career as medical and surgical students, and quitting the hospital? They may have become, and the majority of the students of those days could not fail to become, good general surgeons and physicians. For those were the days of Crampton, Cusack, Carmichael, Colles, Adams; the great clinical lecturer, Graves, to whose memory honour is about to be paid in a few days by placing a statue in the noble hall of the College of Physicians, in juxta-position with that of our great departed physician, Marsh, and also near to the statues of two others still amongst us, and who we hope may live long to adorn the ranks of our profession, Dr. Stokes, and Sir Dominic Corrigan. Yes, those were great men, the Porters, the Wilmots, and their fellows. Ireland can produce a phalanx of men, surgeons and physicians, who as teachers and practitioners were second to none. But with the exception of one hospital—where the illustrious Dr. Jacob, the great anatomist, who discovered the *membrana Jacobi*, which alone will perpetuate his name to posterity, taught ophthalmic surgery—no specialty was taught as it should be taught, and as it is taught at the present time; and all who wished to become proficients in special branches, were compelled to betake themselves to the foreign schools.

But now our city can boast of special ophthalmic and aural institutions, where vast numbers of cases of those peculiar affections are treated, and may be studied. The advantages of these institutions have not been confined to our city, but have been spread all over the country. They have been also the means of introducing to the public several highly-educated and trained special practitioners.

And I am happy to state that now, in nearly all our hospitals, a special ward is set apart for clinical instruction in those subjects; and another similar institution has also been opened. So strong indeed is this tendency to specialism in modern days, that all the great London hospitals have now, and have had for some time, special wards and special men, who devote themselves exclusively to giving instruction in those particular departments over which they are placed. In this way great and manifest opportunities are afforded to the student of becoming acquainted in the most minute way, and of studying in the most thorough manner, those diseases which but for those advantages he could only learn in a cursory manner. What a change from former times? Now these special studies are looked upon as forming an essential part of medical education. What have we seen occurring in this city, even lately? There have been opened two orthopædic establishments for rectifying congenital malformations, and another for the special treatment of throat and lung affections. I have no hesitation in saying that much benefit to medical science, and to the advancement of our knowledge of those affections, will accrue from the collecting together, and classifying and grouping cases, which were heretofore treated in a general way, and not as objects demanding much or special attention from the student.

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The improvements also in mechanical aids towards the investigation of hidden or deep-seated disease, have no doubt been a great help to accurate diagnosis.

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There is the ophthalmoscope, the laryngoscope, and,

lastly, I may be permitted to refer to the instrument known as the endoscope, invented by my friend, Dr. Cruise.

This most ingenious instrument has the power, by the proper adaptation of its illuminating apparatus, to disclose changes in organs like the bladder or uterus far removed from direct observation—an instrument which may be said to have shed lustre on its inventor and light upon disease. These modern improvements in the mechanical aids for the investigation of human maladies, the results of long and laborious research, entitle their inventors to much praise.

I now take leave to draw your attention to a subject which, without exaggeration, I deem of the greatest importance. I allude to obstetrics and gynæcology.

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It is not my intention now to enter into any history of those subjects, for to many of my audience it would be a twice-told tale, and to others it would be a tedious and uninviting one. Besides, I have on a former occasion referred to it at considerable length. I may, however, be permitted to mention that we are indebted to a distinguished Irish physician, Dr. Bartholomew Messe, for the foundation of the Rotunda Hospital, one of the finest medical institutions in this city, and (as I have already mentioned at the commencement of this address) to Sir A. Guinness, for the rebuilding and furnishing of the present handsome structure which occupies the site of the old Lying-in Hospital and the Coombe. To these two great institutions great numbers of students come, not only from our own Irish provinces, but also, on account of their great reputation, from England and America. No foreign medical man comes to our shores without visiting them; they are always spoken of by strangers in the most favourable terms; and their management and the instruction imparted within their walls have always excited the warmest admiration. Now, whether it is on account of the small size of our city, as compared with London or Paris, or because these two institutions fulfilled up to the present time the educational requirements of medical students, this branch of medical science has never been made a subject of instruction in any of our general hospitals until a very recent period, when a *Maternité* was opened in connection with Steeven's Hospital, and one also in connection with Sir Patrick Dun's. And here I may observe that another step in the same direction has been taken by the opening of a gynæcological ward in St. Vincent's Hospital, of which I have been selected to take charge. But if you will examine the programmes of any of the general hospitals of Dublin during a period not very remote, you will find no place assigned for the teaching of this group of subjects. It may with truth be said that it was rather ignored altogether; and it is only within recent times that those professing and practising this most important branch were admitted to the highest honours of the College. So that, although we possess in our midst two of the finest obstetrical institutions in the world, yet the science of obstetrics and its practice commanded scant consideration, and may even be said to have been treated in rather a contemptuous fashion. This state of things could not continue. The importance of an intimate acquaintance with the phenomena of this condition of humanity, and a knowledge of their treatment, began to force itself upon the attention of those who had the direction of the education of the medical youth of this country, and to insist on its suitable recognition. Gradually an acquaintance with the subject, attendance upon hospital practice and lectures, and a final examination, were made necessary conditions, before the candidate could be admitted to the license of the colleges. Still later, a further step in advance was made, and a separate examination in these subjects is now compulsory. This is as it should be. But further progress in the same direction is still needed. For, I unhesitatingly declare that no matter in what position in life a medical man may be placed, unless he is a pure surgeon or physician, the knowledge of these subjects is of vital importance for himself and for those entrusted to his care. I would therefore insist upon a longer attendance at a lying-in hospital than is at present prescribed in the curriculum, and also upon a more thorough final examination.

Now, gentlemen, during all those years to which I have just referred, obstetrics and gynæcology were cultivated here, in London and Paris, in Scotland, Germany, and, more lately, in America, by some of the most eminent men in the ranks of the profession. Need I mention Beatty, Montgomery, Churchill, whose works are a rich repository of knowledge, collected from every source, and which, on account of their great statistical lore, are referred to in every book upon these subjects? Dr. Evory Kennedy, whose treatise upon obstetric auscultation is one of the best upon the subject, not to speak of our later writers, whose names I refrain from mentioning; the illustrious Simpson, of Edinburgh, who brought the rich treasures of his experience and logical acumen to the investigation of every subject upon which he wrote, and who cultivated this branch of medical science with an ardour unsurpassed in the annals of our profession; Dubois and De Paul, of Paris; Martin, of Jene; Nægele, of Heidelberg; Scanzoni, Hodge, and Bedford, of America; Ramsbotham and Denman, of London, and a host of others, too numerous to mention. The list is indeed a long one, but it will bear comparison with those who are devoting their talents, their experience, and their skill to the advancement of other departments of medicine.

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I may adduce, as a further proof of this tendency to the cultivation of the pursuit of special excellence, that even this department itself has already given rise to many offshoots; and a most distinguished gynæcological surgeon—Mr. Spencer Wells, of London—has devoted himself to the cultivation of an operation bold and hazardous in the extreme, but, at the same time, so decisive, and so beneficial when successful, that his reputation as an ovariotomist is now extended far and wide, and that patients labouring under this fearful and fatal malady come from all parts of the world to have the benefit of his skill; and the results of his operations have been so successful that the fearful mortality usually accompanying such cases has been singularly diminished in his hands. Here is an example of an operator, who, having taken up a special branch of a special department, has brought the practice of obstetrical surgery in this branch to the highest degree of perfection, and, by his great skill, his great experience, his wonderful knowledge, has been the means of prolonging many a life, which otherwise would have fallen a hopeless victim to this fatal malady.

Indeed, did time allow, I could offer many illustrations of the advantages secured by this division of labour. But I do not think a better one, or more suitable to the circumstances of this time and place, could be found than what is presented to us by the method of education followed in all medical schools. We do not find that one person teaches indiscriminately all the subjects comprised in the course, but each teacher has allotted to him a particular subject in which to instruct his pupils; and common sense, as well as experience, assures us that this is the best plan for both pupils and teachers. If we seek a further illustration of this division of labour in a profession different from our own, we find it ready to our hand in the law. Those who are most eminent and acquire the greatest distinction are those who follow up some particular department in law or equity. It is the same with art; one painter will cultivate landscape, another figures and portraits, and so on.

THE mortality last week in the large towns of the United Kingdom was somewhat less than in the previous week. Edinburgh gave a death-rate of 23 per 1,000 of the population, London 24, Glasgow 25, and Dublin 33, the highest of any reported by the Registrar-General.

Clinical Records.

ROTUNDA LYING-IN HOSPITAL.

Three Cases of Puerperal Convulsions. With Abstract of Clinical Lecture.

By LOMBE ATTHILL, M.D.,
Master of the Hospital.

Reported by J. C. CAMERON, M.D.

CASE I.—E. J., æt. 30 years, a patient in the extern maternity department, in her first pregnancy, was suddenly seized on the 30th Nov., 1877, with convulsions, after being in labour for five hours. Assistance was immediately sent for and Dr. Smyly, Assistant Physician to the Hospital, and Mr. Horne, Clinical Clerk, were shortly in attendance. Meanwhile she had had two more convulsions, and had become quite unconscious. On examination the os was found to be fully dilated, and the head in the second position well down, with a large caput succedaneum formed. The pupils were dilated, the teeth clenched, the respiration and pulse rapid. Chloroform was immediately administered; and without delay, Dr. Smyly applied forceps and delivered a healthy male child. The placenta was expelled in twenty-five minutes. Some post-partum hæmorrhage occurred, but was easily controlled by ergot and injections of cold water into the uterus. No convulsion occurred after delivery, and the patient awoke from the chloroform quite conscious. The urine was carefully examined; no albumen was found, but abundance of lithates, and a few small hyaline casts, evidently of very recent origin.

CASE II.—F. D., æt. 19, admitted into the lying-in ward at 2.45 p.m., on Tuesday, November 20th, 1877.

On admission she was quite unconscious, in violent clonic spasms, face flushed, pupils widely dilated, pulse 130, respiration 30, temperature 101·4°; the os was about two-thirds dilated, the head presenting in the first position and well down in the cavity.

Previous History.—She had always enjoyed excellent health; had never noticed any puffing of the face, or of the upper or lower extremities. She has been married for fifteen months, and has had one abortion at the third month. Labour commenced at about 11 p.m., on Monday the 19th; the next morning, shortly after 7 o'clock, she complained of dizziness and inability to see objects in the room, and became quite unconscious, and at 7.30 the first convulsion came on. She was seen by one of the pupils of the hospital at 10.30, and was then in her fourth convulsion, and perfectly unconscious; the os was at that time dilated to about the size of a sixpence. She now passed rapidly from one convulsion into another, till she was brought to hospital.

Treatment and History.—The administration of chloroform was begun at 3 p.m., the patient being in a severe tonic spasm. After a few deep inspirations the rigidity began to relax, and in a few minutes she was completely under the influence of chloroform. Contraction of the voluntary muscles did not return as long as she remained under chloroform, but at intervals of every four or five minutes until after the extraction of the child a peculiar gasp or sneeze, or rather a succession of short sneezes occurred, due probably to spasms (?) of the diaphragm; these sneezes disappeared as soon as the child was delivered.

At 3.20 a catheter was passed, but no urine was found in the bladder. Dr. Smyly, then applied the forceps, and at 3.40 delivered her of a living female child. During extraction the pulse rose to 160 and became very feeble; but immediately after the birth of the child it fell to 110 and improved in volume. A hypodermic injection of liq. ergot. ℥xx. was administered when the head was distending the perineum, and at 3.50 the placenta came away. Chloroform was stopped, and in ten minutes a slight convulsion occurred; chloroform was re-administered immediately, and two hypodermic injections of chloral, grs. v. each, were given at intervals of ten minutes. On admission, ol. tig. gt. i. followed by calomel grs. v. had been given, but without effect; half an hour after extraction a turpentine enema was administered, and produced a tolerably free liquid evacuation. The pupils had now become quite contracted. At 4.18 a slight convulsion came on, but it was easily controlled by chloroform. The temp. was then 102·6°, pulse 84, resp. 26; another slight convulsion at 4.26, and a more severe one at 4.45, provoked by the nurse disturbing her to ascertain whether any bleeding had taken place. At 5.15 another severe convulsion was brought on by the application of a hot tin to her feet. Slight spasms occurred at 6, 6.20, 7.10, 7.28. At 7.55 she became somewhat restless, and moaned and tossed herself about; as she could be made to swallow, a mixture containing potas. bromid. chloral hyd. āā, grs. x. in each dose, was ordered to be given every half hour, and was continued for three hours until she had taken one drachm of each salt.

Last Spasm was at 8.30, and was very slight. After this she drank milk freely and took her medicine nicely. At 10.30 a catheter was passed and about 1 oz. of urine was drawn off; on examination this was found to contain about half its bulk of albumen, and a large number of small hyaline casts, some of them containing granular matter; the casts were from the smaller tubes entirely; neither granular nor epithelial casts nor epithelium could be found.

At 10.45, temp. 100·6, pulse 110, resp. 24; two drops of croton oil were administered in mucilage, and during the night she had several copious, thin, watery motions. A hot linseed and mustard poultice was applied to the loins and renewed at intervals.

Nov. 21st.—She slept well all night and did not awake till 6.40 a.m., when a draught of pot. bromid. chloral hyd. āā grs. xx. was given, and she dropped off to sleep at once. At 7.45 the temp. had fallen to 98.6, pulse 90, resp. 24. At 9 the pulse rose to 132. A catheter was passed, and about a pint and a half of urine was drawn off, which upon examination was found to contain only about one-fourth its bulk of albumen and casts as before. At 10.30 she seemed for the first time to notice objects and persons, and answered correctly in monosyllables when questioned, and thenceforth her faculties seemed gradually to brighten. During the day her bowels were moved several times, but her urine required still to be drawn; her pulse varied greatly in rapidity and volume; her face kept flushing up rapidly, and then as rapidly turning pale, remaining however, more constantly flushed than pale; her breathing at times became very laboured. During the evening the vagina was thoroughly syringed out with tepid water.

22nd.—Passed a good night; temperature 98·6, pulse 108, consciousness has quite returned. The urine drawn off in the morning was found to contain only a trace of albumen and casts as before. During the day symptoms of cystitis began to appear, and at night she was so restless that a draught of chloral hyd. grs. x., pot. bromid. grs. xv., was administered.

23rd.—She passed a good night. The urine has to be drawn about every three hours. It now contains no albumen, a very few casts, and a few pus cells.

25th.—Commenced to pass water herself; neither albumen casts nor pus cells.

On the 27th she sat up, and on the 29th left hospital.

In this case the memory was very slow to return, so that even on the eighth day after her confinement she could recollect but very few circumstances which had occurred in her own house for several days before labour began.

Child.—The child, when born, was very puny and feeble, and very great difficulty was experienced in establishing respiration. Every expedient usually resorted to was faithfully and perseveringly employed, and at the end of two hours an occasional slight gasp was the only

sign of life. Artificial respiration was kept up continuously for nearly five hours before natural respiration was fairly established. The child lived for about twenty hours, and died on its way back to the hospital from the church where it had been taken to be christened.

The following table shows at a glance the variations in the temperature, pulse, and respiration throughout the case; the pulse and respirations were always taken while the patient was asleep or under chloroform, so as avoid error as far as possible; no other observations are recorded in this table.

DATE.		TEMP.	PULSE.	RESP.
	P.M.			
Nov. 20.	3.	101·2°	130	30
„	3.30	—	160	—
„	3.45	—	110	—
„	4.18	102·6°	84	26
„	10.45	100·6°	110	24
	A.M.			
Nov. 21.	2.15	99·4°	120	22
„	7.45	98·6°	90	24
„	12.	99·0°	114	—
	P.M.			
„	3.	99·6°	124	—
„	5.	99·6°	118	24
„	12.	99·8°	122	22
Nov. 22.	A.M.			
„	9.	98·6°	108	20

Table of Convulsions.

Nov. 20, 7.30, a.m.—First, epileptiform; severe.
10.30 a.m.—Fourth; severe. Seen by a pupil of the hospital for the first time. A succession of convulsions.
11.30 a.m.—Severe. A succession of convulsions.
2.45 p.m.—Severe. Admitted to hospital. One convulsion passing into another until chloroform was begun at
3. p.m.—Series of gasps under chloroform.
4. p.m.—Slight.
4.18 p.m.—Slight.
4.26 p.m.—Slight.
4.45 p.m.—More severe; provoked by nurse examining for post-partum hæmorrhage.
5.15 p.m.—Severe; provoked by applying hot tin to the feet.
6 p.m.—Severe.
6.20 p.m.—Very slight.
7.10 p.m.—Very slight.
7.28 p.m.—Very slight.
8.30 p.m.—The last, hardly amounting to a convulsion.

CASE III.—C. McG., æt. 19, unmarried, probably a prostitute, was admitted into hospital about 11.30 a.m., on 3rd December, 1877, apparently suffering from extreme intoxication. A strong ethereal odour was very evident on her breath, her face was flushed and bloated, she behaved in a very violent, abusive manner, and was with the very greatest difficulty undressed and put to bed. She was partially sensible, and answered questions about herself when she pleased. Her friends having said nothing about her having had a convulsion, and the most natural conclusion being that she was drunk, she was allowed to remain quiet, and was disturbed as little as possible.

History.—She is a powerful, well-developed, stout, short-necked girl, of rather a bloated appearance. Has never borne children. Judging from her own appearance, from that of her relatives, and from the condition of the home in which she lived, she must have been addicted to the use of liquor. Her friends, when questioned afterwards, stated that labour began about 6 a.m., and that she had "a fit" at that time, and another in the cab on her way to hospital. Nothing could be elicited from them as to her general health, or as to the existence of œdema, &c., before labour began.

On *examination* the os was found to be the size of a shilling.

Shortly after admission, an emetic and a dose of ol. tig. had been given; both acted satisfactorily.

At 1.45 p.m., a severe convulsion came on. She passed rapidly from lonic to tonic spasms, she became perfectly livid, and the peculiar hissing respiration so characteristic in these cases was specially well marked. The administration of chloroform was at once begun; the respiration became less and less hissing, but at the same time more rapid and shallow, the lividity extended from the face to the neck, breasts, and upper extremities, the pulse became quite imperceptible, and respiration ceased suddenly, three minutes after the inhalations chloroform had commenced. Artificial respiration was immediately begun, Nélaton's method being used, and breathing was partially restored; venesection was also tried, but in spite of every effort the breathing gradually ceased, the heart became inaudible, the pupils dilated, and she was gone. As soon as Dr. Smyly and those assisting him were satisfied that life was extinct, he made an incision in the middle line, opened up the uterus, and extracted the child without delay; the placenta was attached in front. In spite of every effort to establish respiration, the child, which was a full-sized, healthy-looking male, never breathed, although after the ligature had been applied, the cord feebly pulsated for some minutes; but the impulse became gradually feebler and feebler, and finally ceased.

Shortly before death, about an ounce of urine was drawn from the bladder, and upon examination was found to contain rather more than half its bulk of albumen, a few granular casts, a large number of sanguineous casts, and hyaline casts with granular matter imbedded in them. The casts evidently came from the larger tubes, and pointed to not very recent Bright's disease.

Remarks.—These three cases are interesting as presenting three totally different phases of a terrible disease; at the same time they possess some points of resemblance which makes their comparison a matter of considerable interest. All the patients were primiparæ; in the first two the convulsions came on during labour; in the third they appeared about the time that labour was commencing. The first case is an example of the mildest variety, the second was severe, while the third was desperate. In all, the urine gave evidence of more or less kidney trouble. In the first case there was no albumen, but the presence of a few small hyaline casts proved the existence of recent congestion; in the second there was a large amount of albumen at first, which decreased with amazing rapidity after delivery and after the secretions had been thoroughly re-established. The casts were in this case more numerous, but were still hyaline and from the smaller tubes, and persisted for some days after the albumen had disappeared; the congestion must have been more severe and must have lasted longer. In the third case there was still more albumen, the casts were more numerous, and of a more advanced type; several moderate-sized granular casts were found. The trouble in the kidneys must in this case have been of somewhat longer standing. Was the kidney affection in these cases the cause or the effect of the eclampsia? It might have been the effect in the first and second cases, but it certainly could not have been in the third.

In his clinical lecture upon these cases, Dr. Atthill, after giving the different theories most commonly held, and commenting upon the great uncertainty in which the pathology of the disease is still involved, drew particular attention to the fact that in cases of convulsions, albuminuria is almost invariably present, and that œdema of the face and extremities is the most constant and reliable premonitory symptom. He pointed out that although theoretically it was not definitely settled whether nephritis was the cause or effect, or a mere accidental accompaniment of convulsions; yet, practically, it was fully proved that if the presence of nephritis is detected in time, a judicious course of treatment is almost certain to ward off the attack, or, at least, moderate materially its severity.

After differentiating between an ordinary epileptic fit and a true puerperal convulsion, Dr. Atthill showed that chloroform owes its great value in these cases to its power in relaxing arterial tension, which is so greatly increased in convulsions.

To ward off an attack, the treatment is twofold: 1. To remove or improve the nephritis by *purgation* and *counter-irritation*. No purgative is better than pulv. jalap co. Counter-irritation should be applied over the kidneys by cupping, or the application of hot linseed meal and mustard poultices over the loins, and diaphoresis encouraged. A Turkish bath might in some cases be of great value. 2. The diet should be absolutely unstimulating. Animal food should be withdrawn; milk and farinaceous foods are the most suitable. Outdoor exercise should be taken freely.

When convulsions have begun, the treatment consists in: 1. Protecting the patient from injuring herself, by placing something between her teeth. 2. Trying to avert or modify the convulsions. The remedies most efficient for this purpose are:—

Chloroform, which is equally safe and efficacious. In one case Dr. Atthill kept a patient under chloroform for eight hours without a convulsion occurring; but as soon as chloroform was withdrawn, the convulsions returned in a modified form. By this means you are often enabled to tide the patient over until delivery has been effected, and the cause of irritation removed from the uterus.

Chloral is now largely used. To be effectual it must be given in large doses of grs. xxx. or grs. xl. If the patient cannot swallow, it does very well administered *per rectum;* or it may be given hypodermically; but is very irritating, and is apt to set up calculitis at the point where it is injected.

Counter-irritation over the loins is invaluable. *Purging* must be resorted to in order to relieve as far as possible the renal congestion. One or two doses of croton oil, which can in general be got down without much difficulty, answers best in such cases.

As the fœtus is the great cause of irritation, delivery must be effected as soon as possible, either by *forceps*, if the os be well dilated, and the head below the brim; or by *turning*, if the head be above the brim, and the os not well dilated.

That operation should be selected which, under the circumstances, will require the least handling, and will cause the least degree of irritation to the irritable uterus.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

Chapter VI.—Incubation, Frequency of Transmission and other Kindred Subjects.

The most varied opinions prevail as to the period intervening between the bite and the occurrence of the disease, as to the cause of the latent action, and as to the intermediary process both in the part and in the system. It is evident that it is longer in producing its effects than any other known animal poison, and this peculiarity has excited the greatest interest, not only in modern, but ancient writers.

We recognise the difficulty of explaining the latent or dormant period, but we are reminded of what occurred to a great anatomist, who tried to discover the peculiarity of organic structure, which disposes one man to catch small-pox, while his neighbour escapes.

In 1853 Langenbeck devoted himself to this inquiry, and on its conclusion he said:—

"I have cut up more human bodies than the Old Man of the Mountain, with all his accomplices, and speaking only of my primary object, I must confess that I am no wiser than before; but though the mystery of small-pox has eluded my search, my labours have not been in vain; they have revealed to me something else."

Though we do not aspire to solve the incubatory problem, and can only advance theories or good working hypotheses, yet we, by a large number of facts, hope to arrive at definite conclusions, in reference to the average time between the bite of the animal, and the development of rabies.

We shall begin with the older writers and their opinions.

Dioscorides (*a*) says it has no certain time of attacking people; it generally comes on in about forty days, but in some cases, not until after six months, or even a year, but he observes there are writers who assert that persons have been attacked after seven years.

Galen (*b*) relates that he saw the occurrence of rabies more than a year after the bite was inflicted.

Paul Ægineta (*c*) states it usually comes on about the fortieth day, but in some cases not until six months after the bite.

Varignan (*d*) asserts that the poison remains latent frequently for a year, but in some constitutions is productive of the disease in four days, a week, or a month, or six months.

Fernelius (*e*) remarks, that the bite of a mad dog seldom produces the effects before the twentieth day, but in some cases it is a year before the symptoms take place.

Ambrose Parey (*f*) was of opinion that the same poison, in the same weight and measure, given to different men, of different constitutions, will kill one in an hour, another in six hours, or in a day, and, on the contrary, will not so much as hurt a third person.

Vander Wiel (*g*) particularly notices the circumstance that persons bitten at the same time, and by the same animal, become affected at very different periods.

Claude de Choisel speaks of thirty days after the bite as the usual period. Dr. Mead (*h*) agrees with this.

Lommius (*i*) tells us that the disease has been observed in fourteen and forty days, and after six and seven months. Morgagni (*j*) refers to a case in which twenty years was said to have elapsed. Webster (*k*), Hamilton, and Boerhaave (*l*) seem to have copied from Morgagni, in mentioning a similar lapse of time.

The antiquity and specific nature of the disease is confirmed by the very accurate observations of the old writers, and their opinions and observations correspond in a striking manner with those of modern authors.

Holland (*m*) arrived at the following calculations from his summary of 120 cases:—

The shortest interval between the bite, and the first symptom was twelve days, the longest 334 days; the average period of incubation was sixty-one days eighteen hours.

The shortest interval between the bite and the death was fourteen days eighteen hours, the longest 335½ days, the average sixty-three days, seventeen hours, and twelve

(*a*) *Dios*, lib. ii., c. 12.
(*b*) "Comment," 2, tome viii., p. 735.
(*c*) "Comment.," lib. 5, c. 3.
(*d*) Varig. Tract., iii., p. 127.
(*e*) "De Morbis Cont.," lib. ii., c. 14.
(*f*) Ambrose Parey, B. 21, p. 505.
(*g*) *Observ.*, No. 100, p. 431.
(*h*) Meade "On Poisons."
(*i*) Lommii, Med. Obs., lib. i., p. 64.
(*j*) Morgagni, Epist. viii., sec. 21.
(*k*) Webster, "De Magia."
(*l*) Boerhaave, "Aphorisms."
(*m*) Holland's Notes and Shinkwin Lectures, *Dublin Medical Press*, 1865, p. 390.

minutes. The least number of hours from the occurrence of the first symptom to death in these cases was eighteen hours; the greatest interval 201 hours, and the average duration of the symptoms was seventy hours forty-eight minutes. Boudin (*a*) affords us the following analysis of sixty-nine cases:—

In 14 the symptoms appeared in 1 month.
In 41 „ „ „ 1 to 3 months.
In 8 „ „ „ 4 to 6 „
In 6 „ „ „ 7 to 12 „

Tardieu, from an analysis of 147 cases, obtained the following results:—

In 26 the symptoms appeared in 1 month.
In 93 „ „ „ 1 to 3 months.
In 19 „ „ „ 3 to 6 „
In 9 „ „ „ 6 to 12 „

Cæsar Hawkins (*b*) arrived at the following figures after an analysis of 130 cases:—

In 17 the symptoms appeared in from 18 to 30 days.
63 „ „ „ 30 to 59 „
23 „ „ „ 60 to 90 „
9 „ „ „ 90 to 120 „

He informs us that after this, the symptoms developed at various periods, one or two in each month, the 5th, 6th, 7th, and so on, up to the 19th, the last case occurring under Mr. Nourse's care. Cæsar Hawkins says: "This is the latest time at which rabies can be fairly said to have been known; there is, indeed, a case of Dr. Bardsley, in which it is said to have been produced by a bite, twelve years before, but it appears most improbable that this was really the case."

He asserted, from six weeks to three months was the time, in which almost all the cases of rabies have been seen.

In reference to the case of Bardsley, Dr. Elliotson (*c*) observes that there is doubt about its genuineness. He believed the average interval was from one to two months. Elliotson had seen six or eight cases in London, and mentions the instance of two little girls, who were bitten on the face by a rabid dog.

At the expiration of from six weeks to two months the girl, who was bitten second, was attacked and died; but the other sister escaped.

Dr. Parry doubts the genuineness of Bardsley's case.

Lawrence (*d*) tells us there is a latent period, tolerably definite and regular, resembling somewhat that of scarlet fever, small-pox, and measles, and, generally speaking, incubation extends between thirty and forty days. He also alludes to the case published by Bardsley in the memoirs of the Manchester Literary and Philosophical Society. We may say, as rabies cannot arise spontaneously, or, to use a common expression at the present time, as it cannot have a *de novo* origin in man, the case of Dr. Bardsley, and also that reported in our tables by Mr. Macintire (Case 100), must be explained under one or other of the following hypotheses:—

1. *As in the face of the facts and evidence, we have almost a definite period of incubation*, seldom exceeding a year, we must, *a fortiori*, deny the possibility of an incubation of ten to twelve years, and consequently have recourse to a simple and rational explanation, as—

a. That the patients may have received a bite, or were inoculated, without their knowledge, at some later period.

b. As we have seen, many mistakes have been made in diagnosis by skilful and intelligent physicians, so similar mistakes were made in these reputed cases.

The returns of the Registrar-General (*e*) for Scotland prove, independent of our own, other possible sources of error, and we must therefore allow our readers to choose from one or other of the above suggested theories.

(*a*) *Encylc. Brit.*, Art. "Hydrophobia."
(*b*) Lectures, *London Med. Gaz.*, 1844.
(*c*) Elliotson, Lectures, *London Med. Gaz.*, 1833.
(*d*) Lawrence, Lecture *London Med. Gas.*, 1829.
(*e*) *Med. Press and Circular*, Dec. 12, 1877.

Romberg (*a*) has shown, from an analysis of sixty authentic observations, that the shortest period was fifteen days, the longest from seven to nine months, and the average period from four to seven weeks. He remarks that the same infection presents differences independent of age or sex or the locality of the injury, for in the thirteen patients described by Trolliet, who had been bitten in one day by a mad wolf bitch, the symptoms developed in—

6 between the 15th and 30th day.
4 „ 30th „ 40th day.
2 „ 40th „ 53rd day.

And in one in three months and eighteen days after the bite.

Fleming (*b*) informs us that in 224 cases noted in France—

In 40 incubation was less than a month.
In 143 „ from 1 to 3 months.
In 30 „ „ 3 „ 6 „
In 11 „ „ 6 „ 12 „

The mean duration of the latent period from Roucher's analysis of cases, that occurred in Algiers, has been fifty-one days — the ordinary minimum thirty days, the maximum three months.

Fleming (*c*) furnishes us with Bouley's statistics of 129 fatal cases, the period of incubation being given in 106: in 73 rabies developed in 60 days; in 33 up to the eighth month.

Trousseau informs us that the disease generally shows itself in man in from one to three months after the infliction of the bite; that cases are rare after three months, and still more rare from the sixth to the twelfth month, and in his opinion, from the statistical observations we have, the authenticity of cases reported as occurring after a year, might be almost disputed.

Bouley concludes from his statistics that after two months' immunity may be looked for, though the danger has not entirely passsed away; but the patient may, after a few more months reasonably entertain sanguine hopes of safety.

John Hunter says, the longest period of incubation is seventeen months. We may, then, sum up our evidence on the facts we have.

1st. The duration of the latent stage has an indefinite, though, to a certain extent, a regular course, for the majority of cases collected, not only by English, but by foreign observers, prove that the interval has generally been from one to three months.

2nd. That age influences the incubatory period, it being shorter in young than in old people. Fleming tells us that from an estimate of ages, from three to twenty, and from twenty to seventy-two, it has been found that for the first group there was a mean period of forty-four days, and for the second of seventy-five days.

3rd. Having such an almost accurate idea of the average period of incubation, the physician, whilst not neglecting all reasonable precautions, can hold out reasonable hopes to his patient of an almost perfect immunity after three months, and an increasing hope with every month that passes, so that, after a year, he may afford a scientific certainty of the patient's safety. In other words, all reputed cases of rabies occurring after a year, must be looked upon with suspicion, and should the symptoms be simulative. other causes must be assigned, as re-inoculation, &c.

Case CXX.—James Hickey, æt. 18, bandsman in the 55th Regiment. He was playing with his cat when it scratched the back of his hand; the cat was supposed to have been bitten by a mad dog.

Result and Time of Attack.—He was shortly afterwards taken ill, and was removed to Haslar Hospital, where he died.

Reference.—Daily News, Nov. 3rd, 1877.

Case CXXI.—John Rigby, æt. 40. A dog sprang at him and bit him on the nose, he having been playing with it a short time previously.

(*a*) Romberg, "Nervous Diseases," vol. ii., p. 144.
(*b*) Fleming, "Rabies and Hydrophobia, p. 194.
(*c*) Fleming, "Rabies and Hydrophobia."

Remarks.—Rigby continued at his work up to about the 29th Oct., 1877, when alarming symptoms set in. He died soon after. The jury returned a verdict of "Death from hydrophobia caused through the bite of a dog."

Reference.—*Daily News*, Nov. 3rd, 1877.

CASE CXXII.—Dr. Buisson.

How Poisoned.—In attending a female patient in the last state of rabies the doctor imprudently wiped his hands with a handkerchief impregnated with the saliva. There happened to be a slight abrasion on the index finger of the left hand, and, confident in his own curative system, the doctor merely rinsed the part with water.

Remarks.—He was fully aware of the imprudence he had committed, and gave the following account of the matter afterwards:—"Believing that the malady would not declare itself until the fortieth day, and having numerous patients to visit, I put off the application of my remedy, that is to say, vapour baths. The ninth day, being in my cabinet, I felt all at once a pain in the throat and a still greater one in the eyes. My body seemed so light that I felt as if I could jump to a prodigious height, and if I threw myself out of the window I could sustain myself in the air. My hair was so sensitive that I appeared able to count each separately, without looking at it. Saliva kept continually forming in the mouth. Any movement of air inflicted great pain on me, and I was obliged to avoid the sight of objects. I had a continual desire to run and bite, not only human beings but animals, and all that was near me. I drank with difficulty, and I remarked that the sight of water disturbed me more than the pain in my throat. I believe that by shutting the eyes any one suffering under hydrophobia can always drink. The fits came on every five minutes, and I then felt the pain start from the index finger and run up the nerves to the shoulder. In this state, feeling that my course was preservative and not curative, I took a vapour bath, not with the intention of cure, but of suffocating myself. When the bath was at a heat of 52 deg. centigrade (189° Fahrenheit) all the symptoms disappeared as if by magic, and since then I have never felt anything more of them. I have attended more than eighty persons bitten by mad animals, and I have not lost a single case. When a person has been bitten by a mad dog he must for several successive days take a vapour bath *a la Russe*, as it is called. This is the preventive remedy. When the disease is declared it only requires one vapour bath, rapidly increased to 63 deg. centigrade, then slowly to 37 deg. The patient must strictly confine himself to his chamber until the cure is complete.

Reference.—*Salut Public*, Lyons.

CASE CXXIII.—Elizabeth Dobell, æt. 24, bitten by a Pomeranian dog, two years old, on the fleshy part of the thumb, whilst she was carrying it. The dog showed signs of rabies, and was poisoned. The wound was washed and cauterised on the same day, and it healed in ten days.

Result and Time of Attack.—Six weeks after. Fatal, third day.

Remarks.—Arthur Rayner, F.R.C.P., deposed:—On the 21st of October, 1877, I was called to see deceased, and found her in a highly nervous state, I was told she had been bitten by a dog. Next day she could not swallow, and I called in Dr. Marshall, of Savile Row. The case then assumed a serious aspect. There was a mark of a wound on the right thumb, no trace of inflammation. She complained of pins and needles. On the Wednesday she appeared better. She was fed by injections. On Thursday she was in strong convulsions, and she objected to anyone breathing in her face. On Friday, about 2 a.m., I was called, and found her dying, and at 2.30 she died.

Post-mortem.—Head. Membranes congested, gorged with black blood, ventricles contained serum and fibrous lymph; lungs gorged with blood; heart slightly fatty; right cavity contained black tarry blood; liver healthy; stomach congested; larynx, trachea, and mucous membrane congested.

Reference.—Notes obtained by the courtesy of Dr. Hardwicke, coroner for Middlesex.

CASE CXXIV.—Charles Mignot, bitten on the arm by a wolf, not known whether mad. Wound not cauterised.

Result and Time of Attack.—Six weeks after. Fatal, in eleven days.

Treatment.—Bleeding, salivation, baths.

No *post-mortem*.

Remarks.—"We are disposed in this case to doubt the existence of real rabies canina."—ED. *M. C. Review.*

Reference.—*Med. Chir. Review*, vol. ii., p. 499. 1825. Recamier.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 26, 1877.

DARWINISM IN GERMANY.

A MEETING of German *savants* recently held at Munich was signalised by some remarkable addresses from Professor du Bois Raymond, Nägeli, Professor Häckel, and the eminent pathologist Virchow. Professor du Bois Raymond concluded his address with the crushing words *Ignoramus et ignorabimus*, but Nägeli offered the more consolatory utterance, *We know and shall know*. We can, he says, only know the finite, but we can know all the finite which comes within reach of our perception. But the most remarkable address was that of Häckel, the Jena Professor of Zoology, and the author of the well-known work "A History of Creation." No one can read this work without being struck by the fact that his views on evolution probably far exceed those of his master, Darwin, and the boldness with which he carries the theory of the great English philosopher to its logical conclusions. The Prussian correspondent of the *Times* has introduced his opinions to the notice of English readers, and also the powerful and scientific protest entered by Virchow against Häckel's doctrines. Medical men are often asked to pass an opinion upon the vexed question of the origin of man and of life, and as Häckel represents extreme Darwinism, on one side, and Virchow exact science, on the other, we need offer no apology for drawing the attention of our readers to the subject.

Herr Häckel wondered that morphology had been so slow in explaining the origin and diversity of the animal world. The two principles of inheritance and adaptation explain, he said, the manifold existing organisms from a single cell, while the frequent occurrence of undeveloped and useless organs in many types of the animal world was

quite enough to disprove supernatural intervention. Passing on to the omnipotent cell constituting the groundwork of animal bodies, he referred his audience to certain zoological inquiries proving the possession of motion and sensibility, of perception (?) and will (?), even by those primary organisms, consisting of but a single cell. The component parts—the protoplasm—of the cell, properly united, produce body and soul of the animated world, and, suitably nursed, become man. With this simple argument the mystery of the universe is explained, the Divinity annulled, and a new era of infinite knowledge ushered in. And so confident was the professor of the truth of his doctrines, though he admitted that the theory of organic evolution could not be experimentally proved, that he insisted they should be taught in every school of the land. When, says our authority, this confession was uttered before the assembled professors, a shudder seems to have passed through the august conclave. It was felt that, sceptically inclined as the nation and its learned professors might be, the majority were hardly disposed to adopt this materialistic philosophy as the only teaching consistent with the rational enlightenment of the times. It was felt that such doctrines should not be allowed to pass unchallenged, lest science should be led astray by the eccentricity of some, or get into evil repute by the silence of others. It was one thing to tolerate extravagant views when hid from public ken in ponderous volumes; it was another to let them pass uncontradicted at a representative meeting. "The bow had been too highly strung, and reaction was the consequence." Four days after the promulgation of Häckel's views, Professor Virchow protested against the sentiments of his learned friend. "Scholars," he said, "should carefully distinguish between ascertained facts and the vast sea of conjecture bordering upon the narrow strip of scientific *terra firma*. Facts should be taught as facts, conjecture as conjecture." He contended that the production of the first organism out of inorganic matter had never been proved; that the manner in which certain chemical elements were alleged to grow into a soul, was incomprehensible to unprejudiced investigators; and that the connection between monkey and man, let alone between crab and man, was unintelligible to zoologists, who are content to argue from what came under their observation." This declaration, coming from a man who was considered to be opposed to every species of orthodoxy, has created no little noise in Germany; and the cold water he has thrown upon the vain imaginings of the ultra-evolutionists, has sobered public opinion, and contributed to a wholesome reaction.

We do not for a moment suppose that this reaction will be carried beyond a very general dissent from those more extravagant and dogmatic views which have recently emanated from the materialistic school. The theory of evolution, viewed as a broad and comprehensive view of the origin, development, and gradual perfection of organic beings on this planet is now accepted by a large majority of the most eminent naturalists and other scientists of the age. That the various and innumerable forms of organic life around us have been, at different periods of the world's history, distinct and separate creations of the Almighty, is now, among scientific men, no more believed in than that Providence personally regulates and governs the most ordinary occupations of daily life. It is not a theory which has suddenly sprung from the fanciful brain of some superficial and speculative philosopher, but it has gradually dawned upon the scientific world, and has at last broadened and brightened out into a vast flood of light that bids fair to extend our knowledge of the origin and development of life far beyond what it was before. Could this theory be legitimately made the handmaid of Infidelity, did it derogate from the almighty power of a Creator, or naturally lead to a disbelief in His existence, there might be some reason for discountenancing a doctrine so shocking to the religion and natural instincts of mankind. But so far is this from being the case, we have always thought that a belief in the theory of evolution gives us a much greater insight into the wonderful majesty and power of God than was possible to those whose ideas of creation were entirely taken from the pages of Holy Writ. To impress matter with such a potentiality of creative force as would, through countless ages, without any supernatural intervention, and without any more impetus from the Almighty fiat, lead step by step to the numerous and wonderful creatures that "live and move and have their being," is certainly a far more stupendous act of creative energy than separate creations would be, even were they tenfold as numerous and as marvellous as they are.

The great fault, however, of some of the disciples of Darwin has been that of pushing his doctrines to a point beyond which they could not be legitimately carried, that of confounding ascertained facts with mere conjecture and hypothesis, and that of losing sight of the Law-giver in their admiration of the law—of those laws without which evolution itself would be but an empty name. In the writings of Häckel, and other distinguished thinkers, we see a disposition to regard evolution, materialism, heredity, the differentiation of parts, and the influence of the environment, as keys that will unlock the most hidden and awful secrets of nature. The origin and nature of mind, the phenomena of hereditary descent, that mysterious power or force in virtue of which a minute germ, no larger than a millet seed, is developed into a man, with all the outward form, the generic attributes, and even individual characters of his progenitor; all these, and many other problems equally abstruse, present no difficulties to some of our materialistic philosophers. Read Häckel's work, and you will find them all explained or solved with as much dogmatism and confidence as if he were himself inspired, or as if he could view with the Creator's ken the nature and properties of those myriads of differentiated molecules of matter which are supposed to be contained within the narrow compass of a germ. Even spontaneous generation is a matter of course to such an advanced thinker as Häckel. It is, in his opinion, a natural corollary of the evolution theory, a doctrine without which that theory would be incomplete.

But while the more advanced opinions of the evolutionists are open to much criticism, we would deprecate in the strongest terms the prejudice and opposition they have met with in some quarters, and particularly the personal rancour with which they have beeen assailed. Those writers do not show good taste who charge men like Darwin, Häckel, Huxley, Herbert Spencer, and even our

own Maudsley, with infidelity, and their writings with an intentional tendency to subvert religion and morality, or who even question their integrity of purpose, or suppose that they are one wit less sincerely zealous than their opponents in the investigation of truth and the subversion of error and superstition. It has also been asked what these writers have done morally or intellectually for the cause of truth? We unhesitatingly answer, a great deal. They have discovered to the human intellect a new vista of philosophic thought. They have discovered the wonderful simplicity of those forces which have eventuated in the building up of the animal world. They have ventured to tear away that veil of superstition and conventionalism by which Truth herself was concealed; and if the pride of man is somewhat humbled by the thought that he was not after all specially created in the image of his God, he may not be the worse for this awakening to his true position in the universe. A celebrated poet and essayist of the last century has well remarked that "Mankind have ever been prone to expatiate in the praise of human nature. The dignity of man is a subject that has always been the favourite theme of humanity. . . . Yet from all I have ever read or seen, men appear more apt to err by having too high, than by having too despicable an opinion of their nature; and, by attempting to exalt their original place in creation, depress their real value in society." Even the fact that many of these materialistic doctrines are purely conjectural does not derogate from their value as stepping-stones in the advancement of human knowledge. How many great discoveries in science have had their preludes in mere conjecture? Conjecture led the way to the discovery of the circulation of the blood; conjecture was the first step in the discovery of the great law of gravitation. If Newton's grand theory soon received the universal assent of the scientific world, it was because he was able to put his doctrine to the test of exact experiment, and to prove by the most admirable and laborious mathematical calculations what others had only dimly surmised. If, on the other hand, the views of Darwin and his followers are still regarded by many as questionable and visionary, it is because of the difficulty of putting them to the test of experiment and inductive reasoning, and of obtaining sufficient evidence to refute the more serious objections that have been raised against them.

DENTAL REFORM.

Our readers interested in the dental branch of the profession will remember that a movement was set on foot two years ago among a section of the dental profession with a view to making an appeal to the Legislature for the passing of an Act to protect qualified dentists. A committee was appointed to inquire what steps were possible to prevent the practice of dentistry by unqualified persons. This committee has since framed an Act which they hope may in time be accepted by Parliament, and which has for its main objects the compulsory registration of all persons at present practising dentistry, and the subsequent exclusion from the profession of any but duly-qualified practitioners.

It appears that at a recent meeting the Council of the College of Surgeons gave their approval to this Bill.

So long ago as Oct., 1875, we expressed our opinion on this scheme. We pointed out that the promoters of this movement appeared to be unaware that such is the wording of the Medical Act of 1858, that any person may assume sham medical titles sufficient to deceive the public, provided that he do not adopt either of the qualifications mentioned in the Act. He may with impunity style himself doctor, accoucheur, or practitioner of medicine; and, indeed, within the last few months this has been once more made clear, the Medical Defence Association having been defeated in attempting in one of the higher courts of law to sustain the conviction of a quack who had adopted the title of doctor. If, therefore, it were made penal to adopt the title of dentist there would still be nothing to prevent quack dentists from assuming the title of doctor, and from advertising that they made artificial teeth, and performed all the operations of dentistry.

The passing of an Act, such as desired by the committee, would be useless in its entirety, conferring no benefit upon the dental profession, and in no way preventing quacks from practising dentistry; but, on the contrary, it would enable the quack dentists now in practice to announce themselves with truth legally-qualified practitioners, and so to prey more effectually on the public.

We have said enough to show that under no circumstances is there the least danger of the proposals of the committee being seriously entertained by the Legislature. The further advance of the professional status of dentistry must, as we have often before urged, be based upon the improved education of the qualified practitioners who enter the profession. And it is to improvement of this kind, and not to protective legislation, that the medical profession owes the elevated position which it at present occupies.

Notes on Current Topics.

Metropolitan Hospital Sunday Fund.

The Annual General Meeting of the clergy and supporters of the Hospital Sunday Fund was held in the Egyptian Hall of the Mansion House, on Friday, Sir Sidney H. Waterlow, Bart., M.P., in the absence of the Lord Mayor, occupying the chair. In opening the proceedings, the chairman remarked that it was a subject of congratulation to find that the fund had become fairly established in public favour; and that the contributing congregations had been larger than on any previous year. From the Church of England alone, no less than thirty new contributions had come in; and from the Congregationalists, who headed the list of other religious bodies, an increase of sixteen; so that with the return of times of commercial prosperity, larger sums might be expected to come in towards the Fund. However, the greatest care had been exercised both in the management of the fund, and in its distribution; and thanks were due to the Lord Mayor for the valuable accommodation afforded to the secretary, and for the transaction of the business connected

with the annual collection ; as well as for his courtesy and kindness in presiding. The Rev. T. J. Rowsell moved :— "That the Council for the year be re-elected, with a few additions to fill up vacancies ;" and Bishop Claughton moved :—"That Sunday, the 30th of June, be fixed for Hospital Sunday of 1878 ; and that the cordial co-operation of all ministers of religion within the metropolitan area be again invited in the usual way." He was sorry that the date should be so late, but it had been found necessary, in consequence of the period when the collection would take place on behalf of the Bishop of London's Fund, to select the 30th of June as Hospital Sunday. The Bishop of London himself had been consulted on the matter, and had been decidedly of opinion t hat the month should not be altered, but that the date chosen should be put as far forward in June as could be done. Considerable discussion followed on this motion, and which Canon Fleming said, must be regarded as of vital importance, and should be fixed at an earlier date. Many speakers took the same view, and the Rev. Mr. Chown, and Alderman M'Arthur, M.P., impressed upon the meeting the necessity another year of coming to some definite conclusion ; as they thought the collection for hospitals should be made upon a certain fixed and unalterable date. If a particular Sunday in June were selected and adhered to, arrangements for other collections could be made in view of that arrangement. In this view we quite concur.

Vaccination and the Hackney Guardians.

We would draw attention to the moral courage which has just been shown by the Hackney Guardians in their treatment of the vexed question of the repeated or not repeated punishment of those who persist in not complying with the Vaccination Acts. At the weekly meeting of the Hackney Guardians an application was renewed by a man named Lee, residing at Stillman's Place, Clapton, asking the clemency of the board in not further prosecuting him for non-compliance with the Vaccination Acts, on the ground that he had already expiated his offence by fine and imprisonment, and urging that it was within the discretion of the guardians to stay further proceedings. The guardians, having appealed to the Local Government Board on the subject, the reply of the upper Board bearing on the matter was read, stating that it was for the guardians to consider in each individual case the effect likely to be produced by a continuance of proceedings. Mr. Atkins, vice-chairman, having pointed out that the granting of discretionary power to guardians conflicted with a recent judgment of the Lord Chief Justice, concurred in by Mr. Justice Mellor, that the law in such a case must be carried out, and that the guardians had no option but to prosecute, it was resolved by ten to five not to alter the previous decision of the board. The prosecution will therefore be again proceeded with.

There can be no doubt the policy adopted by the Hackney guardians is the right one. Were the opponents of vaccination allowed to have their own way after they had been fined once or twice, it would obviously be an encouragement to them, and everyone else who had "conscientious scruples" on the subject, to set the law at defiance, and would virtually do away with the compulsory character of the Acts altogether. It would be equivalent to the Government saying : "If you do not have your child vaccinated you must be fined, but after you have been fined once or twice you may do as you please." It is to be hoped that other boards of guardians will, if necessary, not hesitate to follow the good example that has been set them.

An Evolutionist a Term of Reproach.

From the remarks we have made in our article on "Darwinism in Germany," the reader will not be surprised to hear that the evolutionist has, by no means, an easy time of it in his endeavours to force his doctrines upon an unwilling public, that he is often a sort of martyr to popular prejudices and superstition. In his lecture on "Belemnites," at the London Institution, and in alluding to the great variety of these animals that are to be found in the strata beyond the chalk, as far down as the lias, Professor Huxley asked, "How did this variety arise? Were all these separate creations or modifications of one original form? They must be careful how they answered this question. "If they," said the Professor, "adopted the only common sense view they would be called evolutionists, *than which there was no worse name.*" It is not, however, at all likely that the evolutionist will be shaken in his belief, or be less zealous in the pursuit of his favourite studies, because popular opinion is not yet sufficiently advanced to give a favourable reception to his doctrines. He will rather be inclined to show, like Galileo of old, that he has the courage of his opinions, and not to listen to the carpings of those who are too ignorant or too prejudiced to form an unbiassed judgment.

The Milk Supply of London.

We are glad to see that the Aylesbury Dairy Company (which claims to send out the largest supply of milk of any similar company in London), have taken very summary and effective means to remove the opprobrium which recent disclosures have cast upon the supply and sale of milk in this metropolis. They not only intend to ensure the delivery of milk in its pure state, but have made arrangements that the *employes* of the company should be housed in dwellings built on the most approved sanitary principles. Last Thursday, an inspection of the new buildings was made by the directors and their friends, and great satisfaction was expressed with the arrangements,,and the works in connection with the different departments. Of courae, the advantage of such an undertaking does not end here, as no doubt, in time, other companies and firms engaged in the same trade will follow the excellent example that has been set them by the Aylesbury Company. Probably, too much has been said about milk being a common vehicle, by means of which the contagion of typhoid and other fevers is spread among the community, but whether the statements that have been made are exaggerated or not, the public cannot but be the gainers by such a wholesome reform as that to which we have just drawn attention.

Appeals have been issued by the Red Cross Society for surgeons to accompany the Servian Army.

Changes in the Pancreas in Diabetes.

In a communication to the Academy of Medicine, Paris, says *La Presse Médicale*, Dr. Lancereaux has made some important observations, which if confirmed, may throw some light upon the pathology of this obscure disease. "Diabetes mellitus," he remarks, "is in some cases accompanied by grave alterations in the pancreas. Under these circumstances the progress of the disease is rapid, attended by the usual symptoms of the disease in their most aggravated form, and followed by a fatal result. Animals which have had their pancreas extirpated, have a voracious appetite, rapidly emaciate, and quickly die. Taking these facts into consideration there is," in the opinion of Dr. Lancereaux, "evidently a causal relation between alterations in the pancreas and the production of the disease." We are not informed how and what these alterations are, and therefore, we can only look upon the above assertions as suggestive of further inquiries.

Caution in Regard to Calomel.

M. Jolly, in *La France Medicale*, records some experiments which indicate the danger of exposing calomel to the light, or of administering or keeping it in combination with unrefined, or partially refined sugar, which may contain hydrated lime, or acids, or of mixing it with acids or alkalies, or the carbonate of the latter, or with calcined magnesia, as under all these conditions there is tendeney to the formation of corrosive sublimate. Thus, calomel should not be used in the form of particles, or given with jams which contain acids.

Scarlet fever is still very prevalent in Sunderland. Small-pox maintains the fatality of the past two or three weeks. Eighteen of the 31 deaths from this disease occurred in public institutions, and 13 in private dwellings. The majority in both cases being of unvaccinated persons.

There were 55 deaths in London last week caused by different forms of violence; 48 were the result of negligence or accident, including 22 from fractures and contusions, 7 from burns and scalds, 3 from drowning, and 12 of infants under one year of age from suffocation, being overlaid by their mothers in every instance.

Correspondence.

THE QUEEN'S UNIVERSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One of the graduates of the Queen's University wishes to reply to the strictures which you have thought proper to make on them. Being obliged to follow you through the invidious comparisons that you have so frequently made I do so under protest, and only because it is necessary for the purpose of refuting your assertions. I have no intention of reflecting on the legal qualification of any professional brother, my view of such matters is that—

> "The rank is but the guinea's stamp,
> The man's the man for a' that."

You say "our charge against the Queen's University is not only that it accepts the shortest possible term of hospital study, but that it is tied down to a method of study which, from inevitable circumstances, is utterly inadequate and unsatisfactory." Now, if this be true of the Queen's University it is true of the Dublin University and of the Irish Licensing Bodies. The two Universities require exactly the same "term of hospital study," and the Irish Licensing Bodies accept for their examinations the certificates of lecturers and clinical teachers in Galway, Cork, and Belfast. Will you affirm that these bodies accept, "necessarily, utterly inadequate" evidence of study? If you do, then divide your indignation; if you do not, why all this denunciation of the Queen's? Certain "facts you interpret as meaning that the M.D., Q.U.I. may be obtained with less practical knowledge of medicine and surgery than would suffice for the weakest of the Scotch Licensing Bodies.' Now, if your conclusion from these "facts" (?) be the very reverse of what actually occurs every day, what becomes of your facts and your interpretation of them? And yet the case is as I say, for even every medical student knows that the rejected of the Queen's show sufficient "practical knowledge" to obtain, as they do, the licenses of the Scotch, aye, and of the Irish licensing bodies too.

Again, you say the "Queen's University contents itself with an amount of didactic education which no English or Scotch licensing body would receive from its alumni on any terms." Do you really think this is true? Is it not notorious that this amount of didactic education is received by those bodies? Have you not over and over again pointed out that the curriculum of the Queen's satisfies these bodies, and that the rejected students of the Queen's go to Scotland for that reason? Surely, you might have remembered that they do go, and are received, though the reason that you give for their going is not half the truth. Most of the rejected of the Queen's go to Scotland, just as the rejected of the Irish Licensing Bodies do, because they expect to get qualified there. Others who have been rejected by the Queen's find their rejected knowledge sufficient to obtain the licenses of the Colleges of Surgeons and Physicians of Ireland. Are you simple enough to think that their "inadequate" curriculum is any impediment, except, indeed, a pecuniary one? I know well that during my time in Dublin a student could get any additional quantity of hospital and lecture certificates for the corresponding amount of L.S.D. No other consideration whatever. So that the student who had had the good luck to be rejected for the M.D., Q.U.I. having deposited the cash was immediately provided with the unimpeachable curriculum of our Irish College; and aided by the totally "inadequate" evidence of study which he brought with him from Galway, Cork, or Belfast, he becomes a competent licentiate of high social status, the envy of his less fortunate companions, who, having passed their university examinations successfully, and with unaccountable perversity refused to spend their money on "bogus" certificates to complete a sham curriculum, will be periodically branded by the Editor of the Medical Press and Circular as "incompetent medical practitioners" and "degraded doctors!" I know several instances of this. But why all this stress on a long curriculum, when Queen's graduates are to be assailed? It is not numerous lectures that win your approbation at other times. Do you believe that a three months' extension of the clinical certificate system, even when presented, as it often has been, three months before date, constitutes a competent medical man? Or is it in the extra certificate for an additional course of lectures, one of which the student may never have attended, that our Irish licentiate obtains his "practical knowledge" and "social status?" Surely, *bona fide* certificates only are evidence of a *bona fide* curriculum; and hence I claim that a student of the Q.U.I., who obtained a certificate of attendance on one course of lectures, at which a roll was always called, and a minimum two-thirds' attendance rigidly enforced, most probably received more didactic education than an intending licentiate who received certificates of attendance on two courses of lectures, at which a roll was never called, and whose certificates were consequently not only "utterly inadequate" evidence of study, but really no evidence of study at all. When comparing curricula you would do well to remember that a certificate from Galway, Cork, or Belfast is evidence that the holder of it has, at all events, received such instruction as is given in those places, whilst a certificate from Dublin only proves that the holder of it has paid the usual fee. To the vast majority of your readers it will appear unnecessary to prove that the M.D. of the Queen's is *prima facie* evidence of status and knowledge equal to the L.R.C.S.I.; and yet, emboldened by impunity, you have

gradually come to make this assertion, an assertion which I know a jury of licentiates would positively contradict.

As regards the title M.D., you must be aware that it does not inevitably imply an extra professional academical education; and I think that the M.D., Q.U.I., who, after his preliminary examination in classics and mathematics, passes an examination in zoology, botany, chemistry, natural philosophy, and a modern language, besides an admittedly good professional examination, has claims to the possession of a "liberal general education suitable to a gentleman."

Your graceful allusions to the "village schoolmaster" and the "servant's hall" are outside the pale of discussion; they are some of the polite literary weapons most in use by a class, of which your very professional and gentlemanly correspondent "M.D., of Edinburgh," seems a good type.

We all ought to endeavour to raise the social status of our profession, but I would respectfully suggest that branding as practically incompetent a large number of medical men who, at present, are doing good honest professional work, and intimating that they may yet reach the intellectual level of the pedagogue and the social grade of the scullion, are hardly the means to accomplish so desirable a result.

Having differed with you so far, agreement is a pleasure. I cordially admit the cheapness of the Queen's qualification, but that this tends to lower the status of our profession will not be so readily admitted as you seem to think, in an age when individual merit only is recognised, and when the corrupt barriers of exclusiveness, which so long protected incapacity if allied with wealth or pedigree, have been well nigh demolished. You will allow that a high degree or a low one is neither better nor worse for being cheap; so this element in the discussion, much as you may regret the loss of it, must be eliminated.

If I have boldly and warmly expressed my opinions on your editorial comments, I hope you will allow that the assertions and insinuations made therein, if noticed at all, ought to be boldly met and indignantly repelled.

Sincerely yours,

RICHARD RYAN, M.D., Q.U.I.

Bailieborough, Dec. 14, 1877.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to your reply in the MEDICAL PRESS AND CIRCULAR of the 12th inst. to the letter of "An Undergraduate of the Queen's University," permit me to make a few observations. First, you adduce certain "facts," which, however, remain to be proved; and you argue from them that the M.D., Q.U.I., may be obtained with less practical knowledge of medicine and surgery than would suffice for the weakest of the Scotch licensing bodies. If so, how does it happen, year by year, that numbers of men rejected by the Queen's University obtain English and Scotch diplomas, without any difficulty, immediately after; and that mediocre men, who barely get through, frequently get the best places in the Public Services? To any reasoning mind not biassed by prejudice, nor animated by professional jealousy, the answer is obvious.

Again, your remarks about lectures of the Queen's University are simply nothing more nor less than an insult to its professors, many of whom are as eminent men as any in your more highly favoured metropolitan schools and your old universities. You say, furthermore, that the Queen's University "recognises as its M.D. a gentleman who has spent three months in Galway." Such is not the fact; for, besides matriculation and three university examinations, longer residence *is* required, which may be ascertained on reference to the Queen's University calendar. With regard to your strictures on hospital teaching in the Queen's Colleges, is it in any way inferior to that given in Oxford or Cambridge, for whose M.D.'s you have such respect?

Last, but not least, you unblushingly assert that the Queen's University lowers the social status of the profession in Ireland. Assertions are worth nothing, and of all your assertions this is the most groundless and unfounded. As a graduate in Arts of that university, and a medical student for three years in Queen's College, Cork, and having just completed my course in one of the foremost English schools, I assert, without fear of contradiction, that the medical students of the Queen's University will contrast favourably both in gentlemanly deportment, character, and general education with their English brethren, who have the advantage only in well-lined pockets. Has the son of an Irish clergyman, for instance, who struggles to support a large family on £250 per annum, no right to enter an honourable profession because he is poor? And is he thereby unfit to meet the gentry and his professional brethren on equal terms because he goes to a university whose degrees are placed within his reach by a wise and beneficent Government? Whether is he, or the son of some wealthy upstart, in whose eyes money is everything, and who cannot speak two sentences of his mother-tongue correctly, more fitted to take a position in society? In Ireland, at least, the question is easily answered; and I can say that a large proportion of my former fellow-students were sons of professional men, and those who were not, whether shopkeepers' or farmers' sons, were as fully entitled to raise themselves in the world as the sons of the highest in the land.

"The gold is but the guinea stamp;
A man's a man for a' that."

In the Public Services men continually rise from the ranks. Why should it not be the same in the medical profession? And as long as there are ignorant, incompetent boors in the profession, with such honourable qualifications as M.R.C.S. or L.R.C.S.I., whom one meets every day, reproach need not be cast at the Queen's University if occasionally a graduate will not shine in that serene atmosphere for which the MEDICAL PRESS AND CIRCULAR has such respect.

The high position which the graduates of the Queen's University have attained, both in private practice and in the Public Services, is sufficient guarantee for the excellence of their education, and her students can still afford to despise the inaccurate statements of a medical journal which has never, in spite of many disclaimers, been remarkable for candour or good feeling towards the Queen's University.

I am, Sir,

ANOTHER UNDERGRADUATE.

P.S.—I enclose my card.

RESULTS OF THE CONTAGIOUS DISEASES ACTS

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A lecture from Mr. Lane in your paper of the 28th November on the benefits derived from the Contagious Diseases Acts calls for a reply on some points.

1. The reduction of primary venereal sores and of public women by "more than one-half," which he ascribes to the operation of these Acts.

2. The absence in Mr. Lane's lecture of all allusion to the increase of secondary syphilis in the army, and his apology for the failure of the Acts as regards gonorrhœa.

3. The benefits conferred by the Acts upon the prostitutes of the Curragh and Aldershott.

Mr. Lane has not seen the "Report on Prostitution in Great Britain and Ireland" presented to the Home Secretary in March, 1876, or he would have found that in the towns *under* the Acts prostitutes have been reduced from 100 to 57·2, while in twice the number of towns with five times the population *not under the Acts* they have been reduced still lower—viz., from 100 to 56·8.

The benefit to the wretched outcast of Aldershott and the Curragh from the establishment of hospitals cannot be too strongly insisted upon; but there is no necessary connection between the provision of hospitals and the compulsory examinations, &c. While the opponents of the Acts strenuously urge the one they equally condemn the other, which the Royal Commission also condemned.

Mr. Lane speaks of the inefficiency of voluntary hospitals in a manner that is not easily reconcileable with the strong statements made from Portsmouth and elsewhere, that women come into the subjected towns and insist upon being placed upon the register of prostitutes with all its penal consequences, simply for the purpose of obtaining hospital treatment.

Mr. Lane says the primary venereal sores have been reduced by above one-half in the protected stations in the army, and he attributes this entirely to the Acts. The Army Report for 1873 shows that they fell from 140 to 107 before there was any Act whatever, and that during the years the Acts have been in the most complete operation primary sores have only fallen in the protected stations at the rate of 6 per cent. yearly instead of 9 per cent. yearly, which was the rate

when there were no Acts at all. *Secondary* syphilis was falling rapidly in the army before the Acts were put in force, but it has been higher by one-sixteenth on the average of the whole period since; and Mr. Lane gives up the case of gonorrhœa, as if that disease was of no consequence; though the injury which it caused to the soldiers and sailors was as much dwelt upon previous to the Acts being passed as that caused by the other forms of veneral disease.

The actual results of the Acts in the army have been an increase of secondary syphilis, a reduced rate of improvement in primary sores, and gonorrhœa given up as hopeless.

In the home navy the result has been much the same. Syphilis (primary and secondary) fell at the rate of 6 per cent. yearly for many years before the Acts, but it has fallen at less than half that rate since, while gonorrhœa has nearly trebled.

The following tables prove how little is the influence the Acts can be shown to have produced either in the army or the navy:—

Relative position of 14 *Stations* under *the Contagious Diseases Acts, and* 14 *Stations* not *under them, as regards Primary Venereal Sores from* 1867 *to* 1872 *inclusive, obtained from the Army Report for* 1873, *p.* 11.

	Average ratio per 1,000 men.	
1. Pembroke Dock ...	34	not under the Acts.
2. Athlone	45	,,
3. Chatham and Sheerness	56	under Acts.
4. Shorncliffe	57	,,
5. Woolwich	58	,,
6. Belfast	63	not under Acts.
7. Devonport and Plymouth	64	under Acts.
8. Cork	65	,,
9. Portsmouth	66	,,
10. Edinburgh	66·6	not under Acts.
11. Winchester	67·3	under Acts.
12. Warley	67·5	not under Acts.
13. Fermoy	68·3	,,
14. Aldershott	68·8	under Acts.
15. Curragh	69·6	,,
16. Dover	71	,,
17. Hounslow	79·6	not under Acts.
18. Isle of Wight... ...	79·3	,,
19. Canterbury	85	under Acts.
20. Windsor	88	,,
21. Colchester	90	,,
22. Limerick	95	not under Acts.
23. Maidstone	110	under Acts.
24. Preston	111	not under Acts.
25. Manchester	118	,,
26. Sheffield	119	,,
27. Dublin	159	,,
28. London	167	,,

The following table shows the ratio of *venereal diseases of all kinds* in the ships that can be fairly compared, considering the strength of the crews, the length of time they have been stationed in the ports, and other circumstances:—

Relative position of Plymouth and Portsmouth under *the Acts, and Liverpool, Greenock, and Hull* not *under the Acts* (*compiled from the Navy Return of* 5 *Ports under and* 5 *Ports not under the Acts, July*, 1877).

Name of Ship.	Ratio of Ven. Diseases per 1,000.	How long stationed—years	Ports.	
1. Cambridge...	70·7	9	Plymouth	under Acts.
2. Lion ...	76·7	4	Greenock	not under.
3. Hastings ...	83·0	2	Liverpool	,,
4. Asia ...	86·1	9	Portsmouth	under.
5. Excellent ...	123·3	9	,,	,,
6. Black Prince	127·0	6	Greenock	not under.
7. Donegal ...	137·5	6	Liverpool	,,
8. Majestic ...	150·0	4	,,	,,
9. Dauntless ...	169·9	5	Hull	,,
10. Aurora ...	215·6	2	Greenock	,,
11. Royal Adelaide	220·3	9	Plymouth	under.
12. Audacious...	245·3	3	Hull	not under.
13. Cornwallis	255·0	5	,,	,,
14. Duke of Wellington	272·8	9	Portsmouth	under.

It is easy to show a difference between one station or one set of stations and another, but the more carefully the subject is examined the more difficult it is to prove any connection between the amount of disease and the presence or absence of the Contagious Diseases Acts; for—

1st. The first of the above tables shows that in the army the two highest and the two lowest ratios of venereal disease are in stations *not* under the Acts, while the second shows that in the navy the highest and the lowest ratios are in stations *under* them.

2nd. The first table shows that in the army 10 stations in succession have an almost identical ratio of disease, whether under the Acts or not, and the two tables together show that both in the army and the navy it appears to be a matter of indifference whether the Acts are present or not.

3rd. The average ratio for nine years of the "Household Cavalry" in London has been 48 per 1,000; while that of the Foot Guards has been 162 per 1,000. Yet both have been stationed in London, which is not under the Acts. Is the low ratio of the Cavalry (lower by 8 per 1,000 than the lowest stations under the Acts), or the high ratio of the Foot Guards, due to the absence of the Acts?

4th. Inspector-General Lawson informed the Medical Chirurgical Society (*Med. Times and Gazette*, May 8th, 1875) that during an official inspection of the hospital at Aldershott he found that the ratio of primary venereal sores was 23 per 1,000 in one regiment, and in another regiment in an adjoining barracks it was 114 per 1,000. Both were in protected Aldershott at the same time, yet one had exactly five times as much disease as the other. What possible connection can be shown between the Acts and the rate of disease under such circumstances.

5th. The navy returns laid before the House of Commons last July (1877) showed that in—

Plymouth *before* the Acts the
"Implacable" had 0·0 per 1,000 men;
"Royal Adelaide" had 151·4 per 1000.
After the Acts the
"Implacable" had 2·9 per 1,000;
"Royal Adelaide" had 291·7 per 1,000.
Portsmouth *before* the Acts the
"Victory" had 19·8 per 1,000;
"Excellence" had 260·0 per 1,000.
After the Acts the
"Victoria and Albert" had 15·3 per 1,000;
"Duke of Wellington" had 257·8.
Liverpool (never under the Acts) the
"Eagle" had 0·0 per 1,000;
"Donegal" had 78·9 per 1,000;
"Resistance" had 136·8 per 1,000.
Queenstown *before* the Acts the
"Ferret" had 17·3 per 1,000;
"Hastings" had 128·5 per 1,000.
After the Acts the
"Mersey" had 63·3 per 1,000;
"Revenge" had 76·1 per 1,000.

How can any connection be shown between the amount of disease and the presence or absence of the Acts when there was from nothing to some hundreds, whether the ships were under the Acts or not?

6th. The same navy report shows that in the 5 ports *under* the Acts venereal disease fell from 101·53 to 77 per 1,000 *before* the Acts, and have risen from 77 to 106·66 per 1,000 since they have been in force. This amounts to an *increase since the Acts* of 349 men laid up yearly with these diseases in these five protected ports.

The *Royal Commission reported in* 1870 *that there was no distinct evidence that the periodical examinations of the prostitutes had reduced disease among the soldiers and sailors*, and the evidence given above confirms this after several years' further experience. If Mr. Lane, leaving such generalities as "strikingly successful, fanatical, and unscrupulous opposition," and the like, will put the proofs in favour of the Acts and his authorities before your readers, I will meet him point by point when he has disposed of the facts I have now laid before you from the Army and Navy Reports published by the Government.

Your obedient servant,

J. Birkbeck Nevins, M.D. Lond.

Liverpool, Dec. 11, 1877.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having been induced by Dr. Bell Taylor, of Nottingham, to study the question of the Contagious Diseases Acts, and having thoroughly acquainted myself with the subject, I must say, that to my mind Mr. Lane's letter in your number of December 11th does not answer the objections to his previous paper. Mr. Lane is not happy in his allusion to the Harveian Society, since most prominent members of that committee have deeply deplored their share in the transaction. Mr. Holmes Coote, for instance, says that "as one of those who took an active part in all that then transpired, I loudly maintain that the idea of compulsory examination of women their enforced subjection to the police, and the penalties of registration and imprisonment whould have been scouted by gentlemen who met to devise means of giving shelter and protection to unfortunate females." He adds, "the miserable abortion of all these high aspirations is a set of penal laws of a character to disgrace a despotic monarchy."

Mr. Coote was also a member of the Royal Commission and what he heard there never altered his opinion. The reason that the outcasts of the Curragh and Aldershot were in such a deplorable condition was simply owing to the fact that at that time these places were merely military camps; there were no houses, so that it is not surprising that the camp-followers had not a roof to cover them. Those places formerly camps are now flourishing towns—a change which cannot be attributed to the Contagious Diseases Acts.

I don't think that any man with any sense can believe that the low, vulgar executives who are engaged in carrying out these obscene laws in our garrison towns reform women! One of them not long ago married a brothel-keeper!

Mr. Lane, in his evidence before the Venereal Commission, said, "the very best way of diminishing disease would be to establish lock hospitals; much more good would be done by lock hospitals than by police regulations." Further on he says that "voluntary hospitals would reach all who disseminate disease, whereas, the police would reach very few." This is true; and all I can say is, that if Mr. Lane has altered his opinions they are worth less now than formerly.

Mr. Henry Lee, Mr. Simon, Prof. Haughton, of Dublin, Prof. Huxley, the late Prof. Miller, the late Sir James Simpson, Prof. Syme, Dr. Routh, Dr. Bell Taylor, Dr. Nevins, and numerous other eminent men are opposed to the Contagious Diseases Acts, besides thousands of others in the rank and file of the profession who have signed petitions against the Acts. I am proud to number myself among them.

Yours obediently,

Kegworth, Derby. C. CARUTHERS, M.R.C.S.

[We have omitted a part of Mr. Caruther's letter, including a long quotation from the Reports of the Rescue Society, a Society the authority of which we must refuse to recognise. —Ed. M. P. & C.]

QUEEN'S UNIVERSITY, IRELAND.

INASMUCH as we have no desire to prejudice the Queen's University by an *ex parte* statement, we are glad that our correspondents, whose letters appear to-day, have at length descended from indignation to argument, and challenged us to proof, which, having given, we have nothing to add, and shall refrain for the present from further comment upon the University and its proceedings.

In the first place, much energy of argument has been spent upon a *lapsus pennæ*, of which we were guilty in our last. We said that the University accepted an amount of didactic education "which no English or *Scotch* licensing body would receive from its *alumni* on any terms." We intended to say (and have already said on other occasions) that the curriculum of the Queen's University would not be accepted by any English or *Irish* licensing body, for we were aware that that curriculum is just up to the level of the Scotch colleges, and no higher, and it is part of our complaint that the effect of keeping it so low is to drive from Ireland to Scotland all those students who fail to obtain the M.D. of the University or who desire to obtain a qualification outside its walls, and yet find it impossible to do so, either in Ireland or England upon the certificates which they hold. If our correspondents will refer to the published regulations of the Irish and English colleges they will satisfy themselves that what we have stated is the fact. A candidate for the license of the Irish College of Surgeons or Physicians or the degrees at the University of Dublin must prove attendance on nineteen courses of lectures—he who seeks the M.D.Q.U.I. can obtain it with only fourteen. He who would be an L.R.C.S.I. must attend twenty-seven months' hospital study—the M.D.Q.U.I. only two years. Observe the result: a student who has taken, in a Queen's College, the lectures and hospital study requisite for his M.D., and who, having obtained that degree, desires to take a surgical or a second medical degree elsewhere, cannot present himself to an Irish or English licensing body until he has remained for an additional session in study, and taken extra hospital and lecture certificates. This means, to his comprehension, loss of time, and expenditure of money, and accordingly he flies to Glasgow or Edinburgh, there to seek a corporation which will be content with his *quantum* of study. An analysis of the qualifications of one hundred and twenty Queen's College students taken at random has proved this to us beyond a doubt; for out of thirty-two of those who were educated in Belfast, not one, and out of sixty educated in Cork, only four, came to Dublin or London for a licence; while nine-tenths of those who took a degree outside their own university, took it in Scotland. It is, moreover, to be remembered that the Queen's University prides itself on the severity of its examination, and the large number of the students whom it rejects. What becomes of these students? They cannot wait six months for another trial at the University, they have not got a curriculum acceptable to any other of the Irish Colleges, but they are just nicely fitted with the requisite supply for Glasgow and Edinburgh, and there they go and qualify as Scotch doctors.

We have said recently that inasmuch as the Queen's University does require from its M.D's. only two years' hospital attendance, and is obliged to recognise the Galway and Cork workhouses and infirmaries as such hospitals, it ought at least to insist upon such guarrantees of study as it can secure, *i.e.*, a sufficient lecture curriculum. In reply to this remark one of our correspondents misrepresents us as having depreciated the lecturing capacities of the Queen's Colleges. We have said nothing of the sort, but, on the contrary, have expressed our entire respect for the attainments and scientific standing of the Queen's College Professors with whom we sympathise upon the adverse circumstances under which their functions are discharged. Their teaching powers are, in our opinion, quite up to the level of those Professors connected with the metropolitan schools, and it is the more shame for the Senate of the University that, in order to keep down the length of the curriculum and the expense to such a level as will catch the seekers for a cheap and easy diploma, they condemn their professors to address half empty benches. Our correspondent, Dr. Ryan, takes other ground for he endeavours to show that an enlarged curriculum would be useless as a guarantee of professional competence, because "in Dublin a student could get any additional quantity of hospital and lecture certificates for the corresponding amount of £ *s. d.* Will no other consideration whatever, so that the student who had the good luck to be rejected for the M.D. Q.U.I., having deposited the cash, was immediately invested with the unimpeachable curriculum of our Irish College." This is a very serious charge, and we believe it to be a very gross libel, and if Dr. Ryan, as he says, knows several instances, he has no excuse for having omitted to bring such a disgracefully dishonest transaction to the notice of the licensing body, which was imposed on, and they have no excuse for continuing to receive certificates from a teacher guilty of so dishonourable an act. As we have said we have no belief in such a statement; but even if it were true, it must be recollected that the dates of such certificates are at least a guarantee that the student has been nominally or actually at work for three and a-half years, instead of the two-and-a-half which makes him a full Doctor of

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Medicine of the Queen's University. As to the effect of the cheap standard adopted by the university, upon the social position of its M.D.'s, it may be sufficient for us to point out that if any article be reduced to one-half its original price, and offered on much easier terms than previously, it will be inevitably purchased by persons who occupy a less exalted position in the community. If carriages and horses were suddenly lowered to half their present cost, innumerable bourgeoisie would be seen airing themselves in Rotten Row, who now never think of setting up for such a distinction. In the same way, if the Queen's University makes a full fledged doctor of medicine for £57 9s., whom it costs £128 to make elsewhere, and if it graduates such a doctor on the score of "one course of modern languages in a Queen's College," while the same degree cannot be obtained elsewhere without four years' arts study and eight separate term examinations, it is evident that it must eventually lower the degree within the grasp of a class who would never otherwise have thought of it; that it has already done so—we hesitate not to say—every prominent surgeon in Ireland must know. We are not, however, to be understood to argue that cheapening of medical degrees is an universal evil; nor do we suggest that prices ought to be kept up in order to make the profession select. The test which a doctor-making body should put upon its graduates should be one, not of money, but of education, in our opinion; and an M.D. could not be too cheap in money so long as it was sufficiently dear in education cost.

By requiring from a student a thoroughly complete and exhaustive course of study, and a culture fitted for the highest degree in the profession, and for the position of a gentleman, the University would more effectually exclude persons of low social status than by other means. The University of Dublin accepts what we might call a low curriculum, but then it insists that the recipient of its M.D. shall have had four years of academic study, and three years subsequent experience, and thus it ensures that its doctors shall be gentlemen in mind and education. It is our complaint that the Queen's University cannot or does not do likewise. It aims at being a middle class educational body, and carries on its operations in provincial communities in which middle class people abound. Very good! It matters not a whit from what class it draws its M.D's., so long as it insists on them being scholars, gentlemen, and skilled physicians; but when it contents itself with the minimum education of a general practitioner, and grants the highest degree in medicine on such a scanty authority, it misapplies the money given to it by the State, and inflicts a great injury upon the profession. Having discussed the causes at considerable length, we have only to repeat that, in our opinion, the £40,000 a-year paid from the State purse not only produces no benefit, either to patients or doctors in Ireland, but actually goes to maintain a system of cheap doctor-making which could not exist without such a subsidy, and which is working out a great depreciation in the public estimate of Irish medicine.

THE PROFESSION AND THE CHEMISTS.

THE annual dinner of past and present students of the South London School of Chemistry and Pharmacy was given in the large hall, "The Horns," Kennington, on Friday evening, Dr. Muter in the chair, who was supported by Dr. Julius Pollock, Dr. Archer Farr, and other members of the medical profession. The guests numbered about 150, and after justice had been done to the dinner, the real business of the evening commenced.

Speaking to the toast of the evening, Dr. Muter deplored the action of some members of the medical profession to prevent chemists following what he considered their lawful vocation; this tirade could but end in defeat, for the public was with the chemists, and he felt that the great majority of the profession were also. Until the profession "first cast out the beam from its own eye" by weeding out of its ranks those members who stooped to keep open shop and selling nostrums over the counter, it was most unfair first to attempt "pulling out the mote" of the chemist's eye.

Dr. Pollock then distributed the prizes to the successful candidates, accompanying each with a short, graceful speech, which was fully appreciated and applauded to the echo. In responding to the toast of his health, Dr. Pollock also touched upon the relations between the profession and chemists. He said that appreciating, as he most thoroughly did, the position of these bodies, he did not see why they should clash. He did not see why they should not work harmoniously because one was a higher grade, any more than that the Houses of Lords and Commons should set themselves in factious opposition. The practical physician saw his patients, prescribed for them, and was then dependent upon the practical chemist for his skill and care in the compounding of drugs, the special knowledge of the chemist thus working with the physician for the common good. Dr. Pollock, however, very judiciously avoided reference to the real bone of contention, namely, the right of chemists to prescribe for patients. This point concerns only the rank and file of the profession—the general practitioners; the illegal acts of the chemist in this direction does not affect the body of physicians, of which Dr. Pollock is so distinguished a member. Undoubtedly, those general practitioners who infringe upon the rights of the chemists by keeping open shops and descend to the retailing of "pennyworths of sticking-plaster" have themselves contributed to the unfortunate state of things which is found in certain localities; towards the removal of which we would earnestly commend the sound advice given by Dr. Muter.

Medical News.

Royal College of Surgeons of England.—At the last meeting of the Council the following Members were elected Fellow of the College:—

Donald, J., Dep. Inspect.-Gen. of Hospitals, Wilmslow.
Walker, William N., Tollington Park.

Small-pox at Harwich.—The small-pox epidemic is giving rise to a good deal of uneasiness at Harwich. There have been between forty and fifty cases since the disease broke out, and it has now spread to Dovercourt. Some of the cases have proved fatal.

South London School of Chemistry and Pharmacy.—The annual distribution of prizes at this popular institution took place on Friday last, by Dr. Julius Pollock, Dr. Muter (Principal), and Mr. Baxter (Secretary), occupying the chair and vice-chair respectively.

Senior Chemistry—Medal, Mr. Mortlock; Certificate—Mr. Phillips. *Botany*—Medal, Mr. Murdoch; Certificates, Messrs. Mortlock and Heywood. *Practical Dispensing and Pharmacy*—Medal, Mr. Mather; Certificates, Messrs. Morgan, Powell, and Lakeman. *Junior Chemistry*—Medal, Mr. Heywood; Certificates, Messrs. Hutton, Cooper, Murdoch, and Wordsworth. *Materia Medica*—Medal, Mr. Hutton; Certificates, Messrs. Mather and Trittoli. *Secretary's Prize for Organic Chemistry*—Mr. Duncalf.

NOTICES TO CORRESPONDENTS.

THE INDEX.—Our readers are informed that the Index for the past volume, of which the present number is the completion, will be given in our next.

NOTICE TO CORRESPONDENTS.—As we have been compelled to go to press a day earlier this week on account of the Christmas holidays, correspondents are asked to excuse the omission of their communications in the present number.

FOND OF PHYSIC TO THE LAST.—On the night before his execution, a French prisoner of rank sent for the celebrated M. Villette, and informed him that he was greatly troubled by the state of his health. The physician examined him and prescribed for him, and the medicine was taken as gravely as though the invalid expected to live for years.—*Memoirs of M. Villette.*

STUDENS.—Your bookseller most certainly made a mistake in the information he gave you. Neither Kirke's nor Küss's "Physiology" is out of print. We understand that there are plenty of both books in London. His endeavour to thrust an old edition upon you is one of those "tricks in trade" which we understand is not an uncommon practice amongst certain second-hand booksellers, and should be resisted by the withdrawal of your patronage.

MR. HY. SMART.—Sorry we can give you no information, as the official list is not yet issued.

MINIERE'S BATTERY FOR THE CURE OF SPERMATORRHŒA.

SEVERAL correspondents have asked where they could obtain this battery, which was referred to in a recent number for cure of this malady. We have seen one—a most ingenious arrangement and modification of the Gaiffe battery—at Messrs. Holdernesse and Company, 41 Corporation Street, Manchester, who supply it at 3 guineas.

OBSTETRICAL SOCIETY OF LONDON.—Wednesday, Jan. 2, at 8 p.m., Specimens.—Annual Meeting.—President's Address.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Experimental Researches in Pure, Applied, and Physical Chemistry. By E. Frankland, Ph.D., F.R.S. London: J. Van Voorst.

On the Uses of Wines in Health and Disease. By the late F. Anstie, M.D. London: Macmillan & Co.

Chorea and Whooping-cough. By Octavius Sturges, M.D. London: Smith, Elder, and Co.

The Science and Art of Surgery. Two Vols. Seventh Edition. By J. Eric Erichsen, F.R.S. London: Longmans, Green, and Co.

Die Prufung des Farbensinnes. Von Dr. J. Stilling, Cassel.

The Canadian Journal of Medical Science. Shield. Enquirer. Nature. New York Medical Journal. Students' Journal. Philadelphia Medical Times. Clinic. Le Progrès Medical. La France Medicale. El Anfitiatro Medico Espanol. Pacific Medical Journal. Australian Medical Record, &c., &c.

VACANCIES.

Ballinasloe Union, Ahascragh Dispensary.—Medical Officer. Salary, £50. Election, Dec. 27.

Central London Sick Asylum.—Assistant Medical Officer for the Highgate Asylum. Salary, £100, with board and Residence. Applications to the Clerk to the Board, Fitzroy Square, W.

Dover Hospital.—House Surgeon. Salary, £100, with board and lodging. Address the Secretary, 13 Castle Street, Dover.

Dundalk Union, Ravensdale Dispensary.—Medical Officer. Salary, £120. Election, Jan. 1.

Essex Lunatic Asylum.—Second Assistant Medical Officer. Salary, £180, with board. Applications to Dr. Campbell, at the Asylum.

Hants County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and lodging. Applicants must address Dr. Manley, Knowle, near Fareham.

Mountbellew Union, Clonbrock Dispensary.—Medical Officer. Salary, £120. Election, Dec. 27.

Newcastle-on-Tyne Infirmary.—House Surgeon. Salary, £100, with board and lodging. Applications to the Chairman of the Medical Board.

Northampton General Infirmary.—Physician. Testimonials, &c., to the Secretary not later than January 9th.

Sunderland Infirmary.—Senior House Surgeon. Salary commencing at £80, with board and residence. Applications to the Secretary of the Medical Board.

University College, London.—Professorship of Medicine. Full information to be obtained of the Secretary.

Worcester County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to Dr. Sherlock, Powich, near Worcester.

APPOINTMENTS.

BURLINGHAM, D. C., M.B., C.M., House Surgeon to the North Eastern Hospital for Children, Hackney Road.

BUTLER, P., L.K.Q.C.P.I., L.R.C.S.I., Assistant Resident Medical Officer to the Workhouse, St. Matthew, Bethnal Green.

CORHAM, J. J., M.D., M.Ch., L.M., Medical Officer to the Renvyle Dispensary, Clifden Union; also Sanitary Officer.

GUY J. R., M.B., C.M., House Surgeon to the Hospital for Sick Children and the Out-door Treatment of Women, Bristol.

HAMMOND, C. W., M.D., a Physician to the East Suffolk and Ipswich Hospital.

HUTCHINSON, J. H., M.R.C.S.E., Medical Officer and Public Vaccinator for the Scorton District of the Richmond Union, Yorkshire.

JEFFERSON, J. G., L.R.C.P.Ed., L.R.C.S.Ed., Senior Resident Medical Officer to the Belfast Royal Hospital.

KINANE, M. K., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Moyne Dispensary District of the Thurles Union, co. Tipperary.

Deaths.

DOWNES.—On Dec. 15th, at White Street, Borough, Charles Downes, M.R.C.S.E., aged 55.

HAMILTON.—On Dec. 30th, at 30 Northampton Park, N., Reginald J., youngest son of Thomas Hamilton, M.B., F.R.C.S.

HEDLEY.—On Dec. 9th, at Woolwich, John George Hedley, L.S.A.L., aged 65

HUMBLE.—On Dec. 8th, at Newcastle-on-Tyne, Thomas Humble, M.D., aged 63.

TROTTER.—On Dec. 17th, at Bishopsgarth, near Stockton-on-Tees, Charles Trotter, F.R.C.S.E., aged 79.

WHITCHURCH.—On Dec. 12th, at Great Barford, Nathaniel Whitchurch, M.R.C.S.E., of Melton Mowbray.

WILLIAMSON.—On Dec. 16th, at Cambridge Gardens, Notting Hill, George Williamson, M.D., Surgeon-Major, Madras Native Infantry

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

A FRENCH GENTLEMAN would be glad to communicate with PHYSICIANS in ENGLAND, for the Appliance of some Remedies of his own Discovery.—Address, P. S., 69 King William Street, London, E.C.

OBSTETRICAL SOCIETY of LONDON.—The QUARTERLY EXAMINATION for MIDWIVES will be held on Wednesday, January 9th, 1878. Candidates should apply at the Society's Library, 291 Regent Street, W., on or before December 29th.

ROYAL COLLEGE of PHYSICIANS of LONDON. The next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on THURSDAY, JAN. 24.
Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the By-laws are to be left at the same time.
Pall Mall East. H. A. PITMAN, M.D., Registrar.

UNIVERSITY OF LONDON.—1st M.B. AND PRELIMINARY SCIENTIFIC EXAMINATIONS.
Classes in all the subjects required are now being formed at
ST. THOMAS'S HOSPITAL MEDICAL SCHOOL,
which are not confined to Students of the Hospital.
For particulars apdly to Dr. GILLESPIE, Secretary, at the Hospital.

ADMIRALTY, MEDICAL DEPARTMENT of the NAVY.
9 New Street, Spring Gardens, S.W., Nov. 30th, 1877.
NOTICE is HEREBY GIVEN, that an EXAMINATION of CANDIDATES for COMMISSIONS in the MEDICAL SERVICE of the Royal Navy, will be held at the University of London, Burlington Gardens, on Monday, 11th February, 1878, and following days, at Ten o'clock.
Candidates must present themselves at this Department at Eleven o'clock on Thursday, 7th February, 1878, when, should they be found in all respects eligible, they will be permitted to appear for examination.
The necessary forms to be filled up by Candidates will be supplied on application to this Department, and should be returned as early as possible. A. ARMSTRONG, Director-General.

MEDICAL OFFICER.—WANTED for the RAVENSDALE DISPENSARY DISTRICT, near Dundalk, county of Louth, a properly qualified MEDICAL OFFICER. Salary £120 per annum, and the usual Sanitary and Vaccination Fees.
Applications and copies of testimonials to be sent to HENRY BRUSH Esq., Hon. Secretary, Brohatria, Ravensdale, Dundalk, on or before the 31st inst.
Personal attendance of Candidates necessary at Ravensdale Dispensary, on 1st January 1878, at 12 o'clock noon.
The usual residence of the Medical Officer will, in all probability, be available.
17th December, 1877.

PROTEST AGAINST VIVISECTION. 1877.—We, the undersigned, hereby testify our opinion that the Practice of Subjecting Living Animals to painful Experiments, with the object of curing disease, alleviating suffering, or advancing science, is not only morally unjustifiable, but also unphilosophical—tends to create fallacy and error—and retard the progress of science, civilisation, and the happiness of the human race. Nature herself offers by disease and such accidents as that of St. Martin and others, the best opportunities for learning her secrets in regard to the Brain, Stomach, Heart, and mysteries of Life. Anatomical Examination of the dead body reveals her construction and organisation. We believe that the long records of Physiological and Biological Experiments involving torture on living creatures, both of the Human and other Species, exhibit a prodigality of suffering, unjustifiable even if successful, and which have spread abroad a multitude of erroneous, and even preposterous, theories, inflicting serious injury on the progress of Philosophy, and, at the same time, tainting the Moral feeling of Humanity. Discoveries have been attributed to the practice of Vivisection, which never were obtained in that manner, or, even if so obtained, could have been arrived at by legitimate methods of research.
NOTE.—Medical and Scientific men, who approve of the above statement, are requested to communicate with the Society for the Total Abolition and Utter Suppression of Vivisection, by letter, addressed to the Honorary Secretary and Treasurer, George R. Jesse, Esq. Henbury, near Macclesfield, Cheshire.

From the *Scotsman*, 7th March, 1877.
LETTER TO THE EDITOR.
Sir William Thompson, LL.D., F.R.S., Professor of Natural Philosophy, on Vivisection.
University, Glasgow, March 6th, 1877.
"Sir,—In your print of this morning I see a report of Professor Rutherford's paper on 'The Secretion of Bile,' read at the meeting of the Royal Society yesterday evening, when, as president, I was in the chair. As chairman I did not feel that I had the right to express my opinion that experiments involving such torture to so large a number of sentient and intelligent animals are not justifiable by either the object proposed or the results obtained or obtainable by such an investigation as that described by Professor Rutherford. I feel this opinion very strongly, after many years' serious consideration of the general question of the advisableness or justifiableness of experiments involving cruel treatment of the lower animals. I trust you will kindly give me this opportunity of expressing it, as my presence without protest yesterday evening might seem to imply that I approved of the experiments which were described.—I am, &c.,
"WILLIAM THOMPSON."

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office, 40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

IRISH CIVIL SERVICE PERMANENT BUILDING SOCIETY.

OFFICES—52, LOWER SACKVILLE STREET, DUBLIN.

PRESIDENT—ALEX. PARKER, ESQ., J.P.

Loans are advanced for the following purposes, viz:

To Build or Improve Houses,
To Redeem Mortgages,
To Pay Incumbrances,
To complete the Purchase Money of Property Sold by Private Hand.

The Legal Expenses do not amount to one-third of the sum usually charged in such cases.

The society has already advanced over Half a Million sterling on Mortgage.

DEPOSIT DEPARTMENT

The present rate of interest allowed on Deposit Receipts is 3½ per cent. per annum.

Current accounts opened and cheque books supplied

Interest allowed on the minimum monthly balance.

Depositors have the following guarantees, viz.:—

The entire funds must, under the Act of Parliament, be invested on mortgage of freehold or leasehold property.

The total amount receivable on deposit is limited by the Act to two-third the balance due to the Society on its mortgages.

The Paid-up Capital exceeds £140,000.

Remittances may be made by cheque or bank order payable to the undersigned.

Prospectus and every information will be forwarded, post free, on application to ALFRED H. MERCER, Secretary.

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NORWICH AND LONDON

ACCIDENT INSURANCE ASSOCIATION.

Established 1856.

SUBSCRIBED CAPITAL £100,000.

£1,000 at Death, £6 per Week when Disabled. Annual Premium, £3 to £5 5s.

CHARLES R. GILMAN, *Secretary.*

Chief Offices, NORWICH: London Office, 30 Moorgate Street.

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Railway Passengers' Assurance Company,

The Oldest and Largest Accidental Assurance Company.

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SUBSCRIBED CAPITAL, £1,000,000. ANNUAL INCOME, £205,000

£1,120,000 have been paid as Compensation.

A fixed sum in case of Death by Accident, and a Weekly Allowance in the event of Injury, may be secured at moderate Premiums.

Bonus allowed to Insurers of five years' standing.

Apply to the Clerks at the Railway Stations, the Local Agents, or

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WILLIAM J. VIAN, Secretary.

TO BE SOLD, THE HOUSE AND LANDS OF BELLEVUE, situate at Tolka Bridge, near Finglass, in the county of Dublin, about three miles from the General Post Office, with the Out-houses and Offices thereon, containing in the whole about 28 Irish acres.

These extensive Premises, which have been used for many years as a Private Lunatic Asylum, in the hands of the late Mr. GREGORY, are peculiarly adapted for this purpose, and would also be very suitable for any Public institution requiring a great deal of accommodation

The Building contains several Reception-rooms, Bed-rooms sufficient for the accommodation of about 50 patients, with all the accommodation necessary for a large institution, besides Coach-house and stabling for four horses, Cow-sheds, Barn, and other Out-offices, all in good repair. The land is of first-rate quality, and the grounds are tastefully laid out and generally atttractive.

For particulars and Conditions of Sale and all further information apply to HENRY T. DIX, Solicitor for vendors, 61 Upper Sackville Street, where orders to view the premises may be obtained.

Established 1848.

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CONDUCTED BY

J. GEOFFREY LANGLEY, M.B. (London), M.R.C.S.

(Son of Dr. Baxter Langley), and efficient Assistants.

Mr. Langley has always upon his books a large number of desirable Investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle, that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

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LOCUM TENENS.—Mr. Langley has now organised a thoroughly reliable Staff of suitable Gentlemen to take full Charge of any Practice which may require it in the absence of the principal, at fees from £3 3s. 0d. upwards, according to age, experience, qualifications, &c. One of these gentlemen can be despatched by an early train after receipt of telegram or letter stating duties and terms. Office fee 10s. 6d.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in Mr. Langley's List, which is sent post free on application).

A 461. CORNWALL. Old established. Rent over £1000. Appointments £200. Only one opponent. Two horses kept. Eleven-roomed house, stable, coachhouse, &c. Rent £35. Introduction as desired. Open to the fullest investigation.

A 480. LONDON, S.W. Held by Vendor ten years. Receipts between £460 and £500. With good appointments. No horse necessary. Good house, with eleven large rooms. Rent 50 guineas. About 130 cases of midwifery, at 15s. and £1 1s.

A 479. DERBYSHIRE. Income nearly £500. Appointments £200. Situate in a very picturesque locality, affording considerable scope for increase. Patients, middle class. There is a comfortable 10-roomed house, garden, and stabling for 3 horses. Rent £25. Premium, £200.

A 470. LONDON. In a densely-populated locality. Income, £600. Union, £150. Midwifery, £1 1s. to £5 5s. Three or six months' introduction. Eight-roomed house, well situated, with surgery, greenhouse, garden, stabling, and every convenience. Rent £60, on lease. The Practice could be much increased by an active gentleman, and full investigation is courted. £300 down, and £300 on interest.

A 476. SHROPSHIRE. Income, £400. Appointments, £80. Midwifery, £1 1s. to £5 5s. Patients include the best families. Ten-roomed house. Rent, £40. District, agricultural; in a small town, population, about 3,500.

A 475. SHEFFIELD. Income, averages £700 a year. Transferable appointments, £40. Good house. Rent, £50. Midwifery, £1 1s. and upwards. Introduction as desired. Open to full investigation. Premium, £650.

A 472. BEDFORDSHIRE. In an Agricultural village, about 40 miles from town. A Small Practice of £300 a year. Appointments, £150. Patients are good class.

A 470. STAFFORDSHIRE. In a large town. Old established. Receipts, £700. Appointments, £200. Very large house, standing in its own grounds, with two cottages and stables. Rent, £70. Introduction as desired.

NOTICE.—Mr. Langley's offices will be closed on Wednesday,

IRISH POOR-LAW INTELLIGENCE.

FEES OF MEDICAL WITNESSES

ATTENDING

CORONERS' INQUESTS.

IMPORTANT CASE.

COURT OF QUEEN'S BENCH, DUBLIN,

Nov. 17th, 1877.

(Before the Lord Chief Justice, Mr. Justice O'Brien, Mr. Justice Fitzgerald, and Mr. Justice Barry.)

The Queen *at the Prosecution of* Archibald Hamilton Jacob, M.D. *against* George Wm. Finlay, *Auditor of Accounts for the Local Government Board.*

(Continued from our last.)

Mr. Justice Fitzgerald.—It is a mere matter of form. Council referred to the 31st sec. of the Coroner's Act for the purpose of showing that the medical witnesses were entitled to be paid directly by the governing body, and not through the intervention of the coroner at all. He then referred to the 33rd sec., and read the provisions made for the payment of the medical witnesses. He referred to the 28th sec. for the purpose of showing that the witness might be required to give a receipt to the coroner for the amount, in order that the coroner might be recouped anything he might have advanced out of his own pocket. Council referred to the 29th sec., empowering the grand jury to present such sums as they should deem necessary for expenses incident to the holding of inquests. He said that the 30th sec. should be read with the 28th, and the 29th with the 31st. The 29th and 31st sections contemplated advances for current expenses. There was nothing to show that the presentment, authorised by the Act, might not be made. Council then observed that the argument on the other side went all through on the assumption that the medical witness should be paid £1 1s. for his attendance on each inquest, and did not recognise the fact that £1 1s. was to be the maximum. The Act did not say that the medical witness should not be paid less than £1 1s. fee. What it said was that he should not be paid more. His learned friend on the other side objected to the arrangement between the coroner and the medical witness, an arrangement which was substantially this: that the medicat witness agreed to accept less than the maximum fee to which he was entitled; and this arrangement was made for the purpose of relieving the excessive expenditure of the public funds of Dublin. The moment that Mr. Finlay saw the sum paid did not exceed the maximum allowed by law, he was bound to pass the allowance. Council referred to the 12th sec. of the Local Government Act, and spoke as to the question of costs; and submitted that in the event of the decision of the court being in support of the auditor, that he should be declared entitled to his costs from the prosecutor, and should not have to look for them to the body whose interests it was his duty to protect.

Mr. R. O'Brien (who appeared with Mr. Purcell, Q.C., in support of the order)—He first considered the question of the grievance, and said that Dr. Jacob gave in his affidavit a practical explanation of the nature of the grievance. Mr. O'Brien said something about personal jealousy, actuating Dr. Jacob. He (Mr. Furlong) denied that there was anyhing of the kind in the case, and said that the real prosecutors were the Medical Association, which consisted of some 600 or 700 medical men, who felt that what was practised here was fraught with the greatest injury to the profession and to the public. It was, they contended, contrary to law, and therefore they appealed to this court.

Mr. Walker and Mr. Fitzgerald urged that Mr. Finlay could not be expected to give decisions on points of law. It was for that reason he (Mr. Furlong) and his friend, Mr. Purcell, were there for their client. It seemed to him that there were three points in this case. There was the question of employing a permanent medical witness, and there was then the payment of the medical witness by a fixed salary. No one could deny that the corporation had no power whatever to sanction this pay-payment, and the auditor had no power to pass it if it were contrary to law. The power which the auditor is given must be exercised in accordance with the law. Here, the cheques were made payable, not to the coroner, but to the medical witness. Council referred to the 28th sec., which directed the way in which the payment should be made. He then read the 29th sec., empowering the grand jury to recoup the coroner. He read the 31st sec., empowering the coroner to order an analysis to be made, and providing that the grand jury might present a sum not exceeding five guineas, for making such analysis; and in that case he said the sum might be paid directly to the medical witness.

Mr. Justice Fitzgerald asked whether an incompetent medical man, who happened to be residing at or near the place of death, should be employed?

Mr. Furlong—Provision for the employment of a competent medical witness is made in the section which provides for the making of the analysis.

Mr. Justice Fitzgerald observed that the coroner never made advances. It was the practice all over the country not to do so.

Mr. Furlong read the provision as to the payment of the medical witness, and submitted that the auditor was not justified in allowing these payments, unless he had pro-

duced before him the receipts of the medical witnesses as vouchers. Admitting for the purpose an argument that Dr. Egan resided "at or near" the place of death; and if Dr. Egan were properly employed, and if receipts, amounting in the aggregate to £75, were produced, his client would have no case there.

Mr. Justice Barry—The coroner, for his own protection, gets receipts, but if the medical man choses to let the matter lie over, and that the grand jury is satisfied to pay, is it not all right?

Mr. Furlong—It is laid down with great particularity in the Act that payment should not be made till the receipt is given. His fee is a guinea. The coroner in Dublin is paid by a fixed salary. Council then said that it did not appear that during the time in question Dr. Egan attended more than 63 inquests; but the rest was made by *post-mortem* examinations. Council submitted that there should be separate vouchers for the *post-mortem* examinations. There was nothing before the auditor to show that the summoning of this was not illegal under the Act. The coroner had not the power to summon for his own satisfaction; he could only summon another witness as corroborative evidence on a requisition made to him in writing.

Mr. Clifford Lloyd said he had not the report when he went before the auditor. He made his objections before the auditor in reference to the summoning of the same witness at all inquests. He next objected to the fixed salary. There was no attempt made on the part of the corporation to show that the money was paid as fees. He said it was not paid as fees, but was paid in the form of a fixed salary, and was therefore contrary to law. Mr. Lloyd handed to the court the written answer to his objections, furnished to him by the auditors afterwards.

Mr. Furlong referred to a report made by the town clerk for the purpose of showing that this was paid as a fixed salary to Dr. Egan.

Mr. Waters, Q.C., objected to the report being read.

Mr. Justice Barry said it was of no consequence. It was as plain as light that the money was paid as a fixed salary.

Council read the report, and then referred to the cases of Wright *v* the Corporation of Liverpool, and Hayes *v* the Corporation of Dublin, which he said were somewhat analogous to this case. In conclusion he submitted that the order in this case should be made absolute.

After the arguments had concluded, the Lord Chief Justice pronounced the decision of the court, which we reported in the MEDICAL PRESS.

THE SEWAGE NUISANCE IN MONAGHAN.

(FROM A CORRESPONDENT.)

FOR several months, a series of complaints have been at hearing from time to time at the Board of Guardians of Monaghan Union, which is the Sanitary Authority under the Sanitary acts. These complaints have come before the Sanitary Authority, principally through the excellent and active sanitary officer, Dr. W. Woods, whose reports, from month to month, were unattended by any practical result. The Town Commissioners remonstrated with the Sanitary Authority on the subject of the nuisance complained of by the sanitary officer, and as will be recollected, from reports which appeared in the MEDICAL PRESS, were indirectly told to mind their own business. The nuisance complained of is, the exudation of the contents of a water-closet, recently erected at the rear of a house in Dublin Street, into a well in a lane off that street, from which the poor people of the neighbourhood draw their supplies of water for household purposes. The Clerk to the Sanitary Authority had the sewer opened, and found that it was built of mason work and clay, the latter being of a porous nature, through which the filth from the closet easily oozed into the well. He reported the nuisance as the worst and most abominable he had ever witnessed.

Last week, at the meeting of the Sanitary Board the subject again came up for discussion, on the reading of a further report from the sanitary officer, and the following conversrtion ensued:—

The Clerk said he understood the owner of the premises had contracted for the construction of a proper sewer, to lead from the closet to the main sewer in Dublin Street.

Chairman—But is it right to have a water-closet over a well?

Mr. Ross—It is abominable, and a disgrace to this Board if it be allowed to remain there.

Clerk—The owner of the premises is going to put down a piped sewer.

Mr. Ross—It should not be there in close proximity to the well.

Chairman—I think we should insist on the removal of it.

Mr. Ross—The well is an old one, from which the poor have supplied themselves with water for many years. Why then permit a water-closet to be erected on it?

Mr. Richardson, D.L., thought a proper earthenware sewer should be made.

Mr. Ross—You have had a report from Mr. Whitla, the analyst, that the water is putrid, and yet you allow it to be kept there.

Chairman—Well, do you propose any resolution?

The Clerk read a report that had been made of the state of the well and sewer, which had been sent in by the town inspector, by order of the Town Commissioners. This report, he said, he had read at a previous meeting. He (the Clerk) said that no one who had ever seen the sewer open, could think of tasting the water again. Dr. Woods, in one of his reports, said the place about the mouth of the well was saturated with the sewage of years, and that it percolated into the well.

Chairman—The Board should not be satisfied till the closet has been altogether removed. I think Mr. Ross is right, and that the closet should be removed.

Mr. Ross—The people in the neighbourhood are very indignant, and I wonder they don't pull it out of that.

Clerk—I never witnessed so foul a nuisance; but at this Board, one meeting does one thing, and the next meeting does a different thing.

Mr. Murray—But it does not follow that, suppose there is a nuisance there, if our measures be adopted, the nuisance will not cease to exist.

The Chairman said it was most objectionable, in any case, to have a water-closet so close to a well.

Mr. Richardson said if the sewer were properly made, he could not see the objection.

Mr. Ross—It should be wrecked out of that forthwith, and I propose that it be removed immediately.

Mr. Moorehead seconded the motion.

Clerk—You can't take the law into your own hands. I will tell the people when I go down the street to pull it out of that, if you don't give orders to have it removed now. I will take the responsibility on myself to have it out of that in two or three hours. This has been before this Board again and again, and nothing has been done. It would not be tolerated by any other Board in the world.

An order was finally made that the water-closet and the manure pit adjoining it be at once removed, and the subject dropped.

CORRESPONDENCE.

FEE FOR MEDICAL EVIDENCE IN POLICE CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you answer in your next publication the following queries, viz.: What is the fee for attending petty sessions when summoned by the police in an assault case, if bound to give evidence under a fee of £2 2s. Also, if

the magistrates can make the defendants pay for attending during his illness, upon the complainant, who was assaulted.

Yours, &c.,

R. R.

[The subject of the reumuneration of medical men for attending in police cases having been taken up by the Irish Medical Association, they addressed to the Government a representation thereupon. A letter from the Attorney-General was received in reply, dated 5th of January, 1877, stating that he had directed that in future a fee of £2 2s. should be paid to medical witness at sessions, who were detained in court longer than three hours, in the town in which they reside; and that £2 2s. should be paid to a medical witness for attendance at sessions court in any other town than that in which he resided, for each day he was necessarily detained from home. The Attorney-General made no change in the Rules of 1868 concerning hotel expenses. The magistrates could enforce payment of doctors' fees by the defendant, but only as an alternative to otherwise punishing him.—Ed. M. P. &. C.]

LUNACY CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Under the following circumstances what steps should I take to be paid?

I received a visiting ticket to attend A. B., and found her insane. Her friends procured a form of admission to the County Asylum. This was signed in the usual way, by a magistrate, a Poor-law guardian, the next of kin, and myself. The patient was then admitted to the asylum. Who is to pay my fee? Her friends (who are unable) or the guardians.

Yours very truly,

Dispensary.

[The patient's friends, if any one. You were not obliged to certify, though bound by the red ticket to visit and treat the case. Having given the certificate you could not be paid under the Act, unless the lunatic was dangerous and unless you were summoned by the magistrates and an order given by them. Without such order the guardians have no power to pay.—Ed. M. P. and C.]

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF NOVEMBER, 1877.

November 6th.—Stuart, James, Union Hospital, Belfast, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

6th.—Denham, Thos. Reid, 21 Victoria Place, Belfast, M.D. 1877 and M.Ch. 1877. Q. Univ. Irel.

8th.—Donaldson, Ebenezer, 14 Queen Street, Londonderry, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

14th.—McIlroy, John, Portglenone, co. Antrim, Lic. Fac. Phys. and Surg. Glas. 1876.

15th.—Miller, Alfred Henry, Switzerland House, Kingston Crescent, Portsmouth, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

16th.—Dundee, Isaac Chichester, Carnmoney, Belfast, M.D. Q. Univ. Irel. 1877.

17th.—Mackey, Stephen Wm., 10 Cullenswood Avenue, Rathmines, co. Dublin, Lic. 1877 and Lic. Mid. 1877 K.Q.C.P.I., Lic. Coll. Surg. Irel. 1877.

22st.—McMunn, John Alexander, Portroyal, Ballysodare, co. Sligo, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

22nd.—Sillard, Thos. Patrick, 32 Lister Street, Glasgow, Lic. R. Coll. Surg. Irel. 1877.

24th.—Mullen, John Wm., Govt. Hospitals, Great Brunswick Street, Dublin, Lic. R. Coll. Surg. Irel. 1877.

28th.—Bland, Archibald Henry Hamilton, Derryquin Castle, Kenmare, co. Kerry, M.B. 1877 and M.Ch. 1877 Q. Univ. Irel., Lic. Mid. K.Q.C.P.I. 1877.

30th.—White, Edward Alexander, Blackabbey, Greyabbey, (*sic*), co. Down, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

30th.—Spratt, Wm. John, Dromore, co. Down. M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

MULINGAR DISPENSARY COMMITTEE.

THE MEDICAL OFFICERS' SALARY.

The chairman said he knew perfectly well why such a large number of the committee attended, namely, the proposed increase in the medical officer's salary.

Mr. Nulty explained that Dr. Kelly had not so large a salary as his predecessor, Dr. Stokes, the latter having £130 a year, while the present medical officer has only £120, although the work is more than three times as heavy. Dr. Williams, Medical Officer of Killucan Dispensary, has £130 a year, it having been recently increased from £110.

The chairman said he thought it would be fair to give an increase.

Mr. Joly thought Dr. Kelly was badly remunerated for the work he had to do. Every ticket he issued he followed up to see if it was properly attended to, and he was glad to say that he foumd all carefully complied with, and he never heard the slightest complaint against the present Medical Officer; he would certainly agree with a substantial increase.

The following resolution was consequently unanimously adopted:—"That inasmuch as our dispensary doctor's duties has increased more than treble those of his predecessor's, we agree that the sum of £30 per annum be added to his present salary, and we recommend the increase to the favourable consideration of the Board of Guardians and the Local Government Board."

The meeting then adjourned.

MONAGHAN GUARDIANS

THE WATER SUPPLY.

Mr. Mitchell read a letter from the Local Government Board on this subject, enclosing the following, which had been addressed to them on the subject:—

"Gentlemen,—I beg to call your attention to the printed extracts herewith sent, taken from the local newspaper and *Medical Press and Circular*. They disclose a state of facts in the relation to the water supply of a district in this town which for over one hundred years has been considered the purest in the locality—facts which cannot be controverted, and which I humbly submit calls for the *prompt interference* of your board. There seems, in my opinion, a disposition on the part of some of the Board of Guardians to permit the impure and contaminated water to spread disease and death among the poorer inhabitants of the town, in whose district the well is situated, rather than have the order for the removal of the privy and manure heap carried out.—I am, gentlemen, your obedient servant,

"R. Blakely, Town Commissioner."

The Clerk read the letter of the Local Government Board, in which they said they desired to state, the Sanitary Authority should procced at once, on the representation now made to them, to obtain the order of the magistrates to remedy the injurious condition of the water supply of the locality, in accordance with the provisions of section 53 of the Public Health Act.

Mr. Dunwoody said he had lived twelve years in the locality, and he never permitted a drop of water from that well to be used in his house if he knew it, because he felt convinced it could not be good; so that that part of the letter was not correct.

Mr. Ross said he never put a pen on paper, respecting this matter, to any man or woman. He never had any conversation with Mr. Blakely about it; but he had been talking to the people of the locality, and he thought they had been very badly treated.

Mr. Murray—What I object to is the reports that have been made in the local papers. In one of these it was stated that no order was made on a certain report. That was not the case. That was copied into a Dublin medical paper, and an ignorant article written on it, and when it was contradicted here it was not corrected in the local newspaper.

Mr. Ross said there was no bread made in town for many years, the water for which was not taken out of that well in Pumpentry, it was so good.

Mr. Dunwoody—I never allowed it to be used in my house, and I am living in the locality twelve years. My impression was that the whole place was so full of filth that the water could not possibly be good.

Mr. Ross—Who is to do it?

Mr. Murray—That is the blot on the system; for the whole sanitary system is a huge farce.

THURLES UNION.

MOYNE DISPENSARY DISTRICT.

THE minutes of a meeting of a committee of the above District, held on Thursday, 22nd inst. were read, from which it appeared that the Medical Officer, Dr. Mullaly, resigned in consequence of ill health and advanced years, and a resolution of the committee passed unanimously, reluctantly accepting the resignation and their deep regret at being compelled to do so, and recommending the Board of Guardians to grant him [Dr Mullaly] the highest superanuation allowed by law.

Mr. Laffan said he would feel much pleasure in giving a notice of motion on the matter.

OMAGH DISPENSARY APPOINTMENT.

A special meeting of the Committee was held for the purpose of electing a properly qualified Medical Officer, in room of Dr Love, lately resigned.

The salary for the officer is £140 per annum, viz—£120 as medical officer, and £20 as sanitary officer. There are, besides, registration and vaccination fees.

The Chairman said there were eight applications for the office, but only two diplomas had been received. He presumed, therefore, that there were only two candidates before the meeting—Dr. H. B. Flemming and Dr. Boyle.

A poll was taken, with the following result:—For Dr. H. P. Flemming, 28; for Dr. D. O'C. Boyle, 6.

The Chairman announced that Dr. H. B. Flemming was elected.

The successful candidate intimated that he was much obliged and honoured, and would endeavour to discharge his duties as well as ever he could.

CARLOW UNION.

INSPECTION OF LODGING HOUSES.

THE following letter was read:—

'GENTLEMEN,—I beg to represent to you that for two or three years past I have been inspecting and reporting on the condition and capacity of the common lodging-houses of the town, without fee or reward; that such service is altogether apart from, and not meant by the law to be comprehended in my duty as Sanitary Officer.

"Under the Public Health Act, it is competent for you, and I believe behoves you, to appoint me or other fit person to the post of Inspector of Lodging-houses, at such remuneration as you may find to be fair.

"I have, up to the present time, sent you notices regarding a large number of the habitations alluded to; many still remain to be inspected, new ones will be added in future to the list, and surveillance over the old ones called for, so that some hours of at least one day in each week will be required by an Inspector, in order to keep himself acquainted with the sanitary state of the aforesaid dwellings. I may state that this has been my plan heretofore. I believe that lodging-houses are the readiest channel for conveying epidemics into a town by means of the migrations of the so-called 'tramp' class, and scarcely a week passes without some case of sickness, originating therein, coming under my notice, requiring visiting and the giving of directions relative to overcrowding, cleanliness, &c.

"The appointment I refer to has already been made in several towns in Ireland, and statistics regarding same might readily be obtained by application to the Local Government Board.

"Begging that you may formally appoint me to the office in question, with such stipend as you may think just,

"I have the honour to be, Gentlemen,

"Your obedient servant,

"CHARLES MCDOWELL, M.D., Trin. Coll.

"Carlow, Dec. 5th, 1877."

Mr. M'Caul—What are the duties the doctor is paid for?

Clerk—For attendance in sanitary cases, for which he is paid £20 per annum by the Government, but not in the cases of common lodging-houses.

Chairman—What is the practice in those cases?

Clerk—The doctor recommends a certain number of adults for each house.

Mr. Johnson gave notice of motion for the making of the appointment.

DUBLIN CORPORATION.

CORONERS AND MEDICAL WITNESSES.

ON the motion of £800 for the coroner and medical witnesses,

Dr. Norwood called attention to the sum of £200 for payment of medical witnesses. It was voted last year, but in consequence of the ruling of the Queen's Bench in the case Jacob v. Finlay, they would have to make some fresh agreement with regard to the payment of medical witnesses, but in the meantime they were quite safe in passing this amount.

Mr. Dennehy seconded the vote.

Mr. Gray would be inclined to increase the vote. So far from agreeing with the decision of the judges in this matter, he thought a great hardship had been put upon Dr. Egan by making him pay the costs of defending their case.

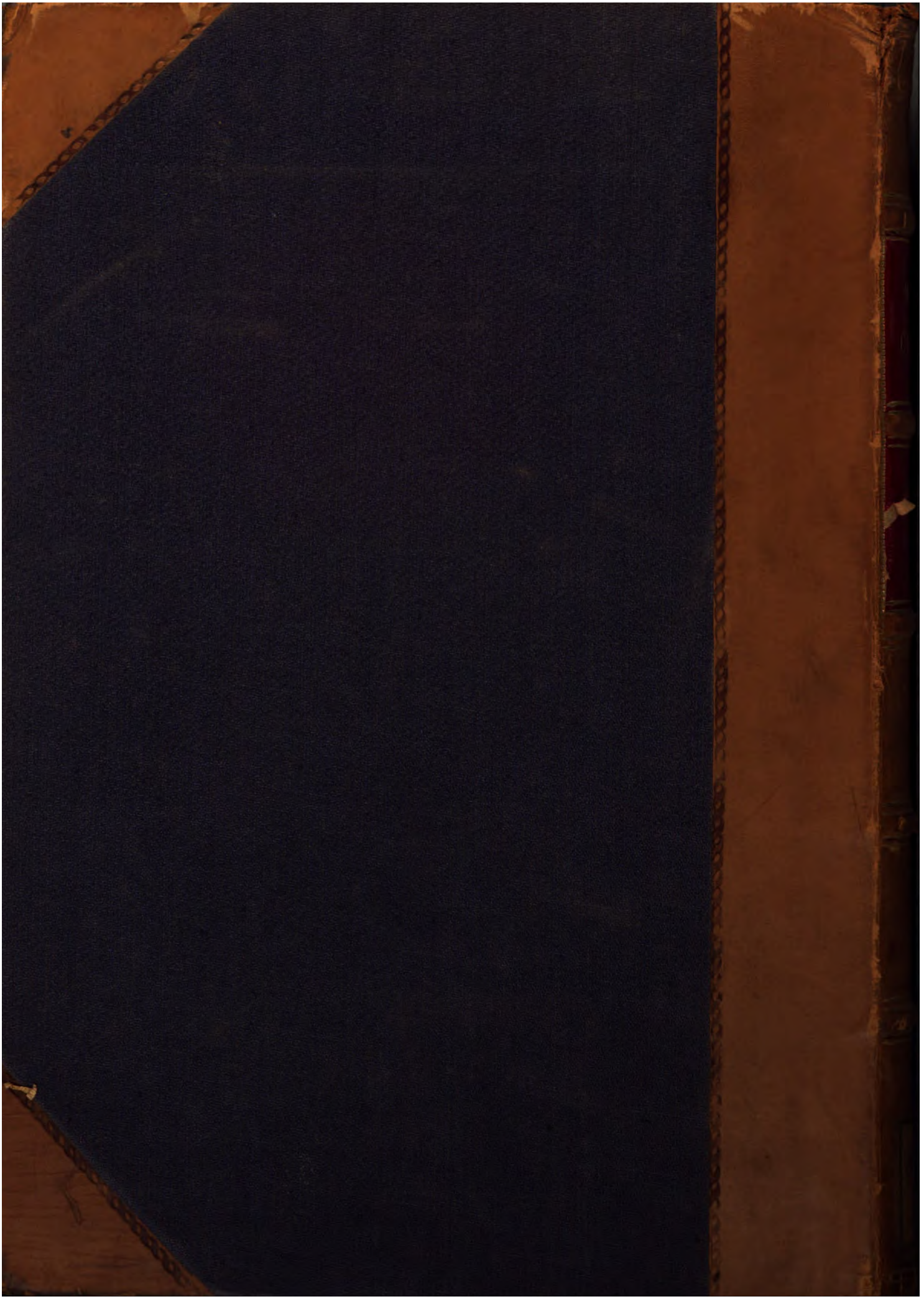
Alderman Harris said it was a monstrous thing that whenever anything affecting the Corparation of Dublin came before the superior courts the judges really made very light of the exertions of the Corporation, and also very free in the way they dealt with the matters brought before them; and he felt this was a very great hardship that Dr. Egan should be called upon against all law and justice to defend the rights of the Corporation. If it had been otherwise those judges would only have been too happy to give costs against the Corporation.

Mr. Dennehy said this arrangement had been an immense saving to the city.

Dr. Norwood agreed, and Committee No. 3 would examine into the matter.

Mr. Gray—We will deal with it next year.

The vote was then passed.

ASSISTANT MEDICAL OFFICERS IN WORK-HOUSES.

AT the last meeting of the Roscommon Guardians a circular letter was read from the Local Government Board, dated 3rd instant, stating they will raise no objection to a second medical officer being appointed for the workhouse at a salary of £30 per annum, but that the appointment should be made in the usual way.